Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2012** Open to Public Inspection

A	For the 20	12 calendar year, or tax year beginning , and ending		· · · · · · · · · · · · · · · · · · ·	
В	Check if applica	ble: C Name of organization GREATER MANHATTAN COMMUNITY		D Employer k	ientification number
	Address chang	FOUNDATION			245554
٦,	Name change	Doing Business As			215574
\equiv	-	Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephone	
닏'	Initial return	P O BOX 1127		785-	587-89 <u>95</u>
∐.	Terminated	City, town or post office, state, and ZIP code			
\Box	Amended retur	MANHATTAN KS 66505-1127		G Gross receipts	5,552,384
	Application per	E. Name and address of principal officer:	LL(-) In this a a	roup roturn for affilia	tes? Yes X No
L.,	Application per	DENNIS MULLIN	H(a) ISUNSA 9	roup return for affilia	
		555 POYNTZ AVE SUITE 269	1 ''	filiates included?	Yes No
		MANHATTAN KS 66502-6038	If "No	o," attach a list. (se	e Instructions)
	Tax-exempt s	[7]			
	Website:	WWW.MCFKS.ORG	H(c) Group ex	cemption number	<u> </u>
	Form of organ		ear of formation: 1	.999 м	State of legal domicile: KS
_	art i	Summary			
÷		fly describe the organization's mission or most significant activities:			
4.		EVELOP COMMUNITY ENDOWMENT FUND			
Governance					
ā	٠				
ĕ	2 Che	ck this box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net asset	S.	
ၓ		nber of voting members of the governing body (Part VI, line 1a)		1 2 1 7	L1
တိ		nber of independent voting members of the governing body (Part VI, line 1b)			1
Activities &		al number of individuals employed in calendar year 2012 (Part V, line 2a)			1
ŧ		al number of volunteers (estimate if necessary)		1 2 1 1	11
ĕ		al unrelated business revenue from Part VIII, column (C), line 12		1 - 1	0
	1	unrelated business taxable Income from Form 200 T. Ilin 201		7b	0
	DIVE	differenced business taxable income norm com	Prior Ye		Current Year
	8 Cor	stributions and grants (Part VIII, line 1h)	1,24	7,345	1,498,123
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)			0
Š	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		2,813	217,353
æ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4	5,458	57,454
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,616	1,772,930
		nts and similar amounts paid (Part IX, column (A), lines 1–3)	92	2,643	993,840
	1	efits paid to or for members (Part IX, column (A), line 4)			0
w	1	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10	3,036	110,378
38	16aPro				0
sesued	. b Tot	fessional fundraising fees (Part IX, column (A), line 11e) al fundraising expenses (Part IX, column (D), line 25) ▶ 47, 529			
ŭ		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8	4,903	97,524
		al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,582	1,201,742
		venue less expenses. Subtract line 18 from line 12		5,034	571,188
5	S		Beginning of Cu		End of Year
Net Assets	20 Tot	al assets (Part X, line 16)		4,410	16,027,111
AS C	21 Tot	al liabilities (Part X, line 26)		1,748	1,948,393
Ž,	22 Ne	assets or fund balances. Subtract line 21 from line 20	12,28	2,662	14,078,718
	Part II	Signature Block			
Ų	Jnder penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	and to the best of	of my knowledge	and belief, it is
	rue, correct,	and complete. Declaration of preparer (other than officer) is based on an information of which preparer has a	- In thiotheage.	. 	
	ļ			l Date	
	gn	Signature of officer	משמו	Date	
He	ere	TOM FRYER TREASU	JKEK		
		Type or print name and title	Date		if PTIN
_		rint/Type preparer's name Preparer's signature	1	Check Check	⊒ "
Pa	1.5	ATRICIA L. PARKER		3/13 self-employ	
		rm's name POTTBERG, GASSMAN & HOFFMAN, CHTD.		Firm's EIN	48-1026411
Us	e Only	529 HUMBOLDT, SUITE I		_	785-537-9700
		irm's address ► MANHATTAN, KS 66502		Phone no.	
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No

000 (004)	2) GREATER MANHATTA	N COMMUNITY	48-1215574		Page 2
m 990 (2012 Part III ⊹	Ot to the December Com	vice Accomplishments			П
	Check if Schedule O contain	is a response to any question	in this Part III	<u></u>	
Briefly de	escribe the organization's mission:	MENT CIND			
ÈÄËÏĊ	OP COMMUNITY ENDOW	MENT FUND			
• • • • • • • • • • • • • • • • • • • •					
Did the o	organization undertake any significan	t program services during the year w	hich were not listed on the		Yes X No
prior For	rm 990 or 990-EZ?				les 🔼 No
If "Voc "	describe these new services on Sch	edule O.			
	organization cease conducting, or ma	ike significant changes in now it con	ducts, any program		Yes X No
services	S?				—
- "	describe these changes on Schedule the organization's program service	accomplishments for each of its thre	e largest program services, as	measured by	
Describe	e the organization's program service es. Section 501(c)(3) and 501(c)(4) o	rganizations are required to report the	e amount of grants and allocat	ions to others,	
the total	expenses, and revenue, if any, for e	ach program service reported.			
			003 840) (Payenue \$	
(Code:) (Expenses \$ 1	, 044, 269 including grants o	1 \$995,040) (Keveride Ψ	***************************************
DĖÄĖĖ	OP COMMUNITY ENDOV	MENT FUND			
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			H=) (Revenue \$	
b (Code:) (Expenses \$	including grants t	₹	, (

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		including grants	of \$) (Revenue \$	
c (Code	e:) (Expenses \$	gridating grants	οι Ψ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , (
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	r program services. (Describe in Sch	edule O.)) (Revenue \$		_)
	enses \$	including grants of \$ 1,044,269			

