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Form **990**

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 private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**PO BOX 1127**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**MANHATTAN, KS 66505-1127**

**F** Name and address of principal officer: **VERNON J. HENRICKS**

**SAME AS C ABOVE**

**D** Employer identification number

**48-1215574**

**E** Telephone number

**785-587-8995**

**G** Gross receipts \$ **15,555,985.**

**H(a)** Is this a group return

for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **WWW.MCFKS.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **1999** **M** State of legal domicile: **KS**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BUILDING RELATIONSHIPS BETWEEN DONORS AND COMMUNITY NEEDS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>149</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>2,262.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>25,270,729.</b>	<b>13,210,067.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>104,442.</b>	<b>203,524.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,154,278.</b>	<b>1,767,371.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>64,398.</b>	<b>347,893.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>26,593,847.</b>	<b>15,528,855.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>8,128,739.</b>	<b>9,741,708.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>431,812.</b>	<b>456,624.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>53,602.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,377,344.</b>	<b>2,134,035.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,937,895.</b>	<b>12,332,367.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>14,655,952.</b>	<b>3,196,488.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>73,317,679.</b>	<b>82,870,629.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,241,129.</b>	<b>6,984,179.</b>
		<b>68,076,550.</b>	<b>75,886,450.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>VERNON J. HENRICKS, SECRETARY (EX-OFFICIO)</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHELLE R CROW</b>	Preparer's signature <b>MICHELLE R CROW</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00249476</b>
	Firm's name ▶ <b>VARNEY &amp; ASSOCIATES, CPAS, LLC</b>	Firm's EIN ▶ <b>30-0038643</b>			
	Firm's address ▶ <b>1501 POYNTZ AVENUE MANHATTAN, KS 66502-6092</b>	Phone no. <b>785-537-2202</b>			

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

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

OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE IN THE GREATER  
MANHATTAN, KANSAS AREA, BOTH TODAY AND IN THE FUTURE BY ENABLING  
DONORS TO FULFILL THEIR CHARITABLE DESIRES, BUILDING A PERMANENT  
ENDOWMENT, FACILITATING PRUDENT MANAGEMENT AND CARE OF FUNDS, AND

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 11,742,614. including grants of \$ 9,741,708. ) (Revenue \$ 203,524. )  
IN 2020, WE AWARDED MANHATTAN-AREA NONPROFIT ORGANIZATIONS A TOTAL OF  
\$11.6 MILLION (INCLUSIVE OF GRANTS ISSUED FROM CUSTODIAL LIABILITY  
FUNDS) THROUGH OUR GRANT PROGRAMS AND SUPPORTING ORGANIZATIONS. IN  
ADDITION TO MANHATTAN, KANSAS, WE SERVED FOURTEEN OTHER COMMUNITIES AS  
PART OF OUR REGIONAL AFFILIATED PROGRAM, COORDINATING MATCH DAY EVENTS  
IN FIVE OF THEM.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **11,742,614.**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 11		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>	X	
<b>4a</b> 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)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ .....			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	11			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		11		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 785-587-8995**  
**PO BOX 1127, MANHATTAN, KS 66505-1127**

11





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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	1,164,058.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,046,009.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 1,382,109.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> AGENCY FUND ADMINISTRATION .....		813211	110,524.	110,524.		
	<b>b</b> OTHER .....		813211	93,000.	93,000.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				203,524.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....				1,767,371.		1,767,371.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b> Less: rental expenses .....	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
		375,023.					
<b>b</b> Less: direct expenses .....	<b>8b</b>		27,130.				
<b>c</b> Net income or (loss) from fundraising events .....				347,893.		347,893.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				15,528,855.	203,524.	0.	2,115,264.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,437,938.	9,437,938.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	303,770.	303,770.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	391,413.	112,861.	236,219.	42,333.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,390.	2,723.	5,634.	1,033.
<b>9</b> Other employee benefits	18,806.	5,454.	11,283.	2,069.
<b>10</b> Payroll taxes	37,015.	10,734.	22,209.	4,072.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,492.		2,492.	
<b>c</b> Accounting	16,260.		16,260.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	90,900.		90,900.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,568,341.	1,560,673.	7,668.	
<b>12</b> Advertising and promotion	31,460.	10,205.	21,255.	
<b>13</b> Office expenses	244,604.	214,779.	29,825.	
<b>14</b> Information technology	52,845.		52,845.	
<b>15</b> Royalties				
<b>16</b> Occupancy	52,107.	25,677.	22,335.	4,095.
<b>17</b> Travel	2,941.		2,941.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	45,041.	37,208.	7,833.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,239.		3,239.	
<b>23</b> Insurance	23,805.	20,592.	3,213.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,332,367.	11,742,614.	536,151.	53,602.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	333,493.	<b>1</b>	213,219.
	<b>2</b> Savings and temporary cash investments .....	2,442,963.	<b>2</b>	1,725,701.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,604.	<b>9</b>	1,444.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 481,015.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,959.	<b>10c</b>	459,056.
	<b>11</b> Investments - publicly traded securities .....	69,691,839.	<b>11</b>	79,613,625.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	837,715.	<b>15</b>	857,584.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	73,317,679.	<b>16</b>	82,870,629.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,373.	<b>17</b>	2,203.
	<b>18</b> Grants payable .....	15,250.	<b>18</b>	78,598.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	5,119,766.	<b>21</b>	6,789,057.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	101,740.	<b>25</b>	114,321.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,241,129.	<b>26</b>	6,984,179.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,916,633.	<b>27</b>	11,217,198.
	<b>28</b> Net assets with donor restrictions .....	66,159,917.	<b>28</b>	64,669,252.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	68,076,550.	<b>32</b>	75,886,450.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	73,317,679.	<b>33</b>	82,870,629.

Form 990 (2020)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,528,855.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,332,367.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,196,488.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	68,076,550.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,571,693.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	41,719.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	75,886,450.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> 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? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5724056.	4925640.	7910930.	4451291.	13210067.	36221984.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	5724056.	4925640.	7910930.	4451291.	13210067.	36221984.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						400,084.
6 <b>Public support.</b> Subtract line 5 from line 4.						35821900.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	5724056.	4925640.	7910930.	4451291.	13210067.	36221984.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	643,351.	780,304.	805,707.	1154278.	1767371.	5151011.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,419.	6,882.	5,872.			16,173.
11 <b>Total support.</b> Add lines 7 through 10 .....						41389168.
12 Gross receipts from related activities, etc. (see instructions) .....					12	469,874.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	86.55 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	84.06 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

[illegible]

## Schedule B

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

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Employer identification number

**48-1215574**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
<b>GREATER MANHATTAN COMMUNITY FOUNDATION</b>	<b>48-1215574</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>265,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>861,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>312,101.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

48-1215574

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____



Name of organization	Employer identification number
<b>GREATER MANHATTAN COMMUNITY FOUNDATION</b>	<b>48-1215574</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection****Name of the organization**

GREATER MANHATTAN COMMUNITY FOUNDATION

**Employer identification number**

48-1215574

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	144	3
2 Aggregate value of contributions to (during year) .....	3,867,131.	7,043.
3 Aggregate value of grants from (during year) .....	2,773,465.	4,000.
4 Aggregate value at end of year .....	24,784,404.	155,010.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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Schedule D (Form 990) 2020

032051 12-01-20

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,405,880.	28,449,676.	29,450,211.	25,407,710.	15,230,896.
b Contributions	19,042,268.	3,232,197.	2,218,041.	1,313,342.	9,358,206.
c Net investment earnings, gains, and losses	6,698,825.	5,295,665.	-2,017,419.	3,554,048.	1,301,967.
d Grants or scholarships	14,278,058.	1,353,380.	973,042.	784,862.	302,367.
e Other expenditures for facilities and programs			20,934.		
f Administrative expenses	497,512.	218,278.	207,181.	40,027.	180,992.
g End of year balance	46,371,403.	35,405,880.	28,449,676.	29,450,211.	25,407,710.

