M2286

Department of the Treasury

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 2009 Open to Public Inspection

A	For the 2009	calendar ve	ar, or tax year be	ginning			, and end	ing							
	Check if applicable	51	C Name of organizat								D	Emplo	yer identi	fication nur	nber
_	Address change	use IRS			HATT	AN COM	MUNITY E	FOUNDATI	ON		_		404-	4	
=	Name change	label or print or	Doing Business A									48-	1215	5/4	
=	•	type.	Number and stree		mail is no	delivered to s	treet address)			Room/suite	E		one number		
<u>ا</u>	nitial return	See	P O BOX	1127							_			<u>-8995</u>	000
∐ `	Termination	Specific Instruc-	City or town, s	tate or country	y, and Zi						G	Gross rece	ipts \$	4,447,	906
,	Amended return	tions	MANHATT	AN			KS 6650	5-1127			-4.				
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			NHATTAN_				<u>s 6650</u>					IT NO,	attach a ns	. (see instruction	D)
<u> </u>	Tax-exempt s		501(c) (3		ert no.)	4947	'(a)(1) or	527				(c) Crown	exemption r	numbor •	
	Website: •		ACFKS.ORC	1		T			Т.	Year of formation	10			f legal domicile:	KS
	Type of organiza			Associa	ation	Other •				. Year or turniation	<u>. </u>		W State 0	regal donacae.	110
P	art I	Summa	<u>ry</u>			·	-41.44								
	1 Briefly	y describe t	he organization's	i mission of	most s	ignincant a	icuviues:	•							
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	b Net u	inrelated bu	isiness taxable ir	icome ironi	FOIII 8	90-1, III IC	34			Pri	or Year			Current Year	
	8 Contr	ributions an	d grants (Part VI	III, line 1h)						2,	135	<u>, 459</u>	,	2,996,	<u>558</u>
ire		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)													
Revenue			ne (Part VIII, col									<u>,856</u>			817
œ			Part VIII, column									<u>,109</u>			731
			add lines 8 throu									,424		3 <u>,109,</u>	
	13 Gran	ts and simi	lar amounts paid	(Part IX, co	olumn (A	A), lines 1-	-3)				765	<u>,751</u>		360,	<u>688</u>
	14 Bene	efits paid to	or for members	(Part IX, col	iumn (A), line 4) _.						0.60		- 00	C.C.A
m	15 Salar	ries, other o	compensation, er	nployee ber	nefits (P	art IX, colu	umn (A), lines	s 5–10)			79	<u>,063</u>	<u> </u>	88,	664
enses	16a Profe	essional fur	compensation, er draising fees (Pa g expenses (Part	art IX, colum	nn (A), I	ine 11e) _.									A WEST CONTRACT
Ехреі	. b Total	l fundraising	expenses (Part	IX, column	(D), line	e 25) •		55,43	39		1 5 6	104		0.0	0.64
ũ	11 0010	r expenses	(Part IX, column	ı (A), lines 1	11a–11d	i, 11f–24f)						,184	<u> </u>	536 ,	964
			Add lines 13-17				(A), line 25)		<i>.</i>			<u>, 998</u>	 	2,572,	
		enue less e	xpenses. Subtrac	t line 18 fro	m line	12				. L / Beginning		, 426 ent Year		End of Year	190
Assets or	See a -	l	V E 40\							0		, 450	1	2,048,	224
Sset	e 20 Total		art X, line 16)									,599		927,	
Vet /			Part X, line 26) and balances. Su							8.		,851		1,120,	
			ing balances, Su ire Block	Duace IIIE Z	1 110111	m 10 20 , , ,		<u> </u>							
30.	Part II		-18' £ 1 ol	oclare that I t	ave eva	mined this re	eturn, includina	accompanying	schedule	s and statements	s, and to	the best	of my know	wledge	
		and belief,	it is true, correct, a	nd complete.	Declarati	ion of prepar	rer (other than	officer) is base	d on all in	formation of whi	ch prepa	irer has a	ny knowled	lge.	
S:	gn									,					
	ere	Signa	ture of officer									Dat	e		
				LDFATH	ER				TREA	ASURER					
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Pa	aid	Preparer's signature							111/		self- employe	d• [06491	<u> 55</u>
P	reparer's		· · · · · · · · · · · · · · · · · · ·	POTTBE	RG -	GASSI	MAN &	HOFFMAI		HTD.		EIN	• 4	8-1026	5411
U	se Only		ne (or yours				SUITE					Phone			
		if self-emp address, a		MANHAT			66502					no.	<u>· 7</u> 85	<u>-537-</u>) 700
		<u> </u>	return with the no											X Yes	N

