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# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**GREATER MANHATTAN COMMUNITY FOUNDATION**

EIN or SSN

**48-1215574**

Name and title of officer or person subject to tax

**VERNON J HENRICKS  
SECRETARY EX-OFFICIO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>20,506,767.</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> .....
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> .....
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> .....
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> .....

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **VARNEY & ASSOCIATES, CPAS, LLC** to enter my PIN **15574**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**48050472202**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

**2022**

Open to Public  
Inspection

**A For the 2022 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 \$

**23,609,831.**

**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>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>13</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>0.</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>62,117,451.</b>	<b>20,729,371.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>674,335.</b>	<b>691,267.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,883,444.</b>	<b>-985,688.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>130,964.</b>	<b>71,817.</b>
		<b>66,806,194.</b>	<b>20,506,767.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13,496,583.</b>	<b>14,388,034.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>490,264.</b>	<b>574,063.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>70,645.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,558,870.</b>	<b>3,146,708.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,545,717.</b>	<b>18,108,805.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>50,260,477.</b>	<b>2,397,962.</b>
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>138,440,801.</b>	<b>125,733,456.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>9,153,317.</b>	<b>8,662,389.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>129,287,484.</b>	<b>117,071,067.</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>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MICHELLE R CROW</b>	<b>MICHELLE R CROW</b>			<b>P00249476</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>VARNEY &amp; ASSOCIATES, CPAS, LLC</b>	<b>30-0038643</b>			
	Firm's address	Phone no.			
	<b>1501 POYNTZ AVENUE</b>	<b>785-537-2202</b>			
	<b>MANHATTAN, KS 66502-6092</b>				

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

**Part III Statement of Program Service Accomplishments**Check 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 \$ 17,206,410. including grants of \$ 14,388,034. ) (Revenue \$ 679,154. )  
IN 2022, WE AWARDED MANHATTAN-AREA NONPROFIT ORGANIZATIONS A TOTAL OF  
\$14.3 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 17,206,410.

**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> ? See instructions	<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 Rev. Proc. 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. See instructions</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 the 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 line 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 on 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 on 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> 13		
<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>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>		
<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>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	12													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		12												
<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?			2											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?				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
<b>6</b> Did the organization have members or stockholders?							6							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?								7a						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?									7b					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?										8a	X			
<b>b</b> Each committee with authority to act on behalf of the governing body?											8b	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												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a														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?		10b													
<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?			11a	X											
<b>b</b> Describe on 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					12a	X									
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c	X							
<b>13</b> Did the organization have a written whistleblower policy?								13	X						
<b>14</b> Did the organization have a written document retention and destruction policy?									14	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										15a	X				
<b>b</b> Other officers or key employees of the organization											15b		X		
If "Yes" to line 15a or 15b, describe the process on 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?												16a		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?													16b		

**Section C. Disclosure**

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VERNON J. HENDRICKS PRESIDENT & CEO	40.00			X				163,500.	0.	0.
(2) JACKIE HARTMAN BORCK CHAIR	1.00	X		X				0.	0.	0.
(3) DAVID ROGERS TREASURER	1.00	X		X				0.	0.	0.
(4) KIM MCATEE CHAIR ELECT	1.00	X		X				0.	0.	0.
(5) THERESE MILLER PAST CHAIR	1.00	X		X				0.	0.	0.
(6) EILEEN HINKIN DIRECTOR	1.00	X						0.	0.	0.
(7) DALE BRADLEY DIRECTOR	1.00	X						0.	0.	0.
(8) MATT CROCKER DIRECTOR	1.00	X						0.	0.	0.
(9) ELIZABETH SMOLLER DIRECTOR	1.00	X						0.	0.	0.
(10) PHIL HOWE DIRECTOR	1.00	X						0.	0.	0.
(11) JEFF MORRIS DIRECTOR	1.00	X						0.	0.	0.
(12) ML LATIMORE DIRECTOR	1.00	X						0.	0.	0.
(13) BILL BAHR DIRECTOR	1.00	X						0.	0.	0.



**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>	1,645.				
	<b>d</b> Related organizations	<b>1d</b>	2,184,275.				
	<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>	18,543,451.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,585,857.				
	<b>h</b> <b>Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> AGENCY FUND ADMINISTRATION	<b>Business Code</b>	813211	690,747.	690,747.		
	<b>b</b> OTHER		813211	520.	520.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f			691,267.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,072,197.		
<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>	3,057,885.				
<b>c</b> Gain or (loss)		<b>7c</b>	-3,057,885.				
<b>d</b> Net gain or (loss)				-3,057,885.			-3057885.
<b>8 a</b> Gross income from fundraising events (not including \$ 1,645. of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>	129,109.				
<b>b</b> Less: direct expenses		<b>8b</b>	45,179.				
<b>c</b> Net income or (loss) from fundraising events				83,930.			83,930.
<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>11 a</b> CHANGE IN VALUE OF ANNUITY LIABIL	<b>Business Code</b>	900003	2,086.	2,086.		
	<b>b</b> OTHER INCOME		900003	400.	400.	0.	
	<b>c</b> CHANGE IN VALUE OF LIFE INSURANCE		900003	-14,599.	-14,599.		
	<b>d</b> All other revenue						
	<b>e</b> <b>Total.</b> Add lines 11a-11d			-12,113.			
	<b>12</b> <b>Total revenue.</b> See instructions			20,506,767.	679,154.	0.	-901,758.