	CREATER MANHATTAN COMMUNITY 48-1215574		Pa	ge 3
	00 (2012) GREALER MANNATIAN COLLINGE			
Part	IV Checklist of Required Schedules		Yes	No
	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		.,	
		11	X	
C	omplete Schedule A s the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
2 ls	s the organization required to complete Scrieddic S, Sociedades of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1 1	1	37
3 D	old the organization engage in direct or indirect political campaign deaths.	3		<u>X</u> _
C	andidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1 1	1	
4 S	Section 501(c)(3) organizations.Did the organization engage in 665/ing described and the first state of the	4		<u>X</u> _
е	election in effect during the tax year? It "Yes," complete scriedule 5, 1 at 1	- 1	- 1	
5 ls	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1 1		
а	s the organization a section so f(o)(*), so f(o)(*), so sectors, so sectors, so sectors as section so f(o)(*), so	5		<u>X</u> _
F	Part III	ļ ļ		
		1 1		l
ł	the stable provide advice on the distribution or investment of amounts in such turius of accounts in	6	X	
	as a late Cahadula D. Bort I			
	the contract of held a consequation easement, including easements to preserve open space,	7		Χ_
	t take to lead expose or historic structures? If "Yes," complete Schedule D, Fait ii	· —		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets in Tes,	8		X_
		·		- ^
_	and the second an amount in Part X. line 21, for escrow or custodial account liability, serve as a	1	1	\
	the fer amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		ļ	\mathbf{x}_{\perp}
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9	}	 ^ -
	the state of through a related organization, hold assets in temporarily restricted		1 77	1
10	Did the organization, directly or through a related diganization, and the organization or through a related diganization, directly or through a related diganization or through a related diganization or through the organization or through a related diganization or through the organization or through the organizati	10	X	- Tay 200
	endowments, permanent endowments, or quasi-endowments." The complete Schedule D, Parts VI, If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			150
11	If the organization's answer to any or the lonowing questions is 1985, where the property of the lonowing questions is 1985, where the property of the lonowing questions is 1985, where the property of the lonowing questions is 1985, where the lonowing questions is 1985, which is			
	VII, VIII, IX, or X as applicable.			1
а	Oil, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	X	↓
	complete Schedule D, Part VI Did the organization report an amount for investments—other securitie in Fun X, life 12 that 3.5% or more		ł	1
b	Did the organization report an amount for investments—other sa unitie in Fit X, if e 12 that 5 0 0 miles	11b	·	X
		[1	1
С	The second on amount for investments and relates and Part A, wile to trial 3 0 % of more	110	ł	X
	The state of the s		1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ه م ا	. }	X
	amount for other lightlities in Part X. Intelligence 25? If Yes, complete screeding 5,1 arex	·· '-''	+	1
	to a second detail detail financial statements for the tax year illique a tooling that addresses		.	X
	It is the text in contain tay positions under FIN 48 (ASC /40)? If Test, complete conductors, it is the contain tay positions under FIN 48 (ASC /40)? If Test, complete conductors, it is the contain tay positions under FIN 48 (ASC /40)?	111	+-	+
40-	The second state of the separate independent audited financial statements for the tax year? If the second statements for the tax year?	1	,,	
12a		128	X	┼─
	to the included in consolidated, independent audited financial statements for the tax years in 1995, and in	- 1	1	٠,
b	then completing Schedule D, Parts XI and XII is optional	121		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Д—	X
13	Is the organization a school described in section 170(b)(1)(1)(1)(1) in the United States? Did the organization maintain an office, employees, or agents outside of the United States?	14	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the office from grantmaking.	1	1	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ì	1	İ
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14	<u> </u>	X
	fundraising, business, investment, and program so were season fundraising, business, investment, and program so were season fundraising, business, investment, and program of many fundraising, and program of many fundraising, and program of many fundraising fundr		1	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15	; L	X
	the control outside the United States? It "Yes," complete Scriedule F, Faits it and it			
16	(atting condition Boot IV, column (A) line 3, more than \$5,000 or aggregate grants or assistance		. l	X
	the transfer outside the United States? If "Yes." complete Schedule F, Faits in and iv	··· - <u>``</u>	1	\top
17	The standard of the standard of more than \$15,000 of expenses for professional fundraising services on	- 1	,	X
• • •	- Love June 6 and 11e2 if "Yes" complete Schedule G, Part I (see instructions)	··· - <u>'</u> '	+-	-
40	Did the example than \$15,000 total of fundraising event gross income and contributions on	يد ا	,	x
18	- 1 Aug. 11 and 9g2 If "Ves." complete Schedule G. Part II	1	+-	- - ^
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	}	.	~
19	and the Auto-Auto-C Port III	19		X X
2 0a	a Did the organization operate one or more hospital facilities? It is so that the organization of the inspiral facilities? It is so that the organization attach a copy of its audited financial statements to this return?	20		
<u>k</u>	o If "Yes" to line Zua, did the diganization didding diopy of the East		Form S	990 (20

Form 990 (2012)

Form 990 (2012) GREATER MANHATTAN COMMUNITY Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 employees? If "Yes," complete Schedule J 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 X 24a through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, or key em loyee If Yes, com It to S hedule L, **P**art IV yes," complete A family member of a current or former officer, director trust 28b Schedule L, Part IV 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 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Part I _____ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? if "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 or IV, and Part V, line 1 35<u>a</u> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

Part V

2a

b

5a

11/08/2013 4:05 PM				
990 (2012) GREATER MANHATTAN COMMUNITY	48-1215574		Pa	<u>age 5</u>
ego (2012) GREATER MANHATTAN COMMONITY Statements Regarding Other IRS Filings and Tax Con Check if Schedule O contains a response to any question	npliance n in this Part V		······T	
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the constitution comply with backup withholding rules for reportable payment	1a 4 1b 0	16	Yes	No
reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered by If at least one is reported on line 2a, did the organization file all required federal expectations. If the sum of lines 1a and 2a is greater than 250, you may be required to expectations.	this return 2a 4 employment tax returns? en-file (see instructions)	2b	X	X
Note. If the sum of lines 1a and 2a is greater than 200, you may be required the organization have unrelated business gross income of \$1,000 or more during "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in At any time during the calendar year, did the organization have an interest in, or over, a financial account in a foreign country (such as a bank account, securities	n Schedule O a signature or other authority			X
account)?	- Bark and Einancial Accounts		17	

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	 7a		· · · · · · · · · · · · · · · · · · ·
	to the payor?	7b_		
þ	If "Yes," did the organization notify the donor of the value of the boods or services provided? Did the organization sell, exchange, or otherwise dispose of the pieces tersocal property for which it was			
C	Did the organization sell, exchange, or otherwise displace of this blood of the property of th	7c_	<u> </u>	L

C	Did the organization sell, exchange, or otherwise dispuse of the biototic disp	7c_	L	<u> </u>
	required to file Form 8282?		2.以表达	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		L
f	Did the organization receive any tender and tender to the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		L

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h

Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 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: 10 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 b Section 501(c)(12) organizations. Enter:

See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources | 11b against amounts due or received from them.)

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 b 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? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012)

5a

5b

8

9b

12a

13a

14a

13c

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	0 (2012) GREATER MANHATTAN COMMUNITY 48-1215574	-law and fo	r a "No"	Page	<u> </u>
Part	0 (2012) GREATER MANHATTAN COMMUNITY 48-1210074 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	elow, and io Idula O. See	instruc	tions.	
Pait.	VI Governance, Management, and Disclosure For each "Yes response to line 82 through the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, and the schere processes the circumstances and the schere processes the circumstances and the schere processes and the circumstances and the schere processes	guile O. Oco	11100.00	[X
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, et any Check if Schedule O contains a response to any question in this Part VI.				
Soctio	on A. Governing Body and Management			es l	No
	1 . 1	11	11:00		
4a E	the country of voting members of the governing body at the end of the tax year				
	the second differences in voting rights among members of the governing body, or				
11	the governing body delegated broad authority to an executive committee or similar				
_	itea explain in Schedule ().	11 _	Y		
	to a local in line 1a above Win are independent	111		10	1275
b E	trustee or key employee have a family relationship of a business visites		2	* 3 - 2 /	X
			 - 	_	
	any outer emerger duties customarily performed by or under the direct		3		X_
			4	-+	X
			5	-+	X
4 1			6	-+	X
			 		
6	the digital transfer of tookholders, or other persons who had the power to elect or appoint		1 1	1	X
	. Att		7a	-+	
	to approval by members,		-,	Ì	Χ
b	Are any governance decisions of the organization reserved to the stockholders, or persons other than the governing body?		7b	52.12	77 77 784 %
	to the property document the meetings neighbor written actions and transfer actions			X	क्षेत्रका र
8	The governing body?		8a	$\frac{\Delta}{X}$	
а	Labelf of the governing body (8b	-	
b			1 .	, 1	Х
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	9		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	evenue Coc	le.)		
Sec	tion B. Policies (This Section & requests information			Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		 ^
10a	Did the organization have local chapters, branches, or animates: If "Yes," did the organization have written policies and procedures go 'ernir 4-th ac vittes of such chapters,			ļ	}
			10b		├──
	affiliates, and branches to ensure their operations are tonasternaviri the organization between the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body before filling the form 400 to all members of its governing body body before filling the form 400 to all members of its governing body body befor	n?	11a	12.3	6.58083
11a				2890	
b	Describe in Schedule O the process, if any, used by the organization to rovide this section of the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	┼─
12a	Did the organization have a written conflict of interest policy? If No, go to line 19 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict organization and the policy? If "Yes."	flicts?	12b	X_	┼
b	Were officers, directors, or trustees, and key employees required to disclose annually and consistently monitor and enforce compliance with the policy? If "Yes," Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			٠,,	
C	Did the organization regularly and consistently monitor and enforce compliants of the describe in Schedule O how this was done		12c		┼
				X	┼─
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		14	X	- 34978.5
14	Did the organization have a written document retention and destruction persons include a review and approval by		197 -	144	
15	Did the organization have a written document retention and decisions include a review and approval by 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?				2.2%
	independent persons, comparability data, and contemporarieous substantiation of the desired and independent persons, comparability data, and contemporarieous substantiation of the desired and independent persons, comparability data, and contemporarieous substantiation of the desired and independent persons, comparability data, and contemporarieous substantiation of the desired and independent persons, comparability data, and contemporarieous substantiation of the desired and independent persons, comparability data, and contemporarieous substantiation of the desired and independent persons.		15a		+;;
а	The organization's CEO, Executive Director, or top management unicial Other officers or key employees of the organization				X
b	Other officers or key employees of the organization Schodule O (see instructions).		6.73		
	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		8.73		100
16a	Did the organization invest in, contribute assets to, or participate in a joint voltage of same		168	4_	X
k	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its A taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				W. San
	o If "Yes," did the organization follow a written policy of procedure required that participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		16	<u> </u>	
	organization's exempt status with respect to such arrangements?				