Part III Statement of Program Service Accomplishments Sirely describe the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-EZ? Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-EZ? If Year, 1 describe these new services on Schedule O.
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m 990 (2009) MANHATTAN COMMUNITY FOUNDATION 48-1215574 Pag

	IT IV Checklist of Required Schedules		Yes	No
	the state of the s		100	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Χ	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		- 21	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		Х
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		Х	
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1,7
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	<u> </u>
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.]		
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		l	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	1
	Schedule D, Parts XI, XII, and XIII.	12	1	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
•	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19	<u></u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
20	Did the organization spends one or more markets in the second of the sec			

Page 4

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 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 22 Χ 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a 24b through 24d and complete Schedule K. If "No," go to line 25 24b 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 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Part IV 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 Χ 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009) MANHATTAN COMMUNITY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 2b Χ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: • See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282?

If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as

Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders

11b

Gross income from other sources (Do not net amounts due or paid to other sources against

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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?

Form 990 (2009)

48-1215574

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

Sect	ion A. Governing Body and Management	—г	 T	
	1.11		Yes	No
1a	Enter the number of voting members of the governing body		l	
b	Enter the number of voting members that are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			• •
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		i	
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	İ		
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed • NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
19	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	EEE DOVNITO AVE CITTE 269			
1.		5 - 58	7-8	995
To	WINTER TATA		00	0 (0000)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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.

Check this box if the organization		sate	any o			ficer,	dire		/- \	/E\
(A) Name and Title	(B) Average	Pos	ition ((C check		hat ap	(vla	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tibe	hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DON WISSMAN PRESIDENT	2.00	Х		Х				0	0	0
SUSANNE KUFAHL VICE-PRESIDENT	2.00	Х		Х				0	0	0
TERRY ARTHUR SECRETARY	1.00	Х		Х				0	0	0
MICHAEL OLDFATHER TREASURER	2.00	Х		Х				0	0	0
LEE TAYLOR PAST PRESIDENT	1.00	X						0	0	0
TOM FRYER DIRECTOR	1.00	X						0	0	0
JAMES GORDON DIRECTOR	1.00	Х						0	0	0
KATHLEEN GREEN DIRECTOR	1.00	X		-				0	0	0
KAREN MCCULLOH DIRECTOR	1.00	X						0.	0	0
DENNIS A MULLIN DIRECTOR	1.00	Х	-		<u> </u>			0	0	0
DONALD RATHBONE DIRECTOR	1.00	X	-		_			0	0	0
				-	<u> </u>	_				
		<u> </u>	-		-					
				-	_	-	<u> </u>			
		_	-			-				
		-	-		-	-	<u> </u>			

Part VII Section A. Officers, (A) Name and Title	(B) Average	Posi	tion ((C check		hat ap	pty)	(D) Reportable	(E) Reportable		(F) Estimate		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cc	amount other impensa from the rganizati and relati ganizati	tion e ion ed	
													<u>-</u> .
1b Total 2 Total number of individuals (inc	cludina but not lir	mited	to t	nose	liste	d abo	• ove)	who received more than \$1	100,000 in				
reportable compensation from			0								Т	Yes	No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line the organization and related or individual 5 Did any person listed on line 1 	complete Schede 1a, is the sum ganizations grea	ule J of rep ter th	for s porta ian \$	such ble o 150,	indiv comp 000?	ridual ensa ? If "\	tion (es,"	and other compensation fro complete Schedule J for s	om uch		3		X
services rendered to the organ	ization? If "Yes,"	com	plete	Sch	edul	e J f	or su	uch person			5		Х
1 Complete this table for your five	e highest compe	ensate	ed ir	depe	ende	nt ∞	ntra	ctors that received more that	an \$100,000 of				
compensation from the organiz	(A) I business address							Descri	(B) ption of services		Cor	(C) npensati	ion
	· W. 2-11-0-12												
2 Total number of independent of						to th	nose	listed above) who received			0		
more than \$100,000 in compe	nsauon nom the	orgal	nzat	ψ(1 •								990	(2009