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

a Board designated or quasi-endowment ☒ 3.2700 %

b Permanent endowment ☒ 96.7300 %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		450,000.		450,000.
b Buildings				
c Leasehold improvements				
d Equipment		31,015.	21,959.	9,056.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				459,056.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	114,321.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	114,321.

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

Schedule D (Form 990) 2020

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

FUNDS HELD FOR OTHERS. WE OPERATE ORGANIZATIONAL ENDOWMENT FUNDS ON BEHALF OF QUALIFYING CHARITABLE ORGANIZATIONS. ONCE A FUND AGREEMENT IS IN PLACE WITH AN ORGANIZATION, WE WILL RECEIVE FUNDS FROM THE ORGANIZATION AND MANAGE THE INVESTMENT OF THOSE FUNDS. USE OF THE INVESTED FUNDS IS SUBJECT TO THE SAME POLICIES AS OTHER FUNDS AT OUR FOUNDATION, SUCH AS THE INVESTMENT, GRANTWRITING, AND SPENDING POLICIES.

ANNUITIES. WE ALSO OPERATE A SERIES OF FUNDS WHICH ACCOUNT FOR RESOURCES CONTRIBUTED BY DONORS WHO HAVE ESTABLISHED ANNUITY AGREEMENTS WITH US. THESE AGREEMENTS STIPULATE THAT THE DONORS ARE TO RECEIVE A GUARANTEED STREAM OF INCOME OVER THEIR LIFETIME, WHICH IS FUNDED BY OUR INVESTMENT OF

**Part XIII** Supplemental Information (continued)

THEIR MANAGED FUND. ONCE THE DONOR PASSES AWAY, THE DONOR'S FUND BECOMES AVAILABLE FOR A SPECIFIED CHARITABLE PURPOSE. THE ANNUITY LIABILITY ON OUR BALANCE SHEET REPRESENTS OUR ESTIMATE OF THE REQUIRED FUTURE PAYMENTS TO THE DONOR DURING THEIR LIFETIME.

## PART V, LINE 4:

OUR ENDOWMENT CONSISTS OF 197 FUNDS WHICH HAVE BEEN ESTABLISHED BY NUMEROUS COMMUNITY DONORS FOR A VARIETY OF PURPOSES, EACH OF WHICH HAS BEEN DESIGNED TO INURE TO THE BENEFIT OF COMMUNITIES IN THE GREATER MANHATTAN, KANSAS REGION.

## PART X, LINE 2:

THE GREATER MANHATTAN COMMUNITY FOUNDATION (THE FOUNDATION) IS A KANSAS CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTION 509(A)(1).

THE FOUNDATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS ON AN ANNUAL BASIS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. FOR 2020, GMCF HAS FILED IRS FORM 990-T TO REPORT AND MAKE PAYMENT OF TAX ON CERTAIN NON-CASH GIFTS WHICH THE IRS REQUIRES BE PAID BY THE RECIPIENT CHARITABLE ORGANIZATION. NO OTHER IRS FORM 990-T RETURNS HAVE BEEN FILED FOR 2020 OR 2019 BY THE FOUNDATION.

**Part XIII** Supplemental Information *(continued)*

RETURNS FILED BY THE FOUNDATION ARE SUBJECT TO IRS EXAMINATION, GENERALLY  
FOR THREE YEARS AFTER EACH RETURN IS FILED. NO TAXING AUTHORITIES HAVE  
COMMENCED INCOME TAX EXAMINATIONS FOR OPEN TAX YEARS.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MHK TOGETHER (event type)	GOLF TOURNAMENT (event type)	4 (total number)	
Revenue	1 Gross receipts .....	274,956.	58,002.	42,065.	375,023.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	274,956.	58,002.	42,065.	375,023.
Direct Expenses	4 Cash prizes .....		1,646.	1,325.	2,971.
	5 Noncash prizes .....				
	6 Rent/facility costs .....		5,056.	3,782.	8,838.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....			15,321.	15,321.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				27,130.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				347,893.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	--

[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

**Employer identification number**  
**48-1215574**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AGINGWELL, INC. PO BOX 187 JUNCTION CITY, KS 66441	27-0782250	501C3	10,893.	0.			DISTRIBUTION OF MATCH DAY PROCEEDS
ANNUNCIATION PARISH 1866 TUMBLEWEED RD FRANKFORT, KS 66427		501C3	6,300.	0.			CHWC CAMP FEES
ATCHISON AREA ECONOMIC CORPORATION 307 NORTH 2N STREET ATCHISON, KS 66002	48-0941252	501C3	12,000.	0.			2020 COVID-19 FUND REQUEST: AACF'S SHARE OF SUPPORT IN COMMITTED FUNDS, FOR AAEDC'S KANSAS
ATCHISON CHILD CARE ASSOCIATION 1326 KANSAS AVE. ATCHISON, KS 66002	48-0790910	501C3	15,400.	0.			AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING
ATCHISON SALVATION ARMY 926 COMMERCIAL STREET ATCHISON, KS 66002	44-0545998	501C3	8,100.	0.			AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING
ATCHISON UNITED METHODIST CHURCH 501 KANSAS AVE. ATCHISON, KS 66002	48-0571544	501C3	6,400.	0.			AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **126.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2020