	organization's exempt status with respect to such arrangements:
Sec	tion C. Disclosure
	List the states with which a copy of this Form 990 is required to be filed NONE NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
18	
	available for public inspection. Indicate now you made these available for public inspection. Indicate now you made these available of the control of the co
19	4 Visit As the public during the fax Vear.
20	and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the State the name, physical address, and telephone number of the person who possesses the books and records of the State the name, physical address, and telephone number of the person who possesses the books and records of the

555 POYNTZ AVE SUITE 269 KS 66502

organization: ► MARLA BRANDON
MANHATTAN

785-587-8995 Form **990** (2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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.

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

X Check this box if neither the organizers (A) Name and Title	(B) Average hours per week (list any	(do box offl	not o	(C) Positi heck n ss per	ion nore i son is rector	than one s both an r/trustee)	(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)			organization and related organizations
(1) NEIL HELMICK DIRECTOR	1.00	Х	Г				AET	0	0	0
(2) TERRY ARTHUR	1.00	X		X		1	AFI	0	0	0
PAST PRESIDENT (3) DENNIS MULLIN	2.00	X		Х				0	0	0
PRESIDENT (4) JAMES GORDON	1.00							0	0	0
VICE-PRESIDENT (5) JO LYLE	1.00	X		X	-					
DIRECTOR (6) JODI KAUS	1.00	X	-	-	_			0		
DIRECTOR (7) JERRY BANAKA	0.00	X	-	-	-	++		0	(
DIRECTOR (8) KATHLEEN GREENE	0.00	X		-	-	-		0	() C
SECRETARY (9) KAREN MCCULLOH	1.00	 <u>X</u>	-	X	-	-		0	(
DIRECTOR	1.00			+-	-			0		
(10)NEIL HORTON DIRECTOR	1.00		ζ					0		
(11)WILLIAM RICHTER DIRECTOR	1.00		ζ					0		O (Form 990 (201

86 11/08/2013 4:05 PM n 990 (2012) GREATER	MANIALIAN	4000	Ko	, En	anle	Wees	. an	d Highest Compensated	Employee(scontinued)	
Art VII Section A. Offic (A) Name and title	(B) Average hours per week (list any	P (do not che box, unless		(C) Position ot check more than one unless person is both an er and a director/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and related organizations
2)										
3)						-				
4)		_				-				
5)		-		-	-	+	-			
16)			-		-	-	-			
17)		 	-	-	-					
18)					+		+	ΛEΤ		
19)					1			AFI		
1b Sub-total	on sheets to Part VI	I, Se limite	ctior ed to	thos			. [a) who received more than	\$100,000 in	Yes
3 Did the organization list employee on line 1a? If 4 For any individual listed organization and relate individual	t any former officer, d f "Yes," complete Sch d on line 1a, is the sur d organizations great	irectoredule edule n of r er tha	or, or J fo epor an \$1	table 50,0	007	npen:	satio es," (complete Schedule J for si	from the uch	4
for services rendered to Section B. Independent Co	o the organization? if ontractors	Yes	, cor	пріє				U. d. a solved more	than \$100 000 of	
Complete this table for compensation from the	your five highest con e organization. Report (A) Name and business address	COIL	sated pens	inde atior	per ofor	the c	cont	ractors that received more dar year ending with or wi	thin the organization's tax year. (B) escription of services	(C) Compensa
	114110						_			
							1			

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

areamen W	ላ እና 17 አመመ እ እነ - ረ	TOMMINT	ΓY	48-1215574		Page
990 (2012) GREATER MA						[7
Check if Schedule	e O contains a r	response to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included abor g Noncash contributions included in line h Total. Add lines 1a-1f	1a					
b Membership dues	146					
c Fundraising events	1 1 1					
d Related organizations						
Government grants (contributions)						
f All other contributions, gifts, grants,						
and similar amounts not included abor		,498,123				
g Noncash contributions included in line	s 1a-1f: \$	458,188	4 400 122			
h Total. Add lines 1a-1f	<u>,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>	1,498,123			
2a		Busn, Code			as commenced by the care	
e			ļ	 		
f All other program service i	еvепив	<u> </u>		o the first all the first with	基础的设计和13 6	
g Total, Add lines 2a-2f	<u> </u>	<u></u>	 	1. 10 h (20 m 1 m 2 m 2 m 2 m 1 m 1 m 1 m 2 m 2 m 2		
3 Investment income (include			335,460)		335,4
and other similar amounts) 		3307.10			
4 Income from investment of		proceeds				
5 Royalties		(ii) Personal				
 	Real	(ii) i Giadilai				
6a Gross rents			in A F			
b Less: rental exps.						
C Rental inc. or (loss)			1 // //		The second contract of	ga resp. 30 signilar aylan adila
d Net rental income or (loss 7a Gross amount from (i) Se	curitles	(ii) Other				
sales of assets	661,347					
other than inventory b Less: cost or other	002/02					
	779,454					
	118,107			A GREEN STREET		h balled letterally of
d Net gain or (loss)			-118,10	7 -118,10	/ _ z. ve Pakie (Albertale)	
8a Gross income from fundraisi	ng events					
(not including \$						
of contributions reported on						
(not including \$ of contributions reported on See Part IV, line 18 b Less: direct expenses						
b Less: direct expenses	b					grad general with Mark 1912 and 1919 and 1918
c Net income or (loss) fror	n fundraising <u>event</u>	s ▶		: : : : : : : : : : : : : : : : : : :	u v předění a likely	
9a Gross income from gaming	activities.					
See Part IV, line 19						
b Less: direct expenses	b[· 13 100 (1800) 以於韓國南部縣(2019年	om tel pagasto, a debel skáledet v 201	Annual Services and an extension of the Services
c Net income or (loss) from	n gaming acti <u>vities</u>	<u></u>			e de la compania	
10a Gross sales of inventory						
returns and allowances					3. 图显出的《别》	
b Less: cost of goods sold	lbl			property provides and the state of the state	programme and the second secon	
c Net income or (loss) from	m sales of inventor	y	1 K. 19 - CALL 192 MR. 1.24A			
Miscellaneous		Busn. Co 5610	** <i>****</i> **** **** ***		St. Astronomy and the street of the street	
11a FUND MANAGEMENT			37,4			
			+			
c			+			
d All other revenue		L	57,4	54	er web trap of the	
e Total. Add lines 11a-1			1,772,9		53	0 335,
12 Total revenue. See ins	structions	., <u></u>	1,116,3	55/5		Farm 990