**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	13,995,775.	13,995,775.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	392,259.	392,259.		
<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	133,472.	40,042.	80,083.	13,347.
<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	377,848.	113,354.	226,709.	37,785.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,353.	2,806.	5,611.	936.
<b>9</b> Other employee benefits	15,238.	4,571.	9,143.	1,524.
<b>10</b> Payroll taxes	38,152.	11,446.	22,891.	3,815.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,448.		1,448.	
<b>c</b> Accounting	20,746.		20,746.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	154,241.		154,241.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,354,705.	2,354,705.		
<b>12</b> Advertising and promotion	106,225.	106,225.		
<b>13</b> Office expenses	185,587.	46,233.	139,354.	
<b>14</b> Information technology	50,949.		50,949.	
<b>15</b> Royalties				
<b>16</b> Occupancy	132,380.	39,714.	79,428.	13,238.
<b>17</b> Travel	8,803.		8,803.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	72,223.	72,223.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	32,344.		32,344.	
<b>23</b> Insurance	27,057.	27,057.		
<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	18,108,805.	17,206,410.	831,750.	70,645.
<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 <input type="checkbox"/> 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 .....	1,694,239.	<b>1</b>	353,573.
	<b>2</b> Savings and temporary cash investments .....	3,801,556.	<b>2</b>	2,079,863.
	<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 .....	1,479.	<b>9</b>	1,656.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 504,761.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 51,777.		
	<b>11</b> Investments - publicly traded securities .....	477,205.	<b>10c</b> 452,984.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	131,548,192.	<b>11</b>	121,939,764.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	918,130.	<b>14</b>	905,616.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	138,440,801.	<b>15</b>	125,733,456.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,780.	<b>16</b>	34,352.
	<b>18</b> Grants payable .....	67,575.	<b>17</b>	55,700.
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	8,922,624.	<b>20</b>	8,395,025.
	<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>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</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 .....	146,338.	<b>24</b>	177,312.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	9,153,317.	<b>25</b>	8,662,389.
<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 .....	11,882,533.	<b>26</b>	13,455,476.
	<b>28</b> Net assets with donor restrictions .....	117,404,951.	<b>27</b>	103,615,591.
	<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>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	129,287,484.	<b>31</b>	117,071,067.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	138,440,801.	<b>32</b>	125,733,456.

Form 990 (2022)

**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>	20,506,767.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,108,805.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,397,962.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	129,287,484.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-14,614,751.
<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>	372.
<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>	117,071,067.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<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 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7910930.	4451291.	13210067.	20341519.	15959239.	61873046.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7910930.	4451291.	13210067.	20341519.	15959239.	61873046.
<b>5</b> 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) .....						4341590.
<b>6 Public support.</b> Subtract line 5 from line 4.						57531456.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	7910930.	4451291.	13210067.	20341519.	15959239.	61873046.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	805,707.	1154278.	1767371.	1224676.	2072243.	7024275.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	5,872.			600.		6,472.
<b>11 Total support.</b> Add lines 7 through 10 .....						68903793.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,728,442.
<b>13 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> .....						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.50 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	84.17 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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"/>
<b>17a 10% -facts-and-circumstances test - 2022.</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 - 2021.</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"/>
<b>18 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) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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</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</b> <b>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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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 on 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 on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

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

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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) 2022

**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 2022 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-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<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 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization	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>506,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,360,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>901,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>505,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,078,392.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7		\$ 2,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 745,975.	Person <input checked="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.)
		\$	Person <input 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.)
		\$	Person <input 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.)



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	

**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

**2022**

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 .....	201	
2 Aggregate value of contributions to (during year) .....	12,768,431.	
3 Aggregate value of grants from (during year) .....	10,908,781.	
4 Aggregate value at end of year .....	72,332,058.	
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 July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 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 .....

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

Schedule D (Form 990) 2022

232051 09-01-22

**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	102,301,429.	46,371,403.	35,405,880.	28,449,676.	29,450,211.
b Contributions	33,648,267.	66,663,968.	19,042,268.	3,232,197.	2,218,041.
c Net investment earnings, gains, and losses	-16,900,380.	7,428,003.	6,698,825.	5,295,665.	-2,017,419.
d Grants or scholarships	24,279,225.	17,419,102.	14,278,058.	1,353,380.	973,042.
e Other expenditures for facilities and programs					20,934.
f Administrative expenses	732,686.	742,843.	497,512.	218,278.	207,181.
g End of year balance	94,037,405.	102,301,429.	46,371,403.	35,405,880.	28,449,676.

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

a Board designated or quasi-endowment 2.0300 %

b Permanent endowment 97.9700 %

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)		X
3a(ii)		X
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				
b Buildings		450,000.	22,500.	427,500.
c Leasehold improvements				
d Equipment		54,761.	29,277.	25,484.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				452,984.

Schedule D (Form 990) 2022

**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	177,312.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	177,312.

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) 2022

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

## 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 2022, 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 2022 OR 2021 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.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**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

2022

**Open to Public Inspection**

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total .....</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 FGM/GA GOLF TOURNAMENT	(b) Event #2 CFAS	(c) Other events 4	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	45,883.	28,000.	56,871.	130,754.
	2 Less: Contributions .....	975.		670.	1,645.
	3 Gross income (line 1 minus line 2) .....	44,908.	28,000.	56,201.	129,109.
Direct Expenses	4 Cash prizes .....	2,050.		1,325.	3,375.
	5 Noncash prizes .....				
	6 Rent/facility costs .....	11,162.	16,178.	5,505.	32,845.
	7 Food and beverages .....		1,548.	0.	1,548.
	8 Entertainment .....		2,150.	0.	2,150.
	9 Other direct expenses .....	1,755.	2,895.	611.	5,261.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				45,179.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				83,930.

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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>
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[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