Pai	t VI	Statement of Revenue		•	· <u>-</u>	7 m. s
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ		Federated campaigns 1a		```	·	
E	b	Membership dues1b	·			
ağ,	C	Fundraising events1c	·	-		7
# H		Related organizations 1d	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
S.E		Government grants (contributions) 1e		,		
Contributions, gifts, grants and other similar amounts		All other contributions, gifts, grants, and similar amounts not included above 1f 2,996,5	58			, .
当						_
걸			2,996,558			
	<u> </u>	Total, Add lines 1a–1f				
울			oge			
<u> </u>	2a					
2	b					
્કું	С					
Ş.	d					
Ē	е					
Program Service Revenue	f	All other program service revenue				
F.		Total. Add lines 2a–2f	•			
	3	Investment Income (including dividends, interest, and				
	3	other similar amounts)	185,747			185,747
1		Income from investment of tax-exempt bond proceeds	•			
	4					
	5	Royalties			,	
		(i) Real (ii) Personal				
	6a	Gross Rents			*	
	b	Less: rental exps.				<i>\$</i>
	С	Rental inc. or (loss)				
		Net rental income or (loss)	•			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 1,250,870				
	ь	Less: cost or other		,		
		basis & sales exps. 1,338,800				
	_	Gain or (loss) -87,930				
		Net gain or (loss)	- 87,930	-87,930		
Φ	ва	Gross income from fundraising events				
e a	l	(not including \$				
ě		of contributions reported on line 1c).				
Other Revenu		See Part IV, line 18 a				
훗		Less: direct expenses b				
J		Net income or (loss) from fundraising events	•			
	9a	Gross income from gaming activities.				
	ĺ	See Part IV, line 19 a				
		Less: direct expenses b				
	C	Net income or (loss) from gaming activities	•			
		Gross sales of inventory, less				
		returns and allowances a				
	h	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	•			
	۲	Miscellaneous Revenue Bush.	Code			
	1		000 14,731	14,731		
			11//31	1 - 1, 5 +		
	b					
	С					
		All other revenue	14 701			
	е	Total. Add lines 11a–11d	• 14,731			105 745
	12	Total Revenue. See instructions.	• 3,109,106	-73 , 199	(185,747

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must con ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundralsing expenses
	b, 9b, and 10b of Part VIII.		expenses	general expenses	охреново
	Grants and other assistance to governments and	360 600	260 600		
	rganizations in the U.S. See Part IV, line 21	360,688	360,688		
	Grants and other assistance to individuals in				
tt	ne U.S. See Part IV, line 22			,	
3 (Grants and other assistance to governments,				
	rganizations, and individuals outside the				•
L	J.S. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
tr	rustees, and key employees				
6 (Compensation not included above, to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	80,318	26 , 772	26,773	26 , 773
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
	Other employee benefits	2,202	734	734	734
	Payroll taxes	6,144	2,048	2,048	2,048
	ees for services (non-employees):				
	Management				
	Legal	4,036		4,036	
	I I	27,495		27,495	
	Accounting				
d l	Lobbying				
	nvestment management fees	16,666			16,666
	Other	2,530			2,530
	Advertising and promotion	10,269	438	8,024	1,807
13 (Office expenses	8,381	300	8,143	238
	Information technology	0,301		0/110	200
	Royalties	11 260	3,202	4,857	3,201
	Occupancy	11,260 273	3,202	273	5/201
17	Travel	2/3		213	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.4.6		846	
19	Conferences, conventions, and meetings	846		040	
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 7.50		1 760	
23	Insurance	1,762		1,762	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
;	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				4.65
а	DUES & SUBSCRIPTIONS	1,793		1,628	165
b	MEETING MEALS	1,605	343		1 , 262
С	MISCELLANEOUS	48		33	15
d					
6					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	536,316	394,225	86,652	55,439
	Joint costs. Check here • if following	000,010			
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				Form 990 (2009