Statement of Functional Expenses

	c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respo	130 to arry question in the	(B)	(C)	(D) Fundraising
	clude amounts reported on lines 6b,	(A) Total expenses	Program service expenses	Management and general expenses	expenses
7b, 8b, 9b	o, and 10b of Part VIII. and other assistance to governments and				
1 Grants	and other assistance to governments and	993,840	993,840		
organiz	zations in the U.S. See Part IV, line 21s and other assistance to Individuals in				
	S. See Part IV, line 22				
tne U.	s and other assistance to governments,				
3 Grant	izations, and individuals outside the				
	See Part IV, lines 15 and 16				
	fits paid to or for members				
4 Bene 5 Com	pensation of current officers, directors,				
	ees, and key employees				
6 Comp	pensation not included above, to disqualified			1	
neren	ns (as defined under section 4958(f)(1)) and	}]	
perso	ons described in section 4958(c)(3)(B)		00.050	33,252	33,252
	r salaries and wages	99,756	33,252	33,232	007-3-
8 Pensi	ion plan accruals and contributions (include		0.05	997	997
eartic	on 401(k) and 403(b) employer contributions)	2,991	997	991	
	er employee benefits			2,543	2,544
	roll taxes	7,631	2,544	2,040	<u> </u>
	s for services (non-employees):				
	nagement			 	<u> </u>
	al			33,357	,
	ounting	34,309	95:	33,33	
	bying		,	a market are in the section in	X
e Prof	essional fundraising services. See Part IV, line 1				·
f Inve	estment management fees		-	 	
	r. (If line 11g amount exceeds 10% of line 25, column		7 II II		
g Othe	mount, list line 11g expenses on Schedule O.)			31	5
	vertising and promotion	313			
	ice expenses	1 30.3/01	6,55	23,02	1
	ormation technology				
• • • • • • • • • • • • • • • • • • • •	yalties			8 3,94	7 3,948
	cupancy	11,045	3,94	43	
	avel	1 4.301			<u> </u>
	yments of travel or entertainment expense	s			
for	any federal, state, or local public officials	<u> </u>		2,14	2
19 Co	onferences, conventions, and meetings	2,142		<u> </u>	
	erest				
	lyments to affiliates				<u> </u>
	epreciation, depletion, and amortization		24	3,65	9
	surance	3,899	<u>∠.5</u>		
24 Ot	her expenses. Itemize expenses not covered				
ab	ove (List miscellaneous expenses in line 24e. If				
lin	e 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)			1,19	6,78
a (^	MEETING MEALS	0,411	43	3,90	
а b	DUES & SUBSCRIPTIONS	3,908	1		
C	MISCELLANEOUS	1,881	1,5		<u> </u>
• •			 		
	Il other expenses		1 044 0	69 109,94	47,52
25 To	otal functional expenses. Add lines 1 through 24e		1,044,2	100,0	
26 Jo	oint costs. Complete this line only if the rganization reported in column (B) joint costs om a combined educational campaign and				
fi	undraising solicitation. Check here ► if ollowing SOP 98-2 (ASC 958-720)	1			Form 990 (2

48-1215574

ırt X	Balance Sheet			<u></u>
	Check if Schedule O contains a response to any question in this Part X	(A) Beginning of year		(B) End of year
		150		34,801
1	Cash—non-interest bearing	2,378,480	2	529,352
2	Savings and temporary cash investments		3	811,968
3	Pledges and grants receivable, net		4	1,450
4	Ato receivable net	188, \$4 a \$4 (4) (5 a fact (5).	
5	Loans and other receivables from current and former officers, directors,		1 T	
	trustees, key employees, and highest compensated employees.		5	
		And the state of t		
6	the receivables from other disqualified persons (as defined under section			
	4050(6(4)), pareons described in section 4958(C)(3)(B), and contributing employers are			
1	respired examinations of section 501(c)(9) voluntary employees beneficiary		6	
1	organizations (see instructions). Complete Part II of Schedule L		7	
7	Notes and loans receivable, net	 	8	
8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges	Name Carlotte Maria Maria	7.1	Biover Bloomer Likely
	to all buildings, and equipment: cost or			
- 1	Table 1 10al 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10c	145,000
١,	l ess: accumulated depreciation	8,040,500	11	13,831,896
11		2,759,719	12	672,644
12	Investments—other securities. See Part IV, line 11	2,133,123	13	
13	Investments—program-related. See Part IV, line 11	 	14	
14		 	15	
15	Other people Coo Part IV line 11	13,784,410	16	16,027,111
16	. A 111 - A Abrough 15 (must equal line 34)	8,315	17	8,024
17	and autopages	453, 182	18	633,374
18	Grants payable	100,102	19	
19			20	
20	To assembly hand lightities	'	_ _	
2	Secretary or custodial account liability. Complete Part IV of Schedule D		1000	
اما	2. Loans and other payables to current and former officers, directors,			
Liabilities	trustees, key employees, highest compensated employees, and		22	
漬┃	"		23	
و ا ۳	2 Secured mortgages and notes payable to unrelated third parties		24	
12	A Upperpired notes and loans payable to unrelated third parties			
2	other liabilities (including federal income tax, payables to related tillid			
-	parties, and other liabilities not included on lines 17-24). Complete Part X	1,040,251	25	1,306,99
	CO-badde D	1,501,748		1 0 10 20
	Takel lightities Add lines 17 through 25	1,301,130		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
-+-	Organizations that follow SFAS 117 (ASC 958), check nere		44.	
ရွှ	complete lines 27 through 29, and lines 33 and 34.	437,661	27	257 , 12
١	27 Unrestricted net assets	4 966 151		5,473,89
70	78 Temporarily restricted net assets	6,878,850	29	7 2 2 7 7 7 7
필	- Ittrioted not assets	· Vicar California		
[E]	Organizations that do not follow SFAS 117 (ASC 958), check her and			
5	complete lines 30 through 34.		30	
SS	as a contract or trust principal or current funds	.	31	
SS	Daid in or applied surplus, or land, building, or equipment fund	.	32	
Ϋ́	32 Retained earnings, endowment, accumulated income, or other runds	12 282 662		14,078,7
ž	Total not accets or fund balances	12 704 416		16 007 1
l l	Total liabilities and net assets/fund balances	. 1 10, 104, 41	<u></u>	Form 990 (2

	COMMINITY	48-1215574		Page 12
Form 9	90 (2012) GREATER MANHATTAN COMMUNITY			r - 1
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this f	Part XI		
	Check if Schedule O contains a response to any question in the		1	1,772,930
1	Total revenue (must equal Part VIII, column (A), line 12)		2	1,201,742
2	Total revenue (must equal Part VIII, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25)		3	571,188
3	Total expenses (must equal Part IX, colonia (x), and ==9 Revenue less expenses. Subtract line 2 from line 1	4))	4	12,282,662
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (<i>"</i>	5	1,224,868
5	Net unrealized gains (losses) on investments		6	
6	Donated services and use of facilities		7	
7			8	
8			9	
9				
10	holonog at end of year Combine lines 3 through 9 (must equal to	11 () () 11 ()	10	14,078,718
	33, column (B))			
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this	Part XII	<u></u>	
	Check if Schedule O contains a response to any question in this	Tait XII		Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual if the organization changed its method of accounting from a prior year or checked "O Schedule O. Were the organization's financial statements compiled or reviewed by an independent of the year.	t accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and se	parate basis		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and se	parate basis		
	If the organization changed either its oversight process.	ne tax year, explain in		2c X
	As a result of a federal award, was the organization required to undergo an audit of the Single Audit Act and OMB Circular A-133?	n did not undergo the		3a X
	the Single Audit Act and OMB Circular A-1337 b If "Yes," did the organization undergo the required audit or audits? If the organization to the control of t	undergo such audits		3b
	b If "Yes," did the organization undergo the required audit or audits? If the organization required audit or audits, explain why in Schedule O and describe any steps taken to	dise.g. energy		Form 990 (2012)

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GREATER MANHATTAN COMMUNITY

Employer identification number 48-1215574

Name of the organization Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 2 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 3 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv).(Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 6 X 7 described in section 170(b)(1)(A)(vi).(Complete Part II.) A community trust described in section 170(b)(1)(A)(vi).(Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 8 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).(Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 10 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 11 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III-Non-functionally integrated Type III-Functionally integrated c direr in or it directly by one or more disqualified persons By checking this box, I certify that the organization is not cor rolled organizati ins described in section 509(a)(1) other than foundation managers and other than or If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vi) Is the (vii) Amount of monetary (v) Did you notify (Iv) is the organization (iii) Type of organization organization in col. support the organization in in col. (i) listed in your (ii) EIN (I) Name of supported (described on lines 1-9 (i) organized in the col. (i) of your governing document? organization above or IRC section **U.S.?** support? (see instructions) Yes Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2012 GREATER MANHATTAN COMMUNITY