**2022**

**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 noncash 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
ANNUNCIATION CHURCH 213 E 5TH STREET FRANKFORT, KS 66427	48-0594095	501C3	7,000.	0.			PURCHASE TABLES & CHAIRS FOR CHURCH HALL
ANNUNCIATION PARISH 213 E 5TH ST. FRANKFORT, KS 66427	48-0594095	501C3	6,500.	0.			CHWC CAMP FEE AND TRAVELING EXPENSE
ATCHISON AREA UNITED WAY PO BOX 403 ATCHISON, KS 66002	48-6107689	501C3	16,029.	0.			COLLECT MATCH DAY PROCEEDS TO USE FOR OUR AGENCY DISTRIBUTIONS
ATCHISON UNITED METHODIST CHURCH 501 KANSAS AVE. ATCHISON, KS 66002	48-0571544	501C3	25,737.	0.			ALL ABOARD ATCHISON DONATIONS & MATCHING FUNDS
AUDUBON OF KANSAS PO BOX 1106 MANHATTAN, KS 66505	48-0849282	501C3	40,000.	0.			PURCHASE OF A VEHICLE
BALLARD FOOD BANK 1400 LEARY AVENUE NW SEATTLE, WA 98107	91-1428805	501C3	40,000.	0.			UNDERWRITING OF CASEWORKER SALARY + 5 YEAR COMMITMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **184.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLARD FOOD BANK 1400 LEARY AVENUE NW SEATTLE, WA 98107	91-1428805	501C3	10,000.	0.			UNDERWRITING OF CASEWORKER SALARY + 5 YEAR COMMITMENT
BE ABLE INC. 1320 HOUSTON MANHATTAN, KS 66502	83-3999669	501C3	25,000.	0.			OPERATING EXPENSES
BE ABLE INC. 1320 HOUSTON MANHATTAN, KS 66502	83-3999669	501C3	20,000.	0.			OPERATING EXPENSES
BE ABLE INC. 1320 HOUSTON MANHATTAN, KS 66502	83-3999669	501C3	10,000.	0.			OPERATING EXPENSES
BIG BROTHERS BIG SISTERS 519 PIERRE STREET MANHATTAN, KS 66502	23-7056717	501C3	10,000.	0.			CONTRIBUTIONS
BIG BROTHERS BIG SISTERS 519 PIERRE STREET MANHATTAN, KS 66502	23-7056717	501C3	10,000.	0.			CONTRIBUTIONS
BLACK ENTREPRENEURS OF THE FLINT HILLS ASSOCIATION - 120 NORTH 4TH ST., SUITE K - MANHATTAN, KS 66502	82-2988527	501C3	10,000.	0.			PITCH COMPETITION IN SPRING
BLACK HISTORY TRAIL OF GEARY COUNTY INC. - 222 NAVAJO ROAD - JUNCTION CITY, KS 66441	88-1571170	501C3	5,501.	0.			ADMINISTRATIVE AND RESEARCH FEES, SIGNAGE FEES
BLUE RAPIDS HISTORICAL SOCIETY 36 PUBLIC SQUARE BLUE RAPIDS, KS 66411	16-1722800	501C3	10,000.	0.			FOR MUSEUM BUILDING FOUNDATION RESTORATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA-CORONADO AREA COUNCIL - 644 S OHIO - SALINA, KS 67402	48-0545921	501C3	19,197.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	85,500.	0.			YES! FUND 2022 GRANT - BEFORE AND AFTER SCHOOL PROGRAMS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	10,000.	0.			YES! FUND 2022 GRANT - BEFORE AND AFTER SCHOOL PROGRAMS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	10,000.	0.			YES! FUND 2022 GRANT - BEFORE AND AFTER SCHOOL PROGRAMS
BROWN COUNTY DEVELOPMENTAL SERVICES, INC. - 400 S 12TH STREET - HIAWATHA, KS 66434	48-0758105	501C3	24,000.	0.			WITHDRAWAL OF FUNDS TO USE FOR PURCHASE OF A NEW WHEELCHAIR ACCESSIBLE VAN FOR OUR AGENCY.
CAMP LIT INC 7208 HACKBERRY CIR MANHATTAN, KS 66503	86-2226218	501C3	10,000.	0.			ANNUAL SUPPORT
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C3	25,000.	0.			FORE THE KIDS
CHURCH OF THE COVENANT 811 WASHINGTON STREET JUNCTION CITY, KS 66441	23-7035942	501C3	30,092.	0.			CHURCH OPERATIONS
CITY OF HORTON, KANSAS 205 E 8TH ST., PO BOX 30 HORTON, KS 66439	48-6025865	GOVERNMENT	107,000.	0.			HORTON COMMUNITY BALL FIELD 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SABETHA 805 MAIN STREET SABETHA, KS 66534	48-6026115	GOVERNMENT	9,969.	0.			REFUND CITY FOR NEW GARAGE DOOR, PAINTER & PAINT
CITY OF WAMEGO PO BOX 86 WAMEGO, KS 66547	48-6024658	GOVERNMENT	100,000.	0.			THIS GRANT IS FROM THE WAMEGO FRIENDS OF THE PARK FUND. IT IS FOR THE BASKETBALL AND PICKLEBALL
CITY OF WAMEGO PO BOX 86 WAMEGO, KS 66547	48-6024658	GOVERNMENT	29,970.	0.			THIS GRANT IS FROM THE WAMEGO FRIENDS OF THE PARK FUND. IT IS FOR THE BASKETBALL AND PICKLEBALL
CLAY COUNTY ARTS COUNCIL C/O UNION STATE BANK CLAY CENTER, KS 67432	48-0949989	501C3	7,100.	0.			GENERAL SUPPORT
CLIMATE GENERATION 2801 21ST AVE SOUTH, SUITE 110 MINNEAPOLIS, MN 55407	02-0712905	501C3	10,000.	0.			GENERAL SUPPORT
CLIMATE SOLUTIONS 1402 THIRD AVENUE, #1200 SEATTLE, WA 98101	91-1123302	501C3	20,000.	0.			GENERAL SUPPORT
CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION - PO BOX 1002 - CONCORDIA, KS 66901	23-7164676	501C3	56,071.	0.			ANNUAL DONATION
CMH FOUNDATION PO BOX 430 MARYSVILLE, KS 66508	32-0297285	501C3	9,186.	0.			GENERAL SUPPORT
COMMON GROUND MINISTRIES, INC. PO BOX 487 CLAY CENTER, KS 67432	48-1152117	501C3	11,500.	0.			TRANSFER FUNDS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GROUND MINISTRIES, INC. PO BOX 487 CLAY CENTER, KS 67432	48-1152117	501C3	10,000.	0.			TRANSFER FUNDS
COMMUNITY CARE MINISTRIES 407 ASH STREET WAMEGO, KS 66547	75-2974854	501C3	7,218.	0.			FUNDS USED TO HELP WOMEN IN NEED IN OUR COMMUNITY
CONCORDIA UNIVERSITY 800 N COLUMBIA AVE SEWARD, NE 68434	47-0378777	501C3	10,000.	0.			DONATION TO MUSIC BUILDING CAPITAL PROJECT
CORNERSTONE CLASSICAL SCHOOL 830 SOUTH 9TH STREET SALINA, KS 67401	47-3859262	501C3	10,000.	0.			GENERAL SUPPORT
CREATIVE ENTERPRISE ZONE PO BOX 14252 SAINT PAUL, MN 55114	47-3199574	501C3	10,000.	0.			CEZ PROGRAM FUND
CRIME STOPPERS OF MANHATTAN RILEY COUNTY - 1001 S SETH CHILD ROAD - MANHATTAN, KS 66505	48-0943086	501C3	6,000.	0.			GRANTS FOR GREATER MANHATTAN
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	255,193.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	250,000.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	50,462.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	50,000.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	50,000.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	20,000.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	10,000.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	7,161.	0.			REQUESTING DISTRIBUTION OF BUILDING FUND BALANCE TO PAY FOR CURRENT CONSTRUCTION
CWU FINANCIAL AID OFFICE 400 E UNIVERSITY WAY ELLENSBURG, WA 98926-7504	23-7017467	501C3	10,000.	0.			MATTHEW TRINKLE MEMORIAL SCHOLARSHIP
ECUMENICAL CAMPUS MINISTRY 904 SUNSET AVENUE MANHATTAN, KS 66502	48-1085357	501C3	9,179.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO - ALPHA GAMMA RHO AT KANSAS STATE UNIVERSITY, PO BOX 2187 - COLUMBUS, GA 31902-2187	36-6158409	501C3	50,000.	0.			EDUCATIONAL FOUNDATION
EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO - 1333 NW VIVION ROAD #110 - KANSAS CITY, MO 64118	36-6158409	501C3	15,000.	0.			EDUCATIONAL FOUNDATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO - ALPHA GAMMA RHO AT KANSAS STATE UNIVERSITY, PO BOX 2187 - COLUMBUS, GA 31902-2187	36-6158409	501C3	10,000.	0.			EDUCATIONAL FOUNDATION
EDWARD D JONES & COMPANY FOUNDATION - PO BOX 66541 - SAINT LOUIS, MO 66541	92-1435643	501C3	158,777.	0.			GRANT TO MOVE FUND TO ANOTHER FOUNDATION
EMMAUS UNIVERSITY OF HAITI 1014 MAIN STREET SABETHA, KS 66534	46-3779216	501C3	6,500.	0.			SCHOLARSHIP 2022-2023
FAIR BALL FOUNDATION INC 309 LEAPING FOX LANE CHARLOTTESVILLE, VA 22902	87-2741918	501C3	10,000.	0.			FOR THE BENEFIT OF KAELEN CULPEPPER
FAMILIES FIRST OF MARSHALL COUNTY 102 W 2ND AVENUE FRANKFORT, KS 66427	46-1281396	501C3	15,808.	0.			TO USE TO PURCHASE BASIC CARE NEED ITEMS FOR OUR FAMILIES
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 700 POYNTZ - MANHATTAN, KS 66502	48-0949129	501C3	22,778.	0.			GROW GREEN FUNDS.
FIRST LUTHERAN CHRISTIAN PRESCHOOL PO BOX 65 SABETHA, KS 66534	23-7041880	501C3	10,000.	0.			PLAYGROUND IMPROVEMENT PROJECT
FIRST PRESBYTERIAN CHURCH 113 W. 5TH ST JUNCTION CITY, KS 66441	48-0543739	501C3	40,000.	0.			UPGRADES TO HEATING AND AIR CONDITIONING EQUIPMENT
FIRST PRESBYTERIAN CHURCH 801 LEAVENWORTH MANHATTAN, KS 66502	48-0543739	501C3	23,699.	0.			UPGRADES TO HEATING AND AIR CONDITIONING EQUIPMENT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH 113 W. 5TH ST JUNCTION CITY, KS 66441	48-0543739	501C3	10,202.	0.			UPGRADES TO HEATING AND AIR CONDITIONING EQUIPMENT
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0997662	501C3	25,000.	0.			REPLACING BOILER/HVAC
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0997662	501C3	25,000.	0.			REPLACING BOILER/HVAC
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0997662	501C3	12,000.	0.			REPLACING BOILER/HVAC
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0997662	501C3	10,000.	0.			REPLACING BOILER/HVAC
FIRST PRESBYTERIAN CHURCH OF ATCHISON - 302 N 5TH ST - ATCHISON, KS 66002	48-6111295	501C3	21,148.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH - JC 804 N JEFFERSON STREET JUNCTION CITY, KS 66441	48-1086698	501C3	39,000.	0.			OPERATIONS OF THE CHURCH
FIRST UNITED METHODIST CHURCH - JC 804 N JEFFERSON STREET JUNCTION CITY, KS 66441	48-1086698	501C3	15,000.	0.			OPERATIONS OF THE CHURCH
FIRST UNITED METHODIST CHURCH - JC 804 N JEFFERSON STREET JUNCTION CITY, KS 66441	48-1086698	501C3	10,000.	0.			OPERATIONS OF THE CHURCH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH - JC 804 N JEFFERSON STREET JUNCTION CITY, KS 66441	48-1086698	501C3	6,000.	0.			OPERATIONS OF THE CHURCH
FIRST UNITED METHODIST CHURCH - JC 804 N JEFFERSON STREET JUNCTION CITY, KS 66441	48-1086698	501C3	6,000.	0.			OPERATIONS OF THE CHURCH
FLINT HILLS AREA TRANSPORTATION AGENCY - 5815 MARLATT AVENUE - MANHATTAN, KS 66503	48-0828214	501C3	25,000.	0.			ACCESS TO FOOD
FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502	48-0952757	501C3	50,000.	0.			CULTURALLY RESPONSIVE FOOD INITIATIVE
FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502	48-0952757	501C3	10,000.	0.			CULTURALLY RESPONSIVE FOOD INITIATIVE
FLINT HILLS CHRISTIAN SCHOOL 3905 GREEN VALLEY ROAD MANHATTAN, KS 66502	48-1159406	501C3	165,000.	0.			BUILDING PLEDGE
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON STREET, SUITE C MANHATTAN, KS 66502	20-2306015	501C3	50,000.	0.			OPERATING CAPITAL
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON STREET, SUITE C MANHATTAN, KS 66502	20-2306015	501C3	27,303.	0.			OPERATING CAPITAL
FLINT HILLS REGIONAL LEADERSHIP PROGRAM - 1310A WESTLOOP PL #101 - MANHATTAN, KS 66502	48-1128289	501C3	15,000.	0.			FORT RILEY /CORVIAS MILITARY LIVING