Form 990 (2009) Part X **Balance Sheet** (B) (A) End of year Beginning of year 71,000 1 Cash—non-interest bearing 1 4,331 2,767 2 Savings and temporary cash investments 2 118,269 441,525 3 Pledges and grants receivable, net 3 109,568 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 9,090,175 ,708,263 11 Investments—publicly traded securities 11 546,151 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 8,375,450 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 114,659 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 2,940 811,825 25 Other liabilities. Complete Part X of Schedule D 25 117,599 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here • Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 542**,**395 393**,**919 Unrestricted net assets 27 4,920,620 3,114,214 28 28 Temporarily restricted net assets 5,657,378 4,749,718 Permanently restricted net assets

Organizations that do not follow SFAS 117, check here • and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 11,120,393 8,257,851 33 Total net assets or fund balances 33 12,048,224 8,375,450 Total liabilities and net assets/fund balances

Form 990 (2009)

48	_1	2	1	5	5	7	Δ
70		_	1	$\mathbf{\mathcal{I}}$	$\mathbf{\mathcal{I}}$	- /	-7

Pa	rt XI Financial Statements and Reporting		т	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	:
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
Ī	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	<u> </u>
		Form	n 990	(2009)

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 2009

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MANHATTAN COMMUNITY FOUNDATION

Employer identification number 48-1215574

Pa	rt I	Reaso	n for Public Charity S	Status (All organizations	must co	mplete	this pa	rt.) Se	e inst	ruction	ıs.		
				is: (For lines 1 through 11, chec									
1	Ň			iation of churches described in			(i).						
2	П		ribed in section 170(b)(1)(A)										
3	H			organization described in section	on 170(b)(1)(A)(iii).							
4	H	A medical rese	earch organization operated i	n conjunction with a hospital des	scribed in s	section 1	70(b)(1)(A)(iii) .	Enter th	e hospita	al's name,		
•		city, and state:		,									
5	П			a college or university owned or	operated I	by a gove	mmental	unit de	scribed	in			
٠	ш		(1)(A)(iv). (Complete Part II		•								
c	П			<i>.)</i> /ernmental unit described in sec	tion 170(b)(1)(A)(v).							
6	₩	An exceptantion	e, or local government or go	bstantial part of its support from	a governo	nental uni	or from	the ger	neral pul	blic			
7	Δ		ection 170(b)(1)(A)(vi). (Co		u govo				•				
	П			0(b)(1)(A)(vi). (Complete Part II.	1								
8	Н	A community i	- that namely receives: (1)	more than 33 1/3 % of its suppo	·/ ort from co	ntributions	membe	ership fe	es. and	gross			
9	Ш	An organizatio	in that normally receives. (1)	functions—subject to certain ex	centions :	and (2) no	more th	an 33 1	/3 % of	its			
		receipts from a	activities related to its exemp	unrelated business taxable inco	me (less s	ection 51	1 tax) for	om busir	nesses				
				1975. See section 509(a)(2).				,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				clusively to test for public safety			WA)						
10	Н			dusively for the benefit of, to pe				camy out	t the				
11	Ш			d organizations described in sec						tion			
				e type of supporting organization									
				c Type III–Functiona			a [e III–Oth	ner			
		a ∐ Type		nization is not controlled directly			or more						
9	Ш	by Glecking if	than foundation managers a	nd other than one or more public	dv suppor	ted organi	zations o	describe	d in sec	tion			
				nd other than one or more public	ay cappo.								
			ection 509(a)(2).	nination from the IRS that it is a	Type I. Ty	ne II. or T	vpe III si	upporting	ם				
f			check this box	mador nom the into that it is a	1,00 1, 1,	po, o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				
		•		on accepted any gift or contribution	on from an	v of the							ш
g			_	in accepted any girt or continued	on nom a	., 0, 0,0							
		following pers		itrols, either alone or together wi	ith nersons	describe	d in (ii)					Yes	No
											11g(i)		
		` '	-	the supported organization?							11g(ii)	†	1
			member of a person describe								11g(iii)		
		` '	•	escribed in (i) or (ii) above?								<u></u>	
<u>h</u>			ollowing information about the	(iii) Type of organization	(iv) Is the o	vrganization	(v) Did v	rou notify	(vi)	ls the	(vil) Am	ount of	
(1)		e of supported ganization	(II) EIN	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col.	supp		
	٠.,	34		above or IRC section	governing	document?		of your oort?		ized in the S.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					+				1				
									†				
					 	 							