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

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

	Part III. If the organization fa	alls to quality ur	idel the tests in	<u></u>			
Section	on A. Public Support		(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
alenda	ar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	\\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1	
1 0	Gifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no	2,135,459	2,996,558	971,213	1,247,345	1,498,123	8,848,698
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge			971,213	1,247,345	1,498,123	8,848,698
	Total. Add lines 1 through 3	2,135,459	2,996,558	9/1,213			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						2,630,72 <u>9</u>
	line 1 that exceeds 2% of the amount						6,217,969
_	shown on line 11, column (f)	The state of the s	《张原·美国》	[A: [1] [1] [1] [2] [2] [4] [4]	17786-1820 o 521 - 334 -	19 (1947) 19 4 M. 196 A - 188	
Sec	tion B. Total Support		1	(c) 2010	(d) 2011	(e) 2012	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009			1,498,123	8,848,698
7	Amounts from line 4	2,135,459	2,996,558	971,213	1,231,3.3		
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,576	185,74	7 195,562	263,254	335,460	1,203,599
9	Net income from unrelated business activities, whether or not the business is regularly carried on		RA	FT			
10	Other income. Do not include gain or loss from the sale of capital assets			<u></u>			10,052,297
	(Explain in Part IV.)	 Printed at 125 (1986) 18 (1986) 18 	A WARRANTA			12	156,787
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instructions)					1307,32
12						(3)	▶ □
13		ara		<u> </u>	<u></u>		
<u> </u>	organization, check this box and stop he ection C. Computation of Public S	upport Percen	tage			14	61.86%
	Public support percentage for 2012 (line	6, column (f) divide	d by line 11, colum	ın (f))			
14	Public support percentage for 2012 (line Public support percentage from 2011 Sci a 33 1/3% support test—2012. If the orga	hedule A, Part II, lin	e 14	40 15- 44 to 0	2 1/3% or more chi	eck this	
15 16	a 33 1/3% support test—2012. If the orga	anization did not ch	eck the box on line	13, and line 14 is 3	3 1/370 OF HIGHE, CHE		▶ 🗓
101	a 33 1/3% support test—2012. If the organization question and stop here. The organization question question and stop here.	alifies as a publicly	supported organiza	ation	5 is 33 1/3% or mor	e,	
1	box and stop here. The organization qubb 33 1/3% support test—2011. If the organization	anization did not ch	eck a box on line 1	of toa, and line i	0.000		▶ [_
	b 33 1/3% support test—2011. If the organized check this box and stop here. The organized check this box and stop here.	nization qualifies as	a publicly support	eu organization	6a, or 16b, and line	14 is	
17	check this box and stop here. The orga a 10%-facts-and-circumstances test—	2012. If the organiz	ation ald not check	t check this box an	d stop here. Explai	n in	
	 10%-facts-and-circumstances test— 10% or more, and if the organization me 	ets the "facts-and-o	ercumstances tes	rganization qualifies	as a publicly suppo	rted	
	Part IV how the organization meets the	"facts-and-circums	ances test. The or	ga			▶ ∟
	organization		estion did not check	a box on line 13, 1	6a, 16b, or 17a, and	l line	
	b 10%-facts-and-circumstances test—	-20 [], [] (10 O gam-	and circumstance	s" test, check this b	ox and stop here.		
	15 is 10% or more, and if the organizati	on meets the lacts	d sireumetances" f	test. The organization	on qualifies as a pub	licly	. [
	Explain in Part IV how the organization	meets the lacts-an	u-on ournoterror				
11	supported organization				eck this box and see	• 	
	instructions				9	chedule A (Form	990 or 990-EZ) 201
_							

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

(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 qualify under the tests listed below, please complete Part II.)

	if the organization fails to qu	ally under the	3 (63(3 110(00 2			-	
Section	n A. Public Support			(c) 2010	(d) 2011	(e) 2012	(f) Total
Calenda	r year (or fiscal year beginning in)	(a) 2008	(b) 2009	(6) 2010	12,201.	, , , , , , , , , , , , , , , , , , , ,	
1 G	ifts, grants, contributions, and membership ses received. (Do not include any "unusual rants")						
2 G	Gross receipts from admissions, merchandise old or services performed, or facilities urnished in any activity that is related to the organization's tax-exempt purpose						
3 (Gross receipts from activities that are not an unrelated trade or business under section 513				1		
1	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons 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						
С	Add lines 7a and 7b	en e seur e la e 15 kg lieb	e Regional Machine		第二次型型系统连续		19 T
8	Public support (Subtract line 7c from line 6.)						(A)
Sec	line 6.) tion B. Total Support		1 000A	(c) 20°	(d) 2011	(e) 2012	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2008		1 1 1 1 1 1 1			
9	Amounts from line 6			N			
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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,	ļ					
14	and 12.) First five years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 501	(c)(3))
	organization, check this box and stop he	re Porce	ntage	,	, , , , , , , , , , , , , , , , , , , ,		
<u>Se</u>	ction C. Computation of Public S Public support percentage for 2012 (line 8)	upport Ferce	led by line 13, colu	ımn (fi)		.,,.,	15 %
15	Public support percentage for 2012 (line a Public support percentage from 2011 Sch	s, column (1) divid	line 15				16%
<u>16</u>	- 4 1 f l	ant Incama P	ercentaue				
		/line 10c collimi	TH GIVIGED DA III IO	13, column (f))		 -	17 % 18 %
17							18%
18		ton bib action	chack the nox on	line 14. and line is	10 111010 111011		▶ 「
19							
,							▶ [
							·····
20		did not check a bo	ox on line 14, 19a,	or 19b, check this	DOX and see instituc		m 990 or 990-EZ) 20

M2286 11/08/2013		NTTY 48-1215574 Page 4
Schedule A (Fo	orm 990 or 990-EZ) 2012 GREATER MANHATTAN COMMU Supplemental Information. Complete this part to provide to Part II, line 17a or 17b; and Part III, line 12. Also complete to instructions).	- aurianations required by Part II, line 10;
		· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •		
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	······································	
	•••••	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

GREATER MANH FOUNDATION	ATTAN COMMUNITY	48-1215574
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 5010 instructions. General Rule	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, (10) or filling Form 990, 990-EZ, or 990-PF that reliable, during the page \$5,000 or more	
property) from ar	ny one contributor. Complete Parts and	
Special Rules		
under sections 5 the greater of (1 Complete Parts		EZ, line 1.
during the year, or educational p	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one total contributions of more than \$1,000 for use exclusively for religious, charitable, so urposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and	101.
during the year, not total to more year for an excl	on (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on contributions for use exclusively for religious, charitable, etc., purposes, but these contributions for use exclusively for religious, charitable, etc., purpose. The total contributions that were received usively religious, charitable, etc., purpose. Do not complete any of the parts unless the reganization because it received nonexclusively religious, charitable, etc., contributions a year	ived during the ne General Rule ns of \$5,000 or
Caution. An organization	on that is not covered by the General Rule and/or the Special Rules does not file School that is not covered by the General Rule and/or the Special Rules does not file School it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 9	edule B (Form 990, its Form 990-EZ or on

a-badula B (Corm 00)), 990-EZ, or 990-PF)	(2012)
Schedule B (Form 330	J, 550 EE, 6. 650	
Name of organiza	tion	
~~=~==	እፈን እነ፣፣ ን ጥጥ 7\ እነ	COMMIIN

Page 1 of 1 of Part I Employer Identification number 48-1215574

GREATER MANHATTAN COMMUNITY

art I	Contributors (see instructions). Use duplicate copies of Part I (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
lo.	CAROLINE F PEINE FOUNDATION BANK OF AMERICA, NA, TRUSTEE PO BOX 219119 KANSAS CITY MO 64121-9119	\$ 35,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2	FBL FINANCIAL GROUP, INC. 5400 UNIVERSITY AVE WEST DES MOINES IA 50266	\$ 120,489	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	Total contributions	
3	JACK GOLDSTEIN CHARITABLE TRUST 555 POYNTZ AVE MANHATTAN KS (65)2	\$ 120,688 -	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d) Type of contribution
(a) <u>No.</u>	Name, address, and ZIP + 4	Total contributions	
. 4	1998 JACK GOLDSTEIN CHARITABLE TRUST 555 POYNTZ AVE MANHATTAN KS 66502	\$ 127,048	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 5	CARLA A BEHRENDS TRUST 3114 SHAFFER STREET MANHATTAN KS 66502	\$ 145,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 1 of 1 of Part I