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FLINT HILLS VOLUNTEER CENTER 322 HOUSTON STREET, SUITE 104 MANHATTAN, KS 66502	48-0993907	501C3	10,000.	0.			SAMARITAN'S FEET SENIORS
FLINT HILLS VOLUNTEER CENTER 322 HOUSTON STREET, SUITE 104 MANHATTAN, KS 66502	48-0993907	501C3	10,000.	0.			SAMARITAN'S FEET SENIORS
FRANKFORT COMMUNITY CARE HOME, INC. - 510 N WALNUT - FRANKFORT, KS 66427	48-0781246	501C3	23,000.	0.			NEW CALL LIGHT SYSTEM
FRANKFORT SCHOOLS 604 N. KS AVE FRANKFORT, KS 66427	48-0720999	GOVERNMENT	22,240.	0.			POWELL PURCHASES 2022
FRESH ENERGY 408 SAINT PETER STREET SUITE 350 MINNEAPOLIS, MN 55102	41-1735501	501C3	10,000.	0.			GENERAL SUPPORT
FRESH START EMERGENCY SHELTER, INC. - 136 W 3RD - JUNCTION CITY, KS 66441	48-1100599	501C3	6,000.	0.			GENERAL SUPPORT
FRIENDS OF HENNEPIN COUNTY LIBRARY 300 NICOLLET MALL MINNEAPOLIS, MN 55401	36-3579536	501C3	10,000.	0.			GENERAL SUPPORT
FRIENDS OF SUNSET ZOO 2333 OAK STREET MANHATTAN, KS 66502	48-0855669	501C3	8,500.	0.			YES! FUND 2022 GRANT - ZOOLOGICAL OCCUPATIONAL ORIENTATION (ZOO) CREW
GEARY COMMUNITY SCHOOLS FOUNDATION 123 N EISENHOWER DRIVE JUNCTION CITY, KS 66441	76-0706803	501C3	10,440.	0.			MATCH DAY FUNDS FROM OCTOBER 2022