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BE ABLE 205 S 4TH ST. MANHATTAN, KS 66502	83-3999669	501C3	10,000.	0.			OPERATIONS
BIG BROTHERS BIG SISTERS 519 PIERRE STREET MANHATTAN, KS 66502	23-7056717	501C3	12,155.	0.			GROW GREEN DONATIONS
BIG BROTHERS BIG SISTERS 519 PIERRE STREET MANHATTAN, KS 66502	23-7056717	501C3	10,000.	0.			GENERAL SUPPORT
BIG LAKES DEVELOPMENT CENTER 1416 HAYES DRIVE MANHATTAN, KS 66502	48-0795169	501C3	10,000.	0.			OPERATIONS
BIG LAKES FOUNDATION, INC. 1416 HAYES DRIVE MANHATTAN, KS 66502	48-1134341	501C3	26,550.	0.			MATCHING FUNDS
BOY SCOUTS OF AMERICA CORONADO AREA COUNCIL - 727 POYNTZ - MANHATTAN, KS 66502	48-0545921	501C3	7,655.	0.			MATCH DAY DONATIONS
BOYS & GIRLS CLUB OF ATCHISON, INC. - 103 SOUTH 7TH STREET - ATCHISON, KS 66002	48-1119487	501C3	10,600.	0.			AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	10,000.	0.			GGM - PURCHASE OF LARGE SCHOOL BUS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	20,315.	0.			MATCH DAY DONATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	30,000.	0.			OPERATIONS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	84,000.	0.			YES GRANT
CAMP TOMAH-SHINGA 7821 E. LYON CREEK ROAD JUNCTION CITY, KS 66441	48-6051139	501C3	64,000.	0.			FOR A SHOWERHOUSE
CATHOLIC CHARITIES OF NORTHEAST KANSAS - 9720 W 87TH S - OVERLAND PARK, KS 66212	48-1181305	501C3	8,100.	0.			"AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING
CHURCH OF THE COVENANT 811 WASHINGTON STREET JUNCTION CITY, KS 66441	23-7035942	501C3	10,057.	0.			CHURCH OPERATIONS
CITY OF ATCHISON 515 KANSAS AVE ATCHISON, KS 66002		GOVERNMENT	110,000.	0.			OPERATIONS
CITY OF BLUE RAPIDS #1 PUBLIC SQUARE BLUE RAPIDS, KS 66411		GOVERNMENT	30,000.	0.			MATCHING FUNDS FOR GRANT RECEIVED TO BUILD NEW POOL
CITY OF CLAY CENTER PO BOX 117 CLAY CENTER, KS 67432		GOVERNMENT	25,000.	0.			AVIARY
CITY OF HOLTON 430 PENNSYLVANIA AVE. HOLTON, KS 66436		GOVERNMENT	6,750.	0.			THIS DISBURSEMENT WILL BE SENT TO CITY OF HOLTON TO BE DIVIDED BY THE DIRECTION TO INDIVIDUAL

Schedule I (Form 990)

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CITY OF MANHATTAN, KANSAS 1101 POYNTZ AVENUE MANHATTAN, KS 66502	48-6023836	GOVERNMENT	10,000.	0.			JURIED TEMPORARY OUTDOOR SCULPTURE EXHIBITION
CITY OF MANHATTAN, KANSAS 1101 POYNTZ AVENUE MANHATTAN, KS 66502	48-6023836	GOVERNMENT	15,000.	0.			DOUGLASS CENTER FITNESS EQUIPMENT
CITY OF WAMEGO PO BOX 86 WAMEGO, KS 66547		GOVERNMENT	55,241.	0.			REIMBURSEMENT
CLAY COUNTY ARTS COUNCIL C/O UNION STATE BANK CLAY CENTER, KS 67432	48-0949989	501C3	6,328.	0.			OPERATIONS
CLAY COUNTY EDUCATIONAL ENDOWMENT ASSN. INC. - PO BOX 514 - CLAY CENTER, KS 67432	48-1202509	501C3	8,980.	0.			OPERATIONS
CLAY COUNTY HISTORICAL SOCIETY & MUSEUM - 518 LINCOLN AVENUE - CLAY CENTER, KS 67432	23-7377697	501C3	6,000.	0.			TO COVER END OF YEAR AND BEGINNING OF YEAR COSTS.
CLAY COUNTY HOSPITAL FOUNDATION 617 LIBERTY STREET CLAY CENTER, KS 67432	48-1035296	501C3	8,500.	0.			GENERAL SUPPORT
CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION - PO BOX 1002 - CONCORDIA, KS 66901	23-7164676	501C3	46,298.	0.			ANNUAL DISTRIBUTION
CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION - PO BOX 1002 - CONCORDIA, KS 66901	23-7164676	501C3	50,201.	0.			2020 DONATION

Schedule I (Form 990)

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CMH FOUNDATION PO BOX 430 MARYSVILLE, KS 66508	32-0297285	501C3	13,052.	0.			PONY UP MARYSVILLE MATCH DAY 2020
COMMUNITY HEALTH CARE MINISTRIES 407 ASH STREET WAMEGO, KS 66547	75-2974854	501C3	10,000.	0.			FOOD GIFT CARD PURCHASES
COMMUNITY HEALTH CARE MINISTRIES 407 ASH STREET WAMEGO, KS 66547	75-2974854	501C3	27,625.	0.			ASSIST PEOPLE AFFECTED FINANCIALLY BY COVID-19
COMMUNITY HEALTH MINISTRY 407 ASH STREET WAMEGO, KS 66547	75-2974854	501C3	16,500.	0.			RESPONSE TO NEEDS CREATED BY COVID-19
CORNERSTONE CLASSICAL SCHOOL 830 SOUTH 9TH STREET SALINA, KS 67401	47-3859262	501C3	10,000.	0.			FOR SIGN AND PLAYGROUND FUND
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	50,000.	0.			DEIHL GRANT
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	53,277.	0.			MATCH DAY DONATIONS
ECUMENICAL CAMPUS MINISTRY 904 SUNSET AVENUE MANHATTAN, KS 66502	48-1085357	501C3	6,185.	0.			MATCH DAY DONATIONS
ECUMENICAL CAMPUS MINISTRY 904 SUNSET AVENUE MANHATTAN, KS 66502	48-1085357	501C3	5,500.	0.			OPERATIONS

Schedule I (Form 990)



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EMMAUS UNIVERSITY 1014 MAIN STREET SABETHA, KS 66534	46-3779216	501C3	50,000.	0.			FOR BUILDING PROJECT
FAIRCHILD TERRACE SCHOLARSHIP FOUNDATION, INC. - 11819 W. 17TH STREET NORTH - WICHITA, KS 67212	48-1191545	501C3	30,000.	0.			EDUCATIONAL SPACE GRANT TO GAMMA ALPHA CHAPTER OF KAPPA KAPPA GAMMA
FAMILIES FIRST OF MARSHALL COUNTY 701 N 13TH STREET MARYSVILLE, KS 66508	46-1281396	501C3	8,117.	0.			MATCH DAY FUNDS
FIRST CHRISTIAN CHURCH PO BOX 626 ATCHISON, KS 66002	48-0556710	501C3	6,400.	0.			AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 700 POYNTZ - MANHATTAN, KS 66502	48-0949129	501C3	9,415.	0.			GROW GREEN MATCH DAY CONTRIBUTIONS
FIRST PRESBYTERIAN CHURCH 801 LEAVENWORTH STREET MANHATTAN, KS 66502	48-0543739	501C3	10,000.	0.			BROADCAST FUND
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0645203	501C3	7,500.	0.			2020 MONTHLY PLEDGE
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0645203	501C3	10,000.	0.			DONATION FROM EC ROLFS
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0645203	501C3	10,000.	0.			ANNUAL DONATION

Schedule I (Form 990)