Name of organization

GREATER MANHATTAN COMMUNITY

Employer Identification number 48-1215574

No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	REAL ESTATE	\$ 145,000	12/31/12
n) 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
	DRA	\FT	
(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization GREATER MANHATTAN COMMUNITY 48-1215574 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the FOUNDATION organization answered "Yes" to Form 990, Part IV, line 6. Part I (b) Funds and other accounts (a) Donor advised funds Total number at end of year _____ 747,667 Aggregate contributions to (during year) 656,384 Aggregate grants from (during year) 991,695 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose X Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. Part III 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Schedule D (Form 990) 2012 b Assets included in Form 990, Part X

145,000

Schedule D (Form 990) 2012

145,000

4,747

4,747

1a Land ______ **b** Buildings c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

tule D (Form 990) 2012 GREATER MANHATTAN COMP	1011 = = =	<u>48-1215574</u>	
au a suiting Son Form 990	Part X, line 12.		· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category	(b) Book value		od of valuation: of-year market value
(including name of security)		Cost or end-	n-year manet tare
inancial derivatives		<u> </u>	
Closely-held equity interests		 	
Other		<u> </u>	
A)		 	
B) C)			
(D)		 	
(E)			
(F)			
(G)			
(H)			
(1)			
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Part X line 13.		
art VIII Investments—Program Related, 3ee rollings	(b) Book value		sthod of valuation:
(a) Description of investment type	(-,	Cost or en	d-of-year market value
	+		
)			
)			
)			
•)			
5)			
3)			
*\			
7)			
8)			
8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	RAFT		(h) Book value
9) 0) 0tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: (a) Description	AFT		(b) Book value
8) 9) 0) 0tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, the 5. (a) Description (1)	RAFT		(b) Book value
8) 9) 00 01 01 02 03 04 05 05 05 05 05 05 05 05 05 05 05 05 05	RAFT		(b) Book value
9) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0)	RAFT		(b) Book value
8) 9) 0) 0) 0) 10 11. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, ince 5. (a) Description (2) (3) (4)	RAFT		(b) Book value
8) 9) 0) 0) 0) 0) 10 11. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, line 5. (a) Description (1) (2) (3) (4) (5)	RAFT		(b) Book value
8) 9) 0) 0) 0tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, tine 5. (a) Description (1) (2) (3) (4) (5) (6)	RAFT		(b) Book value
8) 9) 00) 01al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, the 5. (a) Description (1) (2) (3) (4) (5) (6) (7)	RAFT		(b) Book value
8) 9) 00 10 11) 12) 13) 14) 15) 16) 16) 17) 18) 18) 18) 19) 10 11) 11) 12) 12) 13) 14) 15) 16) 16) 17) 18) 18) 18) 19) 19) 19) 19) 19) 19) 19) 19) 19) 19	RAFT		(b) Book value
8) 9) 0) 10tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, inte 5. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)	RAFT		(b) Book value
8) 9) 0) 0) 0) 10 11. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, inte 5. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)	RAFT		(b) Book value
Detail. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, col. (a) Description (a) Description (b) Must equal Form 990, Part X, col. (B) line 15.) (c) Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X: Other Liabilities. See Form 990, Part X, line			(b) Book value
8) 9) 0) 0) 0) 10 11. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, inte 5. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)	25. (b) Book value		(b) Book value
B) 99 101 102 103 104 105 105 105 105 105 105 105 105 105 105	(b) Book value		(b) Book value
B) 99 101 102 103 104 105 105 105 105 105 105 105 105 105 105		000	(b) Book value
Detail. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, the 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X: Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability (1) Federal income taxes	(b) Book value	000	(b) Book value
B) 99 101 102 103 104 105 105 105 105 105 105 105 105 105 105	(b) Book value	000	(b) Book value
13.) Part IX Other Assets. See Form 990, Part X, col. (B) line 13.) (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability (1) Federal income taxes (2) AMOUNTS HELD FOR OTHERS (3) ANNUITIES/IRA PAYABLE	(b) Book value	000	(b) Book value
13.) Part IX: Other Assets. See Form 990, Part X, col. (B) line 13.) (a) Description (b) Must equal Form 990, Part X, col. (B) line 13.) (c) (a) Description (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Book value	000	(b) Book value
potal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, tine 15. (a) Description (b) (c) (a) Description (c) (a) Description (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) Book value	000	(b) Book value
Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. See Form 990, Part X, tine 15. (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description of liability (b) Book value	000	(b) Book value	
99 00 01 01 01 01 01 01 01 01 01 01 01 01	(b) Book value	000	(b) Book value
B) 99 00) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, ine (a) Description (b) Description (c) Description (d) Description (e) Description of liability (f) Federal income taxes (g) AMOUNTS HELD FOR OTHERS (h) Description of Habilities (h) Description of Hability (h) Federal income taxes (c) AMOUNTS HELD FOR OTHERS (d) Description of Hability (e) Description of Hability (f) Federal income taxes (g) AMOUNTS HELD FOR OTHERS (g) ANNUITIES/IRA PAYABLE (h) Description of Hability (f) Federal income taxes (g) AMOUNTS HELD FOR OTHERS (g) ANNUITIES/IRA PAYABLE	(b) Book value 1,289,0 17,9	000	(b) Book value
8) 99 00 101 102 103 104 105 105 105 105 105 105 105 105 105 105	(b) Book value 1,289,0 17,9	995	>

AND MANUAMERAN COMMINITY		48-1215574	Page 4
ledule D (Form 990) 2012 GREATER MANHATTAN COMMUNITY Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return	2 400 (02
Total revenue, gains, and other support per audited financial statements		1	3,428,603
Total revenue, gains, and other support per audited financial statements			
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	1,224,868	
a Net unrealized gains on investments	2b		
b Donated services and use of facilities	2c		
Recoveries of prior year grants	2d	757,808	1 002 676
d Other (Describe in Part XIII.)	===================================		1,982,676 1,445,927
Add lines 2a through 2d Subtract line 2e from line 1		3	1,440,921
Subtract line 2e from line 1			
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
a Investment expenses not included on Form 990, Part VIII, line 7b	4b	327,003	327,003
b Other (Describe in Part XIII.) c Add lines 4a and 4b		4c	1,772,930
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
			874,739
Part XII Reconciliation of Expenses per Addition of Expenses per Additi			074,735
4 Total evenees and losses her audited illiaridal statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a Donated services and use of facilities	2b		
b Prior year adjustments	2c		
c Other losses	2d		3.) -
d Other (Describe in Part XIII.) e Add lines 2a through 2d			074 730
e Add lines 2a through 2d 3 Subtract line 2e from line 1			014,133
 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 			
Amounts included on Form 990, Part IX, line 25, but not on line 39 a Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 14 3
		327,003	327,003
b Other (Describe in Part XIII.)		4	$\frac{c}{s}$ $\frac{327,003}{1,201,742}$
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> </u>	1,201,142
Complete this part to provide the descriptions required for Part II, lines 5, 5, and Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and Ab. Also information. PART XI, LINE 2D - REVENUE AMOUNTS INCLUDE SUBSIDIARY CONTRIBUTIONS & INTEREST	ED IN FI	ANCIALS - OT	200,166
SUBSIDIARY APPRECIATION OF ASSETS		\$	557,642
PART XI, LINE 4B - REVENUE AMOUNTS INCLUI	ED ON RE	TURN - OTHER	
		\$	327,003
INCOME FROM SUBSIDIARY			
		PRIDN - OTHER	₹
PART XII, LINE 4B - EXPENSE AMOUNTS INCL	JDED ON R	FIOKN - OTUF	
••		\$	327,003
EXPENSES FOR SUBSIDIARY			***************************************
			Schedule D (Form 990) 2

Schedule D (Fo	000) 2012	GREATER	MANHATTAN (COMMUNIT	ζ	48-1215574	Page 5
Part XIII	Suppleme	ntal Informatio	on (continued)	·			
1 414 7(1)	<u> </u>						
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							200) 2012

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States

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

▶ Attach to Form 990.