T = 4	.1												

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (e) 2009 (f) Total (d) 2008 (c) 2007 (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) • Gifts, grants, contributions, and membership fees received. (Do not 3,188,307 2,135,459 2,996,558 11,373,599 1,771,725 1,281,550 include any "unusual grants.") 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 2,996,558 11,373,599 2,135,459 1,281,550 3,188,307 Total. Add lines 1 through 3 1,771,725 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 11,373,599 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total (e) 2009 Calendar year (or fiscal year beginning in) • (b) 2006 (c) 2007 (d) 2008 (a) 2005 2,135,459 2,996,558 11,373,599 3,188,307 1,281,550 1,771,725 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 223,576 214,271 185,747 835,868 74,613 137,661 sources Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets 200,809 52,893 64,066 66.069 3,050 (Explain in Part IV.) 12,410,276 Total support. Add lines 7 through 10 11 12 14,731 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ▶ | organization, check this box and stop here Section C. Computation of Public Support Percentage 91.65% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 69.42 **%** Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

18

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sect	ion A. Public Support					1	
Cale	endar year (or fiscal year beginning in) •	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						- A - A - A - A - A - A - A - A - A - A
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		-				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				ļ	:	
	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						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			T	/ II 0000	4.) 0000	(0 T-4-1
Ca	lendar year (or fiscal year beginning in) •	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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,						
	and 12.)			1		<u></u>	<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop here	•				<u>(</u> (3)	>
Sec	ction C. Computation of Public Su	upport Percen	tage				T
15	Public support percentage for 2009 (line 8,						%
16	Public support percentage from 2008 Sche					16	%
Sec	ction D. Computation of Investme					T :	T
17	Investment income percentage for 2009 (li						%
18	Investment income percentage from 2008	Schedule A, Part	III, line 17				<u> </u>
19a	33 1/3 % support tests—2009. If the orga	nization did not ch	eck the box on line	14, and line 15 is	more than 33 1/3 %	6, and line	_ Γ
	17 is not more than 33 1/3 %, check this be	ox and stop here.	The organization of	ualifies as a public	ly supported organi	ization	P [
b	33 1/3 % support tests—2008. If the orga	nization did not ch	eck a box on line 1	4 or line 19a, and l	ine 16 is more thar	33 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check the	nis box and stop h	ere. The organizati	on qualifies as a p	ublicly supported or	ganization	····· []
20	Private foundation. If the organization did	I not check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	is	

Schedule A (F	orm 990 or 990-EZ)	2009 MANHAT	TAN COMMUI	NTIA FO	JNDATION	48-1213374	Page 4
Part IV	Supplemental Part II, line 17	I Information . ('a or 17b; and F	Complete this part III, line 12. I	Provide any	other additional	ns required by Part II, line information. See instruct	ions.
PART]	II, LINE 10	OTHER	INCOME DET	AIL			
FUND !	MANAGEMENT	FEES		\$	200,809		
	. ,						
				,			
			,,	. , . ,			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				, ,			