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FIRST UNITED METHODIST CHURCH 612 POYNTZ AVENUE MANHATTAN, KS 66502	48-1051411	501C3	8,209.	0.			COMMON TABLE DINNERS EXCESS COSTS
FIRST UNITED METHODIST CHURCH 612 POYNTZ AVENUE MANHATTAN, KS 66502	48-1051411	501C3	11,505.	0.			COMMON TABLE
FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502	48-0952757	501C3	10,000.	0.			OPERATIONS
FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502	48-0952757	501C3	10,000.	0.			SUPPORT
FLINT HILLS REGIONAL LEADERSHIP PROGRAM - PO BOX 1554 - MANHATTAN, KS 66505	48-1128289	501C3	20,000.	0.			PROGRAM EXPENSES
FLINT HILLS VOLUNTEER CENTER 2601 ANDERSON AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0993907	501C3	13,000.	0.			YES GRANT
FRIENDS OF HENNEPIN COUNTY LIBRARY 300 NICOLLET MALL MINNEAPOLIS, MN 55401	36-3579536	501C3	10,000.	0.			FUNDS DIRECTED TO PROGRAMMING AND RECOVERY FOR EAST LAKE BRANCH LIBRARY
FRIENDS OF SUNSET ZOO 2333 OAK STREET MANHATTAN, KS 66502	48-0855669	501C3	7,500.	0.			YES GRANT
GIRLS ON THE RUN OF THE FLINT HILLS - 1880 KIMBALL AVE - MANHATTAN, KS 66502	46-3669188	501C3	11,000.	0.			YES GRANT

Schedule I (Form 990)

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HOLTON FIRST BAPTIST CHURCH 504 JUNIPER DR. HOLTON, KS 66436		501C3	5,250.	0.			THIS DISBURSEMENT WILL BE SENT TO HOLTON FIRST BAPTIST CHURCH TO BE DIVIDED BY DIRECTION TO
HOLTON FIRST BAPTIST CHURCH 504 JUNIPER DR. HOLTON, KS 66436		501C3	14,200.	0.			DISBURSEMENTS FOR COMBO MISSION 1, 2, 3 VIA CHAMBER BUCKS
HOLTON FIRST BAPTIST CHURCH 504 JUNIPER DR. HOLTON, KS 66436		501C3	7,065.	0.			TEACHER RELIEF VIA HFBC VIA CHAMBER OF COMMERCE TO PURCHASE \$35 WORTH OF CHAMBER BUCKS FOR 209
HEMOCARE AND HOSPICE, INC. 3801 VANESTA DRIVE MANHATTAN, KS 66503	48-0877419	501C3	10,000.	0.			GGM - CHARITABLE CARE
HEMOCARE AND HOSPICE, INC. 3801 VANESTA DRIVE MANHATTAN, KS 66503	48-0877419	501C3	41,802.	0.			GROW GREEN DONATIONS
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	20,000.	0.			OPERATIONS
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	20,000.	0.			OPERATIONS
HOUSING AND CREDIT COUNSELING, INC. - 1195 SW BUCHANAN STREET - TOPEKA, KS 66604	48-0822466	501C3	5,560.	0.			GGM - FREE COUNSELING FOR RILEY COUNTY HOUSEHOLDS EARNING LIMITED INCOMES
JUNCTION CITY OPERA HOUSE 135 W 7TH JUNCTION CITY, KS 66441	20-1256082	501C3	6,000.	0.			ANNUAL DONATION

Schedule I (Form 990)

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KANSAS BIG BROTHERS BIG SISTERS, INC. - 310 E. 2ND ST. - WICHITA, KS 67202	23-7056717	501C3	198,751.	0.			WE ARE REQUESTING TO WITHDRAW 100% OF THE BALANCE OF OUR EXPENDABLE FUND. WE WILL TRANSFER
KANSAS BIG BROTHERS BIG SISTERS, INC. - 310 E. 2ND ST. - WICHITA, KS 67202	23-7056717	501C3	21,000.	0.			YES GRANT
KANSAS FARM BUREAU FOUNDATION 2627 KFB PLAZA MANHATTAN, KS 66503	48-1196853	501C3	64,529.	0.			DOLLARS ARE USED TO SUPPORT PROGRAMMING FOCUSED ON THE DEVELOPMENT OF LEADERS IN
KANSAS FARM BUREAU LEGAL FOUNDATION - 2627 KFB PLAZA - MANHATTAN, KS 66503	48-1243473	501C3	64,529.	0.			DOLLARS SUPPORT EDUCATION, RESEARCH AND ANALYSIS, AND TECHNICAL ASSISTANCE TO ENSURE THE
KANSAS HONOR FLIGHT PO BOX 2371 HUTCHINSON, KS 67504	37-1692389	501C3	14,617.	0.			MARYSVILLE PONY UP MATCH DAY
KANSAS HONOR FLIGHT PO BOX 2371 HUTCHINSON, KS 67504	37-1692389	501C3	6,743.	0.			SABETHA GIVE TO GROW CAMPAIGN
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 1891 CONSTANT AVENUE - LAWRENCE, KS 66047	48-0547734	501C3	50,000.	0.			KENT AND DONNA DIRECTORS COMPENSATION FUND
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 1891 CONSTANT AVENUE - LAWRENCE, KS 66047	48-0547734	501C3	25,000.	0.			KENT AND DONNA SABETHA/LIED CENTER FUND
KATIE'S WAY CHARITIES, INC 720 POYNTZ AVENUE MANHATTAN, KS 66502	82-4247258	501C3	16,039.	0.			MATCH DAY DONATIONS

Schedule I (Form 990)

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KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	9,000.	0.			RESTORATION OF PANELS 10 & 11 OF BRICK WALL
KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	14,000.	0.			RESTORATION OF PANELS 13,14,15 & 16
KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	24,075.	0.			PANELS 17 & 18 RESTORATION AND CAPSTONES
KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	22,519.	0.			RESTORATION OF KHM WEST WALKWAY & PATIO AND INSTALLATION OF ZERO STEP ENTRY IN WEST WALL
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,000.	0.			2020 COVID-99 GRANT
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,000.	0.			MHK TOGETHER GRANT #2
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,000.	0.			MHK TOGETHER PROGRAM
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	15,000.	0.			MHK TOGETHER PROGRAM GRANT
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	15,000.	0.			MHK TOGETHER PROGRAM GRANT

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KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	20,000.	0.			MHK TOGETHER PROGRAM EXPENSES - GIFT CARDS
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	9,145.	0.			MATCH DAY DONATIONS
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	20,000.	0.			GIFT CARDS FOR INDIVIDUALS AFFECTED BY COVID-19
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	20,000.	0.			PROGRAM EXPENSES - GROCERY CARDS FOR PEOPLE IN NEED
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	20,000.	0.			GROCERY CARDS FOR PEOPLE IN NEED
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	20,000.	0.			GROCERY CARDS FOR PEOPLE IN NEED
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	20,000.	0.			GROCERY GIFT CARDS
KSU COLLEGE OF EDUCATION 1114 MID CAMPUS DRIVE N, 006 BLUEMONT HALL - MANHATTAN, KS 66506	48-0771751	501C3	20,000.	0.			PROFESSIONAL DEVELOPMENT FOR TEACHERS ON CANVAS - INVOICE 020-08
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	12,000.	0.			E16600 - APDESIGN DEAN'S FUND