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GOOD SHEPHERD FOUNDATION 3801 VANESTA DRIVE MANHATTAN, KS 66503	48-1182638	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
GOOD SHEPHERD HOMECARE & HOSPICE, INC. - 3801 VANESTA DRIVE - MANHATTAN, KS 66503	48-0877419	501C3	61,494.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
GREATER MANHATTAN COMMUNITY FOUNDATION - 555 POYNTZ AVENUE, SUITE 269 - MANHATTAN, KS 66505-1127	48-1215574	501C3	25,000.	0.			GRANT FOR GEARY COUNTY MATCH DAY
GREATER MANHATTAN COMMUNITY FOUNDATION - 555 POYNTZ AVENUE, SUITE 269 - MANHATTAN, KS 66505-1127	48-1215574	501C3	7,100.	0.			GRANT FOR GEARY COUNTY MATCH DAY
HEART OF JACKSON HUMANE SOCIETY, INC. - PO BOX 126 - HOLTON, KS 66436	23-7441463	501C3	7,000.	0.			FENCE REPAIR AT SHELTER
HEARTLAND COMMUNITY FOUNDATION PO BOX 1673 HAYS, KS 67601	48-1215503	501C3	10,000.	0.			WILDFIRE RELIEF
HIAWATHA CEMETERY DISTRICT ASSOCIATION - PO BOX 86 - HIAWATHA, KS 66434	48-0260820	501C3	10,000.	0.			2022 ROADWAY CHIP AND SEAL, SPOT REPAIR SPECIFIC LOCATIONS AT MOUNT HOPE CEMETERY AND
HIAWATHA USD 415 EDUCATIONAL FOUNDATION - PO BOX 398 - HIAWATHA, KS 66434	48-1218529	GOVERNMENT	5,605.	0.			FUND CLASS OF 1984 SCHOLARSHIPS TO HHS GRADUATES
HOLTON COMMUNITY THEATRE P.O. BOX 334 HOLTON, KS 66436	82-2963613	501C3	20,000.	0.			GENERAL SUPPORT

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HOLTON COMMUNITY THEATRE P.O. BOX 334 HOLTON, KS 66436	82-2963613	501C3	10,000.	0.			GENERAL SUPPORT
HOLTON HIGH SCHOOL 901 NEW YORK AVENUE HOLTON, KS 66436	48-0724589	GOVERNMENT	23,158.	0.			TRAVEL PAYMENT FOR HONOR FLIGHT
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	20,000.	0.			GENERAL SUPPORT
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	20,000.	0.			GENERAL SUPPORT
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	17,500.	0.			GENERAL SUPPORT
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	15,000.	0.			GENERAL SUPPORT
HOPE FAMILY THERAPY 104 NORTH 6TH STREET, SUITE 7 ATCHISON, KS 66002	82-4972841	501C3	10,000.	0.			OPERATING EXPENSES
HORTON INDUSTRIAL DEVELOPMENT INC. PO BOX 8 HORTON, KS 66439	48-0779936	501C3	28,599.	0.			GENERAL SUPPORT
HOUSE CAFE INC. 230 RILEY AVENUE OGDEN, KS 66517	81-4885225	501C3	33,769.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS

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HOUSE CAFE INC. 230 RILEY AVENUE OGDEN, KS 66517	81-4885225	501C3	15,350.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
IMMACULATE HEART FOUNDATION 33183 NW HWY 31 WILLIAMSBURG, KS 66095	27-0206557	501C3	100,000.	0.			GENERAL SUPPORT
IMPACT SABETHA INC 324 S 16TH ST SABETHA, KS 66534	88-4225191	501C3	10,000.	0.			GENERAL SUPPORT
JACKSON COUNTY 400 NEW YORK ROOM 201 HOLTON, KS 66436	48-6030374	GOVERNMENT	11,739.	0.			THESE FUNDS WILL BE USED, ALONG WITH THE FUNDS ALREADY TRANSFERRED, TO BUILD OUR BUILDING AT
JCMA CHRISTMAS BUREAU FUND 404 JUNIPER DRIVE HOLTON, KS 66436	30-0584777	501C3	6,000.	0.			PURCHASE GIFT CARDS FOR SENIORS/DISABLED
JUNCTION CITY OPERA HOUSE 135 W 7TH JUNCTION CITY, KS 66441	20-1256082	501C3	25,000.	0.			JC OPERA HOUSE ANNEX FOR THE GRAND STAIRWAY & LOBBY AREA
JUNCTION CITY OPERA HOUSE 135 W 7TH JUNCTION CITY, KS 66441	20-1256082	501C3	6,000.	0.			JC OPERA HOUSE ANNEX FOR THE GRAND STAIRWAY & LOBBY AREA
KANSAS BIG BROTHERS BIG SISTERS, INC. - 310 E. 2ND ST. - WICHITA, KS 67202	23-7056717	501C3	25,000.	0.			YES! FUND 2022 GRANT - ONE-TO-ONE MENTORING: COMMUNITY-BASED MATCH RETENTION AND SUPPORT
KANSAS FARM BUREAU FOUNDATION 2627 KFB PLAZA MANHATTAN, KS 66502	48-1196853	501C3	65,042.	0.			SUPPORT PRGRAMMING FOCUSED ON THE DEVELOPMENT OF LEADERS IN AGRICULTURE AND THE