2012
Open to Public Inspection

Schedule I (Form 990) (2012) Д ORGANIZATION SUPPORT Д SUPPORT SUPPORT Д ORGANIZATION SUPPORT AFTER SCHOOL PROGRAM AFTER SCHOOL YOUTH **2** AFTER SCHOOL YOUTH YOUTH Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance ORGANIZATION ORGANIZATION AFTER SCHOOL Employer identification number X Yes 80 48-1215574 EDUCATION non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 19,000 000 17,000 60,245 60,245 9,000 6,000 65,500 the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash 50, grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 48-0579761 3 ന $^{\circ}$ ന $^{\circ}$ ന 48-1158074 48-1196853 48-1074309 48-1243473 48-0623884 23-7053717 23-7358134 48-1191545 GREATER MANHATTAN COMMUNITY General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table (7) MANHATTAN-OGDEN PUBLIC SCHOOLS FOU (2) FAIRCHILD TERRACE SCHOLARSHIP FOUND (6) KANSASS FARM BUREAU LEGAL FOUNDATI Z 2627 KFB PLAZA KS 66503 KS 66502 KS 66506 (4) KANSAS BIG BROTHERS BIG SISTERS 2627 KFB PLAZA KS 66503 KS 66508 KS 66505 (1) BOYS & GIRLS CLUB OF MANHAITAN (5) KANSAS FARM BUREAU FOUNDATION KS 67202 KS 66505 (9) ST GREGORY CATHOLIC CHURCH (a) Name and address of organization (8) MID-WEST EDUCATION CENTER FOUNDATION 207 N 14TH ST SUITE B PO BOX 1294 11819 W 17TH STREET N (3) KANSAS 4 H FOUNDATION 1006 LEAVENWORTH ST or government 310 E 2ND ST 116 UMBERGER HALL PO BOX 191 MARYSVILLE Department of the Treasury Internal Revenue Service MANHATTAN MANHATTAN MANHATTAN Name of the organization MANHATTAN MANHATTAN MANHATTAN WICHITA WICHITA Part II

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

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SCHEDULE I (Form 990)

Governments, and Individuals in the United States

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

2012 Open to Public Inspection

S N PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES (h) Purpose of grant or assistance Employer identification number Yes 48-1215574 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 17,466 ► Attach to Form 990. 500 15,000 000 5,950 10,000 7,500 250,000 use serevaior useria used to award use grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash 9 grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20-8286323 501C3 20-2303015 501C# 501C3 501C3 50103 (c) IRC section if applicable |48-0828632|501C3 48-0775967 GOV GOV 48-0667209 48-1131531 KS 66505-0191 48-1074309 48-1158074 GREATER MANHATTAN COMMUNITY General Information on Grants and Assistance (b) EIN (3) MANHATTAN-OGDEN PUBLIC SCHOOLS FOUN (1) FLINT HILLS AREA TRANSPORTATION AGK 90599 KS 66502 KS 66534 66502 66502 KS 66502 KS 66502 (5) FLINT HILLS COMMUNITY CLINIC (a) Name and address of organization (4) MID-WEST EDUCATION CENTER DEPT KS KS (7) KANSAS STATE UNIVERSITY 2323 ANDERSON SUITE 500 FOUNDATION (6) MANHATTAN ARTS CENTER 401 HOUSTON ST SUITE (9) RILEY COUNTY HEALTH 2030 TECUMSEH ROAD or government 115 N 4TH ST 1520 POYNTZ AVE 316 LINCOLN (8) NORTHRIDGE CHURCH 1006 LEAVENWORTH PO BOX 191 (2) KSU FOUNDATION ANDERSON HALL Department of the Treasury Internal Revenue Service Name of the organization MANHATTAN MANHATTAN MANHATTAN MANHATTAN MANHATTAN MANHATTAN MANHATTAN MANHATTAN SABETHA Part II ~

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

Schedule I (Form 990) (2012)

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SCHEDULE I (Form 990)

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

2012 Open to Public Inspection

OMB No. 1545-0047

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES PROGRAM EXPENSES (h) Purpose of grant or assistance Employer identification number Yes 48-1215574 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance ▶ Attach to Form 990. 10,000 14,500 10,000 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 48-0846557 501C3 501C3 48-0983686| 501C3 (c) IRC section if applicable 48-0952757 48-0891581 GREATER MANHATTAN COMMUNITY General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN Enter total number of other organizations listed in the line 1 table (1) MANHATTAN EMERGENCY SHELTER INC 66502 120 N JULIETTE KS 66502 (4) PAWNEE MENTAL HEALTH SERVICES KS 66502 (3) MANHATTAN OPTIMIST FOUNDATION (a) Name and address of organization 416 S 4TH ST KS FOUNDATION (2) FLINT HILLS BREADBASKET or government 2001 CLAFLIN ROAD Department of the Treasury Internal Revenue Service Name of the organization 905 YUMA MANHATTAN MANHATTAN MANHATTAN MANHATTAN Part I N <u>@</u> <u>6</u> 8 9

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

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Page 2 390, Part IV, line 22.	(f) Description of non-cash assistance							any other additional							Schedule I (Form 990) (2012)	
in answered "Yes" to Form 5	(e) Method of valuation (book, FMV, appraisal, other)							e 2, Part III, column (b), and	SC	3 OF THE						
48-1215574 pplete if the organizatio	(d) Amount of	TOIL-CASII ASSISTANCE						required in Part I, lin	OF GRANT FUNDS	GRANTS COMMITTEE						
[[]Y 4 Juited States. Comp	(c) Amount of	cash grant						ovide the information	NG I MO	BY THE						
ATTAN COMMUNI	onal space is needed (b) Number of	recipients						mplete this part to pr	S FOR MONITOR	APPROPRIATE U						
Schedule I (Form 990) (2012) GREATER MANHATTAN COMMUNITY 48-1215574 Schedule I (Form 990) (2012) GREATER MANHATTAN COMMUNITY ine 22.	Part III Gran be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of	(a) Type of grant of contract	2	3	4	IO.	9	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	part I, LINE 2 - PROCEDURES FOR MONITOR.	GRANTS ARE MONITORED FOR APPROPRIATE USE	EXECUTIVE BOARD.					

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREATER MANHATTAN COMMUNITY

FOUNDATION

Employer Identification number 48-1215574

_	FOUNDATIO	N						
Pai	t I Types of Property	(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncesh contributio			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
•	Clothing and household							
5		1		·				
	goods Cars and other vehicles							
6	*****							
7	Boats and planes							
8	Securities—Publicly traded	X	2	313,188				
9	Securities—Closely held stock							
10	Securities—Partnership, LLC,							
11		\	_					
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation	Ì						
	contribution—Historic							
	structures	 						
14	Qualified conservation	-						
	contribution—Other			145,000				
15	Real estate—Residential		┼ ┸┛╁┪					
16	Real estate—Commercial	1		T				
17	Real estate—Other	<u> </u>						
18	Collectibles			+				
19	Food inventory	<u> </u>	 	 				
20	Drugs and medical supplies	<u> </u>		+				
21	Taxidermy	ļ						
22	Historical artifacts			+				
23	Scientific specimens			+				
24	Archeological artifacts			+				
25	Other ▶(.)			ļ			
26	Other ►(+				
27	Other ►(
28	Other M.	M			 			
29	Number of Forms 8283 received by	y the organ	ization during the tax yea	ir for contributions for	29 1			
	which the organization completed	Form 8283,	, Part IV, Donee Acknowl	edgement			Yes	No
					20 that	1,521		
30	a During the year, did the organization	on receive l	by contribution any prope	rty reported in Part I, lines 1-	-20 liial	V.		
	is an at held for at least three years	from the d	late of the initial contributi	on, and which is not required	1 10 00	30a		Χ
	used for exempt purposes for the	entire holdi	ng period?			3.50	393	797 3723
	Land and the arrangement	in Part II.				Park State		
31	Does the organization have a gift a	acceptance	policy that requires the r	eview of any non-standard		24	X	SRIEWY T
31						31	- 42	_
20	 Door the organization hire or use 	third partie:	s or related organizations	to solicit, process, or con no		00-	Х	ł
32	contributions?	,				32a	 ^-	h . –
								3.50
		n amount ii	n column (c) for a type of	property for which column (a	i) is checked,			Įγ.
33		n amount II		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	describe in Part II.					Cabadula M /		M 1204

	CD.	EATER MANH	አጥሞልነነ ሮር	TTMIIMMC	Υ	48-1215	574	Page 2
Part II	Supplementa	I Information.	Complete this	part to pro	ovide the into Part L column	rmation required I	by Part I, lines 30b, 32 of contributions, the	lb,
	number of iter	ms received, or a	<u>combination</u>	n of both. A	Also complete	this part for any	additional information.	
PART I							NTRIBUTIONS	
USE F	NANCIAL I	NSTITUTION	TO COV	ERT SEC	CURITIES	TO CASH.		
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SCHEDULE O (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.