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KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	40,000.	0.			C19440 CENTER OF ADVANCEMENT OF ENTREPRENEURSHIP FUND
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	7,770.	0.			AHEARN EXCELLENCE
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	50,000.	0.			PLEDGE # 18760 MCCAIN AUDITORIUM
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	50,000.	0.			C19440 DEPARTMENT OF ENTREPRENEURSHIP
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			DR. E. ANN KNACKENDOFFEL SCHOLARSHIP FUND
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	150,000.	0.			# G28638 KUENZI SCHOLARSHIP PAYMENT 3 OF 5
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	100,000.	0.			2019 AHEARN FUND VOLLEYBALL COMMITMENT
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			KSU BUSINESS SCHOOL SCHOLARSHIP
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	9,165.	0.			MATCH DAY DONATIONS

Schedule I (Form 990)

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KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	8,500.	0.			YES GRANT
LAKE STREET COUNCIL 919 E. LAKE STREET MINNEAPOLIS, MN 55407	41-0975738	501C3	10,000.	0.			COMMUNITY FUND DISTRIBUTING MONIES TO LAKE STREET ORGS AND BUSINESSES FOR RECOVERY
LAKESIDE TERRACE 1100 HARRISON SABETHA, KS 66534	48-0687220	501C3	18,500.	0.			PURCHASE A NEW VEHICLE
LEADINGAGE KANSAS FOUNDATION 217 SE 8TH AVENUE TOPEKA, KS 66603	48-1056006	501C3	7,500.	0.			ANNUAL DONATION FOR ASTRA PROGRAM
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	42,598.	0.			MATCHING GRANT
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	14,530.	0.			MATCH DAY DONATIONS
MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	7,500.	0.			\$8,500 FROM BRAUN ACCOUNT TO MATC FOR 2020 FALL SCHOLARSHIPS. BRAUN AND BRAUN MERIT SCHOLARSHIPS.
MANHATTAN AREA TECHNICAL COLLEGE FOUNDATION - 3136 DICKENS AVENUE - MANHATTAN, KS 66503	34-2064656	501C3	10,500.	0.			10,500.00 FROM BRAUN ACCOUNT TO MATC FOUNDATION FOR 2020 SPRING SCHOLARSHIPS.
MANHATTAN AREA TECHNICAL COLLEGE FOUNDATION - 3136 DICKENS AVENUE - MANHATTAN, KS 66503	34-2064656	501C3	21,000.	0.			THESE FUNDS WILL BE WRITTEN TO THE MATC COLLEGE FOR THE WAMEGO SITE.

Schedule I (Form 990)



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MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	15,660.	0.			DEIHL GRANT
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	10,000.	0.			ARTS EDUCATION PROGRAM - GGM
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	22,112.	0.			GROW GREEN MATCH DAY CONTRIBUTIONS
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	9,000.	0.			YES GRANT
MANHATTAN CATHOLIC SCHOOLS 306 S. JULIETTE STREET MANHATTAN, KS 66502	48-0987449	501C3	25,085.	0.			GROW GREEN MATCH DAY CONTRIBUTIONS
MANHATTAN EMERGENCY SHELTER, INC. 416 S. 4TH STREET MANHATTAN, KS 66502	48-0983686	501C3	35,000.	0.			MESI IS OPERATING A SPARK PROGRAM FOR CITY OF MANHATTAN TO FUND RENT, MORTGAGE, AND UTILITY
MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501C3	10,000.	0.			FIT CLOSET
MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501C3	86,820.	0.			YES GRANTS/FHSFC
MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501C3	5,437.	0.			CLASROOM TO CAREER

Schedule I (Form 990)