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KANSAS FARM BUREAU LEGAL FOUNDATION - 2627 KFB PLAZA - MANHATTAN, KS 66502	48-1243473	501C3	65,042.	0.			SUPPORT EDUCATION, RESEARCH AND ANALYSIS, AND TECHNICAL ASSISTANCE TO PERSONS ENGAGED IN
KANSAS FFA FOUNDATION, INC. 110 UMBERGER HALL MANHATTAN, KS 66506	48-0939673	501C3	7,500.	0.			GENERAL SUPPORT
KANSAS HONOR FLIGHT PO BOX 2371 HUTCHINSON, KS 67504	37-1692389	501C3	7,878.	0.			GENERAL SUPPORT
KANSAS HONOR FLIGHT PO BOX 2371 HUTCHINSON, KS 67504	37-1692389	501C3	6,447.	0.			GENERAL SUPPORT
KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	28,699.	0.			RESTORATION OF BRICK WALL AROUND NEWER KOESTER HOUSE
KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	21,120.	0.			RESTORATION OF BRICK WALL AROUND NEWER KOESTER HOUSE
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	22,293.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	12,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,500.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS

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KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
K-STATE UNIVERSITY STUDENT FINANCIAL ASSISTANCE - 119 ANDERSON HALL, 919 MID-CAMPUS DRIVE NORTH - MANHATTAN, KS	48-0771751	501C3	10,575.	0.			SCHOLARSHIPS FOR FALL 2021 AND SPRING 2022
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	1,900,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	200,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	150,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	50,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	40,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	14,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			TRACZ FAMILY BAND HALL

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KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			TRACZ FAMILY BAND HALL
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			TRACZ FAMILY BAND HALL
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	22,680.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
LEADINGAGE KANSAS FOUNDATION 217 SE 8TH AVENUE TOPEKA, KS 66603	48-1056006	501C3	7,500.	0.			ANNUAL DONATION FOR ASTRA PROGRAM
LEGACY REGIONAL COMMUNITY FOUNDATION - PO BOX 713 - WINFIELD, KS 67156-0713	48-1187957	501C3	12,243.	0.			BELLE PLAIN HIGH SCHOOL ALUMNI ASSOCIATION

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LIBRARY DISTRICT #1 DONIPHAN COUNTY - 105 N MAIN STREET - TROY, KS 66087	48-0825551	501C3	29,340.	0.			LIBRARY
LIFE CHOICE MINISTRIES 1445 ANDERSON AVENUE MANHATTAN, KS 66502	48-1032414	501C3	15,218.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
LITERACY SOURCE 3200 NE 125TH ST SEATTLE, WA 98125	91-2101208	501C3	20,000.	0.			2023 CITIZENSHIP CLASSES AND SALARY
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	23,795.	0.			MATCHING AUCTION PROCEEDS PER PHONE CALL FROM PHIL
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	19,386.	0.			MATCHING AUCTION PROCEEDS PER PHONE CALL FROM PHIL
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	14,321.	0.			MATCHING AUCTION PROCEEDS PER PHONE CALL FROM PHIL
MANHATTAN AREA HABITAT FOR HUMANITY - 514 PILLSBURY DR - MANHATTAN, KS 66502	31-1417869	501C3	26,000.	0.			HOME REPAIR PROGRAM EXPANSION
MANHATTAN AREA HABITAT FOR HUMANITY - 514 PILLSBURY DR - MANHATTAN, KS 66502	31-1417869	501C3	10,000.	0.			HOME REPAIR PROGRAM EXPANSION
MANHATTAN AREA HOUSING PARTNERSHIP, INC. - PO BOX 831, 5527 STONE CREST COURT #122 - MANHATTAN, KS 66505-0831	48-1053950	501C3	9,000.	0.			GRANTS FOR GREATER MANHATTAN

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MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	340,000.	0.			GENERAL SUPPORT
MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	150,000.	0.			GENERAL SUPPORT
MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	14,238.	0.			GENERAL SUPPORT
MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	11,000.	0.			GENERAL SUPPORT
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	29,284.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	7,800.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MANHATTAN CHRISTIAN COLLEGE 1415 ANDERSON AVENUE MANHATTAN, KS 66502	48-0559090	501C3	11,000.	0.			REIMBURSEMENT FOR RETAINING WALL & LANDSCAPING AT ANDERSON VILLAGE

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MANHATTAN MARLINS 383 KATE'S COURT MANHATTAN, KS 66503	48-1129372	501C3	10,000.	0.			YES! FUND 2022 GRANT - MINNOWS PRACTICE IN MANHATTAN & FT. RILEY
MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501C3	52,362.	0.			BISHOP TURF FUND - ATTN: LEW FAUST
MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501C3	35,000.	0.			BISHOP TURF FUND - ATTN: LEW FAUST
MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - PO BOX 191 - MANHATTAN, KS 66505	48-1074309	501C3	61,000.	0.			YES! FUND 2022 GRANT - PROGRAMMING SUPPORT FOR K-12 PROJECTS FOR STUDENTS
MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - PO BOX 191 - MANHATTAN, KS 66505	48-1074309	501C3	7,100.	0.			YES! FUND 2022 GRANT - PROGRAMMING SUPPORT FOR K-12 PROJECTS FOR STUDENTS
MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508	30-0345725	501C3	19,006.	0.			PROGRAM FUNDING
MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508	30-0345725	501C3	17,106.	0.			PROGRAM FUNDING
MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508	30-0345725	501C3	9,998.	0.			PROGRAM FUNDING
MARSHALL COUNTY CONNECTION INC. 1129 JUNIPER ROAD MARYSVILLE, KS 66508	20-4771498	501C3	52,000.	0.			GENERAL SUPPORT