Attach to Form 990 or 990-EZ.

2012
Open to Public, Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREATER MANHATTAN COMMUNITY

Employer Identification number 48-1215574

FOUNDATION
FORM 990, PART I, LINE 6 PROVIDE FOR SERVICES AS BOARD MEMBERS, TRUSTEES, COMMITTEES, AND SUPPORT AT
FUNDRAISERS.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEW OF FORM 990 AT BOARD MEETING BEFORE APPROVAL FOR BOARD TREASURER TO
SIGN.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
DIRECTORS SHOULD ABSTAIN FROM DISCUSSION AND VOTING IN SITUATIONS WHERE THEY HAVE A DIRECT FINANCIAL INTEREST IN THE OUTCOME. COMMITTEE MEMBERS
SHALL DISCUSS ISSUES TO DETERMINE AT THIRE IS ANY CONFLICT AND IF THEY SHOULD ABSTAIN FROM DISCUSSION AND VOTING. ANY ABSTENTIONS AND THE REASON
WILL BE PROPERLY RECORDED IN THE MINUTES.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE IS REVIEWED BY THE
COMPENSATION COMMITTEE OF THE EXECUTIVE BOARD USING COMPARATIVE INFORMATION
FROM COMMUNITY FOUNDATIONS IN SIMILAR COMMUNITIES.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS MAY BE VIEWED IN PERSON OR COPIES AVAILABLE UPON REQUEST
FROM THE ORGANIZATION OFFICE.

M2286 11/08/2013 4:05 PM SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2012

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

Direct controlling entity ε Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 48-1215574 (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity GREATER MANHATTAN COMMUNITY (a)Name, address, and EIN (if applicable) of disregarded entity FOUNDATION Name of the organization Part || Part <u>(S</u> Ξ <u>8</u> 3 ල

Olle Ol Hiole Leigieu lay-eyellibi olganization o	7. 15.2					ē	
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No	(13) No
(1) COMMUNITY FOUND OF THE FLINTHILLS 27-0439529 555 POYNTZ AVE, SUITE 269	STEPORTORG	Carpor Bron 19	50103	11A	N/A		× ×
(2)					·		
(3)							
	·						
(4)							
(5)							
				-			

Schedule R (Form 990) 2012

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Page 2

48-1215574

Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? (k) Percentage ownership (i) General or managing partner? Yes t (Com lete if the organization answered "Yes" to Form 990, Part IV ownership Percentage Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Ξ amount in box 20 of Schedule K-1 Code V--UBi (Form 1065) end-of-year assets Share of (h) Dispro-portionate Yes No alloc.? (g) Share of end-ofyear assets Identification of Related Organizations Taxable as LCop ration of Turit (Com lete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Share of total Share of total (C corp, S corp, Type of entity ncome or trust) (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) entity (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity GREATER MANHATTAN COMMUNITY Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Schedule R (Form 990) 2012 Part IV Part III 3 € 3 Ξ 4 3 **⊕** lΞ

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48-1215574

Schedule R (Form 990) 2012 GREATER MANHATTAN COMMUNITY

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

V II A II A CHOICE WHILE I CHOICE OF A CHOICE WAS A CHOIC					L	1
State of the section				Yes	S NO	ا۔
ote. Complete line 1 if any entity is listed in raits 11, 11, or 17 or 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	ed organizations listed in	Parts II-IV?			<u> </u> ;	ı
				19	< >	ı
a recognition (s) in the second control contro				+	1	1
				1c ×	-	ļ
c Gift, grant, or capital contribution from related organization(s)				1d	×	١
d Loans or loan guarantees to or for related organization(s)				1e	×	
e Loans or loan quarantees by related organization(s)						1
					<u></u>	
				=	<u> </u>	ļ
f Dividends from related organization(s)				19	×	1
g Sale of assets to related organization(s)				1h	×	
Purchase of assets from related organization(s)				÷	×	1
Exchange of assets with related organization(s)				= ;	: > -	1
				F	4	ì
] Lease of facilities, equipment, or outer assets to retated organization (3)					- ;	
				¥	×	
k Lease of facilities, equipment, or other assets from related organization(s)				×		l
				+	×	1
				E	{ ; -	ı.
H PERIORIERATE OF SERVICES OF INTERPRESSION OF INTERPRESS				Ę	<u> </u>	J
n Sharing of facilities, equipment, mailing lists, of other assets with related organization (1)				10	×	ال
o Sharing of paid employees with related organization(s)						
TYY TYPE	-			-	<u>,</u>	
n Reimbursement paid to related organization(s) for expenses				2 ;	 -	1.
Delimbul Comput point by related organization(s) for expenses.				<u>-</u>	⟨	
					- :	
				+	\times	ال
r Other transfer of cash or property to related organization(s)				15	×	ال
Other transfer of cash or property from related organization(s)	who must complete this line including covered relationships and transaction thresholds	elationships and transact	ion thresholds.			1
If the answer to any of the above is "Yes," see the instructions for intornation of with intost complete and	יייני, יייני, ייינייני, פייני, פייני,	(7)	(p)			
(a)	(a)	(c)	baylovni tnuoma naminima amount involved	ount involved		
Name of other organization	Transaction	Amount involved				
	type (a–s)					
(1) COMMUNITY FOUND OF THE FLINTHILLS	×					1
(2) COMMUNITY FOUND OF THE FLINTHILLS	O	000,085				
	-					
(3)						
(4)						
			-			
(5)						İ
(9)			Schedule	Schedule R (Form 990) 2012	990) 20	012

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M2286 Greater Manhattan Community

48-1215574

FYE: 12/31/2012

Federal Statements

Schedule A, Part II, Line 1(e)

Amount	\$ 142,540 262,180		165,736	•	32,000		120,489				120,688		12/ , 048	145.000	000 /014	\$ 1,498,123
Description				NOT TAGNITOR	NOILO	OUP, INC.	UTION	UST		HARITABLE TRUST	UTION	1998 JACK GOLDSTEIN CHARITABLE TRUST	The Lation	TRUST		
	GRANTS	DONORS	DONORS	DONORS CAROLINE F PEINE FOIINDATION	CASH CONTRIBUTION	FBL FINANCIAL GROUP, INC.	CASH CONTRIBUTION	MARILYN GALLE TRUST	REAL ESTATE	JACK GOLDSTEIN CHARITABLE TRUST	CASH CONTRIBUTION	1998 JACK GOLDSTI	CASH CONTRIBUTION	CARLA A BEHRENDS TRUST	KEAL ESIAIE	TOTAL

Schedule A, Part II, Line 8(e)

306,936 28,524

Amount

335,460

Description		
	INTEREST AND DIVIDENDS INSURANCE AND ANNUITY ADJ	TOTAL

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Amount	57,45	57,45	
	w.	S.	
Description	FUND MANAGEMENT FEES	TOTAL	

AMOUNT	57,454	57,454
	⟨\$\	\$