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MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501C3	21,608.	0.			YES GRANTS
MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - PO BOX 191 - MANHATTAN, KS 66505	48-1074309	501C3	68,000.	0.			YES GRANT
MARIANNA KISTLER BEACH MUSEUM OF ART - 701 BEACH LANE - MANHATTAN, KS 66506	48-0771751	501C3	35,443.	0.			SERVING THE COMMUNITY IN NEW WAYS ARTS PROGRAM
MARSHALL COUNTY CONNECTION INC. 1129 JUNIPER ROAD MARYSVILLE, KS 66508	20-4771498	501C3	12,000.	0.			RIVER SURVEY, STREAMBANK DESIGN, AND CONSTRUCTION OVERSIGHT TO REPAIR EROSION
MARSHALL COUNTY FAIR ASSOCIATION PO BOX 65 BLUE RAPIDS, KS 66411	14-1945202	501C3	16,985.	0.			STARTING NEW BUILDING
MARSHALL COUNTY FAIR ASSOCIATION PO BOX 65 BLUE RAPIDS, KS 66411	14-1945202	501C3	5,067.	0.			STARTING NEW BUILDING
MARSHALL COUNTY HABITAT FOR HUMANITY - 550 7TH ROAD - MARYSVILLE, KS 66508	48-1150849	501C3	10,000.	0.			HOUSE REMODELS & NEW BUILDS
MAUR HILL - MOUNT ACADEMY 1000 GREEN STREET ATCHISON, KS 66002	90-0662588	501C3	6,400.	0.			2020 COVID-19 FUND REQUEST - HELPING OFFSET TUITION EXPENSE OF \$6,400 FOR ONE LOCAL STUDENT,
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	20,800.	0.			MATCH DAY DONATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	15,000.	0.			ROCK STEADY BOXING
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	12,000.	0.			PAYMENT FOR FOUR SEASONS SUN ROOM
MEDS & FOOD FOR KIDS 4488 FOREST PARK, SUITE 230 ST. LOUIS, MO 63108	20-1257910	501C3	150,000.	0.			\$50K FOR OPERATIONS, \$100K FOR SOLAR PROJECT
MEMORIAL PRESBYTERIAN CHURCH 200 NORTH 10TH STREET MARYSVILLE, KS 66508		501C3	141,000.	0.			300 PAT BREEDING
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	10,205.	0.			GROW GREEN MATCH DAY DONATIONS
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	21,000.	0.			YES GRANT
MIGIZI COMMUNICATIONS, INC 3017 27TH AVE S. MINNEAPOLIS, MN 55406	41-1379114	501C3	10,000.	0.			FUNDS DIRECTED TO REBUILD THE BUILDING AND RESOURCES AT THIS NP FOR INDIGENOUS YOUTH
MOPSF PO BOX 191 MANHATTAN, KS 66502	48-1074309	501C3	6,726.	0.			MAJOR SAVER FUND
MORNING STAR INC CRO 467 EAST POYNTZ AVENUE MANHATTAN, KS 66502	71-0872013	501C3	10,000.	0.			TRANSPORTATION FOR PEOPLE WITH SEVERE & PERSISTENT MENTAL ILLNESS - GGM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORNING STAR INC CRO 467 EAST POYNTZ AVENUE MANHATTAN, KS 66502	71-0872013	501C3	11,200.	0.			NEW COMPUTERS
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD, SUITE 174A DENVER, CO 80245	84-6032307	501C3	10,000.	0.			GENERAL SUPPORT
MOUNT MITCHELL PRAIRIE GUARDS PO BOX 136 WAMEGO, KS 66547	27-1948414	501C3	12,000.	0.			PAYDOWN MORTGAGE OF PARK EXPANSION
MOUNT MITCHELL PRAIRIE GUARDS PO BOX 136 WAMEGO, KS 66547	27-1948414	501C3	15,000.	0.			PAYDOWN MORTGAGE
MUSEUM OF AUTOMOTIVE ICONS INC 3007 ANDERSON AVENUE MANHATTAN, KS 66503	82-4679842	501C3	2,000,000.	0.			FUNDS TO ENHANCE THE EXHIBIT FLOOR
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	1,900,000.	0.			GRANT FOR STARTUP EXPENSES
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	80,000.	0.			2020 RENT GRANT (4 MONTHS @ \$20K EACH)
MY SISTERS HOUSE INC. PO BOX 283 SABETHA, KS 66534	26-3871994	501C3	6,000.	0.			REPLACE FURNACE AND AIR CONDITIONER
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	8,000.	0.			OPERATING EXPENSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	23,004.	0.			OPERATIONS
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	25,000.	0.			OPERATIONS
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	20,000.	0.			LOVE FUND GIFT
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	10,000.	0.			MISSIONARY SUPPORTT
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	15,000.	0.			\$15,000 MATCH
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	45,000.	0.			\$25K FOR MISSIONS, \$20K FOR NORTHRIDGE SENECA
OGDEN ELEMENTARY SCHOOL 210 ELM STREET OGDEN, KS 66517		501C3	6,000.	0.			PANTHER POWER CLUB - GGM
PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505	48-0919469	501C3	50,000.	0.			MATCHING GRANT
PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505	48-0919469	501C3	25,000.	0.			CRISIS STABILIZATION CENTER BUILDING PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505	48-0919469	501C3	50,000.	0.			CRISIS STABILIZATION CENTER BUILDING PROJECT
PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505	48-0919469	501C3	75,000.	0.			MATCHING GRANT FOR THE CRISIS STABILIZATION CENTER
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	14,988.	0.			ACCESS THROUGH TELEVIDEO CAPABILITIES
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	24,700.	0.			MATCH DAY DONATIONS
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	12,829.	0.			TO BE USED FOR 6 LAPTOP SET-UPS AND PPE ITEMS
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	10,500.	0.			YES GRANT
PONY EXPRESS MUSEUM OF MARYSVILLE 106 S 8TH STREET MARYSVILLE, KS 66508	48-6139910	501C3	20,000.	0.			NEW ROOF
PONY EXPRESS PARTNERSHIP FOR CHILDREN, INC. (PEPC, INC.) - 405 N 4TH STREET - MARYSVILLE, KS 66508	46-4490976	501C3	7,500.	0.			CURRICULUM PURCHASE, EDUCATIONAL MATERIALS FOR PROVIDERS
RELATE 360 INC. PO BOX 461 MANHATTAN, KS 66505	81-3102436	501C3	8,403.	0.			EQUIPMENT FOR ONLINE PROGRAM & MARKETING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH ROAD MANHATTAN, KS 66502	48-0775967	501C3	10,000.	0.			GGM - FOOD AND FARM COUNCIL
RILEY COUNTY POLICE DEPARTMENT 1001 S SETH CHILDS ROAD MANHATTAN, KS 66502		501C3	11,782.	0.			PURCHASE BBQ TRAILER/SMOKER
RILEY COUNTY SENIORS' SERVICE CENTER - 301 N. 4TH ST. - MANHATTAN, KS 66502	48-0992061	501C3	24,020.	0.			MATCH DAY DONATIONS
RIVERSIDE UNIFIED SCHOOL DISTRICT #114 - PO BOX 49 - ELWOOD, KS 66024	48-0847598	501C3	8,017.	0.			PRIMARY SCHOOL PLAYGROUND
ROCK CREEK DIAMOND CLUB 13575 WILDRIDGE DRIVE WAMEGO, KS 66547	83-3083784	501C3	20,000.	0.			BASEBALL FIELD
ROCK CREEK DIAMOND CLUB 13575 WILDRIDGE DRIVE WAMEGO, KS 66547	83-3083784	501C3	30,000.	0.			BASEBALL FIELD
RONALD MCDONALD HOUSE CHARITIES 434 S KANSAS AVENUE, SUITE 700 TOPEKA, KS 66603	48-1022967	501C3	5,037.	0.			MATCH DAY DONATIONS
SABETHA COMMUNITY HOSPITAL PO BOX 229 SABETHA, KS 66534	48-1236156	501C3	15,000.	0.			BIOMIST SYSTEM
SEATTLE FOUNDATION 1601 5TH AVE SEATTLE, WA 98101	91-6013536	501C3	10,000.	0.			ALL IN WASHINGTON - SOCIAL AND ECONOMIC RELIEF DURING COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE FOUNDATION 1601 5TH AVE SEATTLE, WA 98101	91-6013536	501C3	10,000.	0.			BLACK FUTURE CO-OP - ERADICATING POVERTY, BUILDING GENERATIONAL WEALTH, PRESERVING BLACK
SEVEN DOLORS CATHOLIC CHURCH 731 PIERRE MANHATTAN, KS 66502	26-0863625	501C3	10,000.	0.			ANNUAL CONTRIBUTION - PAST & FUTURE CAMPAIGN
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	7,500.	0.			PRESCRIPTION MEDICATION ASSISTANCE - GGM
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			RENT & UTILITY ASSISTANCE FOR CLIENTS WITH COVID-19 RELATED NEEDS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			COVID-19 RECOVERY GRANT
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			RENT AND UTILITIES
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	27,000.	0.			COVID-19 RECOVERY FUND GRANT
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			COVID-19 RENT AND UTILITIES ASSISTANCE
SOCIETY OF THE FIRST INFANTRY DIVISION - PO BOX 2307 - FORT RILEY, KS 66442	23-1406959	501C3	17,301.	0.			REQUESTED GRANT FOR OUR ORGANIZATION. GRANT SUPPORTS: THE MISSION OF THE SOCIETY OF THE 1ST