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MARSHALL COUNTY CONNECTION INC. 1129 JUNIPER ROAD MARYSVILLE, KS 66508	20-4771498	501C3	20,000.	0.			GENERAL SUPPORT
MARSHALL COUNTY FAIR ASSOCIATION PO BOX 65 BLUE RAPIDS, KS 66411	14-1945202	501C3	22,200.	0.			ELECTRICAL FOR NEW ADDITION TO BARN
MARSHALL COUNTY FAIR ASSOCIATION PO BOX 65 BLUE RAPIDS, KS 66411	14-1945202	501C3	6,900.	0.			ELECTRICAL FOR NEW ADDITION TO BARN
MARSHALL COUNTY HISTORICAL SOCIETY 1207 BROADWAY MARYSVILLE, KS 66508	23-7246981	501C3	50,000.	0.			SAVE THE TOWER RESTORATION
MARSHALL COUNTY HISTORICAL SOCIETY 1207 BROADWAY MARYSVILLE, KS 66508	23-7246981	501C3	25,000.	0.			SAVE THE TOWER RESTORATION
MARSHALL COUNTY HISTORICAL SOCIETY 1207 BROADWAY MARYSVILLE, KS 66508	23-7246981	501C3	19,964.	0.			SAVE THE TOWER RESTORATION
MARYSVILLE AREA COMMUNITY THEATRE PO BOX 1 MARYSVILLE, KS 66508	48-1033266	501C3	7,000.	0.			ROYALTIES FOR SUMMER MUSICAL. M-ACT SCHOLARSHIP, COSTUMES AND SCREEN PROJECTIONS FOR
MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY - PO BOX 66 - MARYSVILLE, KS 66508	46-3466400	501C3	11,000.	0.			TO FUND THE ENGINEERING FEASIBILITY STUDY IN SELECTING AN APPROPRIATE HVAC SYSTEM INCLUDING
MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY - PO BOX 66 - MARYSVILLE, KS 66508	46-3466400	501C3	7,600.	0.			TO FUND THE ENGINEERING FEASIBILITY STUDY IN SELECTING AN APPROPRIATE HVAC SYSTEM INCLUDING

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MARYSVILLE USD #364 211 SOUTH 10TH MARYSVILLE, KS 66508	48-1113912	501C3	10,590.	0.			PURCHASE AED MACHINES
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501C3	10,000.	0.			GENERAL SUPPORT
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	66,645.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MEDS & FOOD FOR KIDS 8050 WATSON ROAD, STE. 355 ST. LOUIS, MO 63119	20-1257910	501C3	60,000.	0.			MPK SALARY MATCH
MEDS & FOOD FOR KIDS 8050 WATSON ROAD, STE. 355 ST. LOUIS, MO 63119	20-1257910	501C3	10,000.	0.			MPK SALARY MATCH
MHK YOUNG LIFE 2601 ANDERSON AVENUE, STE #3 MANHATTAN, KS 66502	84-6041371	501C3	7,241.	0.			MHK GOLF TOURNAMENT
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	24,000.	0.			YES! FUND 2022 GRANT - WONDER TEENS MUSEUM APPRENTICE AND MENTOR PROGRAM
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	15,000.	0.			YES! FUND 2022 GRANT - WONDER TEENS MUSEUM APPRENTICE AND MENTOR PROGRAM

Schedule I (Form 990)

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

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MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	11,271.	0.			YES! FUND 2022 GRANT - WONDER TEENS MUSEUM APPRENTICE AND MENTOR PROGRAM
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	7,140.	0.			YES! FUND 2022 GRANT - WONDER TEENS MUSEUM APPRENTICE AND MENTOR PROGRAM
MIGIZI COMMUNICATIONS, INC 1845 E. LAKE ST. MINNEAPOLIS, MN 55406	41-1379114	501C3	10,000.	0.			GENERAL PROGRAM FUND
MOPSF PO BOX 191 MANHATTAN, KS 66502	48-1074309	501C3	6,900.	0.			GOLDSTIEN RECOGNITION AWARDS
MORNING STAR INC CRO 467 EAST POYNTZ AVENUE MANHATTAN, KS 66502	71-0872013	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
MOUNT MITCHELL PRAIRIE GUARDS PO BOX 136 WAMEGO, KS 66547	27-1948414	501C3	25,000.	0.			CONSTRUCTION EXPENSES FOR PHASE TWO OF OUR EDUCATION EXPANSION PROJECT
MT. CALVARY LUTHERAN CHURCH 676 HARAVEST ROAD MARYSVILLE, KS 66508	48-0896002	501C3	15,000.	0.			GRANT TO BE USED TO HELP PAY FOR NEW CONCRETE FOR OUR PARKING LOT.
MT. CALVARY LUTHERAN CHURCH - MARYSVILLE - 1710 JENKINS STREET - MARYSVILLE, KS 66508	48-6120484	501C3	12,000.	0.			LENTEN CHALLENGE MATCHING FUNDS
MT. CALVARY LUTHERAN CHURCH - MARYSVILLE - 1710 JENKINS STREET - MARYSVILLE, KS 66508	48-6120484	501C3	11,000.	0.			LENTEN CHALLENGE MATCHING FUNDS

Schedule I (Form 990)

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MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	2,000,000.	0.			ACQUISITION OF NEW VEHICLES FOR THE MUSEUM
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	800,000.	0.			ACQUISITION OF NEW VEHICLES FOR THE MUSEUM
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	15,000.	0.			ACQUISITION OF NEW VEHICLES FOR THE MUSEUM
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	300,000.	0.			SUPPORT
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	62,798.	0.			SUPPORT
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	55,000.	0.			SUPPORT
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	48-0577645	501C3	20,000.	0.			INTERNSHIPS
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	48-0577645	501C3	11,947.	0.			INTERNSHIPS
OGDEN ELEMENTARY SCHOOL 210 ELM STREET OGDEN, KS 66517	48-0697688	GOVERNMENT	9,000.	0.			YES! FUND 2022 GRANT - OGDEN ELEMENTARY SCHOOL GARDEN

Schedule I (Form 990)