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS KANSAS PO BOX 29141 MISSION, KS 66201-9141	48-0890981	501C3	10,000.	0.			UNIFIED CHAMPION SCHOOLS
ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	45,000.	0.			OPERATING SUPPORT
ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	14,708.	0.			BUILDING FUND
ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	12,582.	0.			BUILDING FUND
ST. GREGORY'S SCHOOL 207 NORTH 14TH STREET, SUITE A MARYSVILLE, KS 66508	48-0579761	501C3	18,922.	0.			GENERAL SUPPORT
ST. GREGORY'S SCHOOL 207 NORTH 14TH STREET, SUITE A MARYSVILLE, KS 66508	48-0579761	501C3	16,754.	0.			GENERAL SUPPORT
ST. ISIDORE CATHOLIC STUDENT CENTER PARISH - 711 DENISON AVE. - MANHATTAN, KS 66502	26-0863611	501C3	30,000.	0.			CAPITAL CAMPAIGN
ST. LUKE'S LUTHERAN CHURCH 330 NORTH SUNSET MANHATTAN, KS 66502	48-6083415	501C3	6,500.	0.			BUILDING FUND PLEDGE
ST. PAUL LUTHERAN CHURCH 816 9TH STREET CLAY CENTER, KS 67432	48-0554441	501C3	10,000.	0.			GATHER FOR GOOD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502	48-1096978	501C3	25,000.	0.			YEAR 3 OF 4 GRANT FOR CAPITAL PROJECT
SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502	48-1096978	501C3	13,735.	0.			DONATIONS FROM 4/22/2020 GROW GREEN DAY TO BE APPLIED TO EXPEDITION ASIA PROJECT (AT SUNSET
THE COLUMBIAN THEATRE 521 LINCOLN AVE. WAMEGO, KS 66547	48-1090380	501C3	6,500.	0.			ANNUAL GIFT PER TRUST AGREEMENT AND 2020-2021 SEASON SUPPORT
THEATRE ATCHISON, INC. 401 SANTA FE ATCHISON, KS 66002	48-0984741	501C3	9,300.	0.			AACF 2020 COVID-19 RECOVERY FUND AWARD FUNDING
UNITARIAN UNIVERSALIST FELLOWSHIP, INC. OF MANHATTAN - PO BOX 910 - MANHATTAN, KS 66505		501C3	27,795.	0.			MATCH DAY DONATIONS
UNITED WAY OF JUNCTION CITY-GEARY COUNTY KANSAS - PO BOX 567 - JUNCTION CITY, KS 66441	48-0679506	501C3	10,000.	0.			TO BE UTILIZED FOR COMMUNITY IMPACT FUNDING
UNIVERSITY CHRISTIAN CHURCH 1506 BROWNING PLACE, SUITE 101 MANHATTAN, KS 66502	48-0791644	501C3	15,000.	0.			GENERAL FUND
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	16,450.	0.			ADDITIONAL LENOVO VR GOGGLES FOR AXTELL, WETMORE AND SAM
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	5,174.	0.			OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	9,057.	0.			TUBA, WAC HEADSET MICS
USD 380 ENDOWMENT 604 NORTH KANSAS AVENUE FRANKFORT, KS 66427		GOVERNMENT	34,000.	0.			FOR FINAL DISBURSEMENT FROM THE USD 380 ENDOWMENT FUND.
USD 380 ENDOWMENT 604 NORTH KANSAS AVENUE FRANKFORT, KS 66427		GOVERNMENT	30,000.	0.			FOR USE TO MAKE FINAL DISBURSEMENT FROM THE ENDOWMENT FUND.
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502		GOVERNMENT	15,000.	0.			SUMMER READING PROGRAM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502		GOVERNMENT	31,939.	0.			MAJOR SAVER DISCOUNT CARDS
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502		GOVERNMENT	9,900.	0.			STRATEGIC PLANNING
USO FORT RILEY 6918 TROOPER DRIVE FORT RILEY, KS 66442	13-1610451	GOVERNMENT	25,000.	0.			GENERAL SUPPORT
VENTURES 2100 24TH AVENUE SOUTH, SUITE #380 SEATTLE, WA 98144	91-1704028	501C3	15,000.	0.			GENERAL SUPPORT
WAKEFIELD MUSEUM ASSOCIATION PO BOX 193 WAKEFIELD, KS 67487	23-7331118	501C3	8,554.	0.			MATCH DAY FUNDS

[illegible]

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	213	303,770.	0.	CASH	

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

PART I, LINE 2:

GRANTS ARE MONITORED FOR APPROPRIATE USE BY THE GRANTS COMMITTEE OF THE  
EXECUTIVE BOARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ATCHISON AREA ECONOMIC CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 COVID-19 FUND REQUEST: AACF'S

SHARE OF SUPPORT IN COMMITTED FUNDS, FOR AAEDC'S KANSAS DEPT. OF

COMMERCE'S (CARES ACT), "CERG" GRANT REQUEST, THAT WAS AWARDED IN THE

**Part IV** Supplemental Information

AMOUNT OF \$390,665, TO HELP GET REDUNDANT FIBER SERVICE BUILT OUT TO THE HOSPITAL.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HOLTON

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS DISBURSEMENT WILL BE SENT TO CITY OF HOLTON TO BE DIVIDED BY THE DIRECTION TO INDIVIDUAL BUSINESS' UTILITY PAYMENTS TO HELP ALLEVIATE BUSINESS' EXPENSES DUE TO COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: HOLTON FIRST BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS DISBURSEMENT WILL BE SENT TO HOLTON FIRST BAPTIST CHURCH TO BE DIVIDED BY DIRECTION TO INDIVIDUAL BUSINESS' IN OUR COMMUNITY TO HELP TO ALLEVIATE BUSINESS' EXPENSES DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: HOLTON FIRST BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER RELIEF VIA HFBC VIA CHAMBER OF COMMERCE TO PURCHASE \$35 WORTH OF CHAMBER BUCKS FOR 209 TEACHERS IN THE 3 COUNTY SCHOOL DISTRICTS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS BIG BROTHERS BIG SISTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WE ARE REQUESTING TO WITHDRAW 100% OF THE BALANCE OF OUR EXPENDABLE FUND. WE WILL TRANSFER TO A RILEY SPECIFIC SUB-ACCOUNT AT THE TRUST COMPANY WHERE IT WILL BE CONSOLIDATED WITH OTHER ACCOUNTS TO MAXIMIZE OUR RETURNS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DOLLARS ARE USED TO SUPPORT PROGRAMMING FOCUSED ON THE DEVELOPMENT OF LEADERS IN AGRICULTURE AND THE

**Part IV** Supplemental Information

STATES RURAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU LEGAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DOLLARS SUPPORT EDUCATION, RESEARCH AND ANALYSIS, AND TECHNICAL ASSISTANCE TO ENSURE THE WELL BEING OF PERSONS DIRECTLY ENGAGED IN AGRICULTURE OR RELATED ENTERPRISES

NAME OF ORGANIZATION OR GOVERNMENT: LAKE STREET COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY FUND DISTRIBUTING MONIES TO LAKE STREET ORGS AND BUSINESSES FOR RECOVERY FROM DESTRUCTION

NAME OF ORGANIZATION OR GOVERNMENT: MANHATTAN AREA TECHNICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,500 FROM BRAUN ACCOUNT TO MATC FOR 2020 FALL SCHOLARSHIPS. BRAUN AND BRAUN MERIT SCHOLARSHIPS. ANDERSON, HAMMOND, HEERSINK, HEIDEMAN, HIBBARD, MATTSON, PARRACK, STACEY, WEASE, WOODCOCK, BULK, KOCH, AND AGNE.

NAME OF ORGANIZATION OR GOVERNMENT:

MANHATTAN AREA TECHNICAL COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 10,500.00 FROM BRAUN ACCOUNT TO MATC FOUNDATION FOR 2020 SPRING SCHOLARSHIPS. BRAUN AND BRAUN MERIT SCHOLARSHIPS. FLORES, BULK, SCHMITZ, SAVAGE, YOWELL, MENDICINA, SMITH, FELDKAMP, WEAVER, MOLINA, KELLY, HICKMAN, AND BURGOS

NAME OF ORGANIZATION OR GOVERNMENT: MANHATTAN EMERGENCY SHELTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MESI IS OPERATING A SPARK PROGRAM FOR CITY OF MANHATTAN TO FUND RENT, MORTGAGE, AND UTILITY ASSISTANCE TO THOSE AFFECTED BY COVID-19. THE REQUESTED FUNDS WILL HELP MESI CASH FLOW

**Part IV** Supplemental Information

THE \$235,000 PROGRAM UNTIL CITY OF MANHATTAN REIMBURSES MESI.

NAME OF ORGANIZATION OR GOVERNMENT: MAUR HILL - MOUNT ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 COVID-19 FUND REQUEST - HELPING  
OFFSET TUITION EXPENSE OF \$6,400 FOR ONE LOCAL STUDENT, DUE THE HIT THAT  
MH-MA HAS TAKEN DUE TO COVID-19, AND THE LACK OF BOARDING STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SEATTLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BLACK FUTURE CO-OP - ERADICATING  
POVERTY, BUILDING GENERATIONAL WEALTH, PRESERVING BLACK CULTURE, AND  
CELEBRATING THE INCREDIBLE RESILIENCE OF THE BLACK COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIETY OF THE FIRST INFANTRY DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: REQUESTED GRANT FOR OUR  
ORGANIZATION. GRANT SUPPORTS: THE MISSION OF THE SOCIETY OF THE 1ST  
INFANTRY DIVISION IS TO PERPETUATE THE MEMORY OF THE 1ST INFANTRY  
DIVISION, US ARMY AND TO HONOR THE SERVICE AND SACRIFICE OF ITS SOLDIERS  
AND UNITS.

NAME OF ORGANIZATION OR GOVERNMENT:

SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS FROM 4/22/2020 GROW GREEN  
DAY TO BE APPLIED TO EXPEDITION ASIA PROJECT (AT SUNSET ZOO) FUNDS  
CURRENTLY HELD BY THE SUNSET ZOO TRUST FOUNDATION.



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Employer identification number

**48-1215574**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	781,857.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....	X	1	450,000.	FAIR MARKET VALUE
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

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

WE USE AN INDEPENDENT INVESTMENT FUND MANAGER TO PROCESS THE RECEIPT  
AND SALE OF ANY INCOMING CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number  
48-1215574

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEETING NEEDS THROUGH GRANTS, AWARDS, AND SCHOLARSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

OUR PRACTICE IS A COMPLETE AND UNREDACTED COPY OF IRS FORM 990 IS PROVIDED  
TO EACH BOARD MEMBER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.  
AFTER THE BOARD OF DIRECTORS HAS REVIEWED THE DRAFT, OUR BOARD PRESIDENT  
AND CEO IS THEN AUTHORIZED TO SIGN AND FILE THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

OUR BOARD MEMBERS SHOULD ABSTAIN FROM DISCUSSION AND VOTING IN SITUATIONS  
WHERE THEY HAVE A DIRECT FINANCIAL INTEREST IN THE OUTCOME. COMMITTEE  
MEMBERS ARE EXPECTED TO DISCUSS ISSUES TO DETERMINE IF THERE 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, SECTION B, LINE 15A:

OUR EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE IS REVIEWED BY THE  
COMPENSATION COMMITTEE OF THE EXECUTIVE BOARD USING COMPARATIVE INFORMATION  
FROM COMMUNITY FOUNDATIONS IN SIMILAR COMMUNITIES.

FORM 990, PART VI, SECTION C, LINE 19:

OUR GOVERNING DOCUMENTS MAY BE VIEWED IN PERSON OR COPIES ARE AVAILABLE  
UPON REQUEST FROM THE ORGANIZATION OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

FEE FOR SERVICE - OTHER - WDR :

PROGRAM SERVICE EXPENSES 1,560,673.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,560,673.

CONSULTING SERVICES :

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 7,668.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,668.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,568,341.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF GRANTS ISSUED IN PRIOR YE 41,719.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Employer identification number

**48-1215574**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROPERTY FUND I, LLC PO BOX 1127 MANHATTAN, KS 66505-1127	HOLD AND ADMINISTER GIFTS OF REAL PROPERTY	KANSAS			GREATER MANHATTAN COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GOLDSTEIN FOUNDATION - 27-0439529 555 POYNTZ AVE, SUITE 269 MANHATTAN, KS 66505-1127	SUPPORTING	KANSAS	501(C)(3)	LINE 12B, II	N/A		X
HOWE FAMILY FOUNDATION - 46-3980783 555 POYNTZ AVE, SUITE 269 MANHATTAN, KS 66502	SUPPORTING	KANSAS	501(C)(3)	LINE 12B, II	N/A		X
BUTLER FAMILY COMMUNITY FOUNDATION - 47-1631034, 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	SUPPORTING	KANSAS	501(C)(3)	LINE 12B, II	N/A		X

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

Schedule R (Form 990) 2020

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

[illegible]

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOWE FAMILY FOUNDATION	C	641,908.	CASH
(2) GOLDSTEIN FOUNDATION	C	271,550.	CASH
(3) BUTLER FAMILY COMMUNITY FOUNDATION	C	250,600.	CASH
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Provide additional information for responses to questions on Schedule R. See instructions.

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

OMB No. 1545-0047

**2020**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		<b>GREATER MANHATTAN COMMUNITY FOUNDATION</b>	<b>48-1215574</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1127</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>MANHATTAN, KS 66505-1127</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... ▶ <b>82,870,630.</b>	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
<b>L</b> The books are in care of ▶ <b>THE ORGANIZATION</b> Telephone number ▶ <b>785-587-8995</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>18,365.</b>
<b>2</b>	Reserved .....	<b>2</b>	
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>	<b>18,365.</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	<b>15,103.</b>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>3,262.</b>
<b>6</b>	Deduction for net operating loss. See instructions .....	<b>6</b>	
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>3,262.</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>2,262.</b>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>475.</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>475.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		475.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		475.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		475.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

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

<b>1</b>	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MICHELLE R CROW	MICHELLE R CROW		
	Firm's name	Firm's EIN	PTIN	
	VARNEY & ASSOCIATES, CPAS, LLC	30-0038643	P00249476	
	Firm's address	Phone no.		
	1501 POYNTZ AVENUE	785-537-2202		
	MANHATTAN, KS 66502-6092			

Form 990-T (2020)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

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

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>GREATER MANHATTAN COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>48-1215574</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INCOME TAXES PASSED THROUGH CONTRIBUTIONS REC**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b> 18,365.		18,365.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12		<b>13</b> 18,365.		18,365.

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	18,365.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>	18,365.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation ▶

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11	Total dividends-received deductions included in line 10 ▶ 0.				

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

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

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> .....			0.	0.

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

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

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

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

Schedule A (Form 990-T) 2020



FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT	1
SCHEDULE A	BUSINESS ACTIVITY			

INCOME TAXES PASSED THROUGH CONTRIBUTIONS RECEIVED

TO FORM 990-T, SCHEDULE A, LINE E



**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Employer identification number

**48-1215574**Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....	<b>60,260.</b>	<b>41,895.</b>		<b>18,365.</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>18,365.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>18,365.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>18,365.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

## Sales and Other Dispositions of Capital Assets

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment  
Sequence No. **12A**

Name(s) shown on return

GREATER MANHATTAN COMMUNITY FOUNDATION

Social security number or taxpayer identification no.

48-1215574

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.