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OGDEN ELEMENTARY SCHOOL 210 ELM STREET OGDEN, KS 66517	48-0697688	GOVERNMENT	6,000.	0.			YES! FUND 2022 GRANT - OGDEN ELEMENTARY SCHOOL GARDEN
OUR STREETS MINNEAPOLIS 701 N 3RD STREET, SUITE 001A MINNEAPOLIS, MN 55401	27-1539442	501C3	10,000.	0.			GENERAL PROGRAM FUND - OPERATING
PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505	48-0919469	501C3	23,772.	0.			MANHATTAN FUND
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	25,000.	0.			INTEGRATING PRIMARY HEALTH SCREENINGS INTO BEHAVIORAL HEALTH CARE
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	13,680.	0.			INTEGRATING PRIMARY HEALTH SCREENINGS INTO BEHAVIORAL HEALTH CARE
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	10,000.	0.			INTEGRATING PRIMARY HEALTH SCREENINGS INTO BEHAVIORAL HEALTH CARE
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	8,000.	0.			INTEGRATING PRIMARY HEALTH SCREENINGS INTO BEHAVIORAL HEALTH CARE
PNW PARENT EDUCATION 7044 17TH AVE NW SEATTLE, WA 98117	84-3068701	501C3	7,500.	0.			INCREASED PROGRAMMING
PONY EXPRESS MUSEUM OF MARYSVILLE 106 S 8TH STREET MARYSVILLE, KS 66508	48-6139910	501C3	10,000.	0.			OPERATING EXPENSES

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

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PONY EXPRESS PARTNERSHIP FOR CHILDREN, INC. (PEPC, INC.) - 405 N 4TH STREET - MARYSVILLE, KS 66508	46-4490976	501C3	10,000.	0.			GENERAL OPERATING FUNDS
PUMA FC MANHATTAN, INC. PO BOX 631 MANHATTAN, KS 66505	48-1220143	501C3	14,373.	0.			EXPENSES
RAZOM FOR UKRAINE 140 2ND AVE., SUITE 305 NEW YORK, NY 10003	46-4604398	501C3	12,500.	0.			UKRAINE AID
REDEEMER LUTHERAN SCHOOL 1000 PIONEER ROAD DELTA, CO 81416	84-0595904	501C3	10,000.	0.			LOGO/WEBSITE DEVELOPMENT & MAINTENANCE TO PROMOTE SCHOOL
RENAISSANCE CHARITABLE FOUNDATION INC - 8910 PURDUE ROAD, SUITE 555 - INDIANAPOLIS, IN 46268	35-2129262	501C3	8,882.	0.			CONSOLIDATE DAF FUNDS
RILEY COUNTY 4-H FOUNDATION 110 COURTHOUSE PLAZA, B220 MANHATTAN, KS 66502	48-1005315	501C3	5,300.	0.			TO COVER THE 4-H MEMBER & CHAPERONE EXPENSES OF THE REGISTRATION AND TRAVEL TO WASHINGTON D.C. FOR
RILEY COUNTY COMMUNITY CORRECTIONS 115 N 4TH STREET, 2ND FLOOR WEST MANHATTAN, KS 66502	81-0897547	501C3	7,000.	0.			CAROLINE PEINE GRANT DISTRIBUTION
RILEY COUNTY COMMUNITY CORRECTIONS 115 NORTH 4TH STREET MANHATTAN, KS 66502-6013	81-0897547	501C3	6,931.	0.			CAROLINE PEINE GRANT DISTRIBUTION
RILEY COUNTY EXTENSION 110 COURTHOUSE PLAZA, ROOM B220 MANHATTAN, KS 66502	48-0775967	501C3	8,000.	0.			2022 GGM DOWNTOWN FARMERS MARKET - MARKET MATCH FOR FOOD STAMPS

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

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RILEY COUNTY FIREFIGHTERS ASSOCIATION - 115 NORTH 4TH - MANHATTAN, KS 66502	81-3817435	501C3	10,000.	0.			GENERAL SUPPORT
RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH ROAD MANHATTAN, KS 66502	48-0775967	GOVERNMENT	7,700.	0.			FOOD AND FARM COUNCIL COMMUNITY FOOD RECOVERY CHOW MATCH APP
RILEY COUNTY SENIORS' SERVICE CENTER - 301 N. 4TH ST. - MANHATTAN, KS 66502	48-0992061	501C3	20,467.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
RONALD MCDONALD HOUSE CHARITIES OF NE KANSAS, INC. - 825 SW BUCHANAN - TOPEKA, KS 66606	48-1022967	501C3	6,433.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
RSVP OF NORTHEAST KANSAS 813 BROADWAY MARYSVILLE, KS 66508	48-1225044	501C3	10,000.	0.			OPERATING EXPENSES
RUBY SLIPPER GOAT RESCUE 1583 280TH STREET HIAWATHA, KS 66434	81-3074970	501C3	6,882.	0.			TO ORDER HOLLYS CUSTOM WHEELCHAIR, BUILD HER NEW PEN, AND ORDER HER SHELTER.
SEATTLE FOUNDATION 1601 5TH AVE #1900 SEATTLE, WA 98101	91-6013536	501C3	50,000.	0.			FUND FOR INCLUSIVE RECOVERY
SEATTLE FOUNDATION 1601 5TH AVE #1900 SEATTLE, WA 98101	91-6013536	501C3	25,000.	0.			FUND FOR INCLUSIVE RECOVERY
SECOND HARVEST HEARTLAND 7101 WINNETKA AVENUE N. BROOKLYN PARK, MN 55428	23-7417654	501C3	10,000.	0.			GENERAL SUPPORT

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SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	7,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS

Schedule I (Form 990)

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SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			WITHDRAW FUNDS FROM GROW GREEN CAMPAIGN FOR OPERATIONS
SOCIETY OF THE FIRST INFANTRY DIVISION - PO BOX 2307 - FORT RILEY, KS 66442	23-1406959	501C3	9,232.	0.			"REQUESTED GRANT FOR OUR ORGANIZATION. GRANT SUPPORTS: THE MISSION OF THE SOCIETY OF THE 1ST
SOUTH BROWN COUNTY USD 430 522 CENTRAL AVE HORTON, KS 66439	48-0699951	GOVERNMENT	5,928.	0.			GRANT AWARDED
SPONSORED PROGRAMS ACCOUNTING, KANSAS STATE UNIVERSITY - UNGER COMPLEX, 2323 ANDERSON AVE. STE. 600 - MANHATTAN, KS 66502	48-0771751	501C3	50,000.	0.			BEACH MUSEUM FOR EXHIBITS AND PROGRAMMING AROUND ART
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W ST. PAUL, MN 55103	41-1690483	501C3	10,000.	0.			GENERAL PROGRAM FUND

Schedule I (Form 990)

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ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	25,000.	0.			OPERATING SUPPORT
ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	18,528.	0.			OPERATING SUPPORT
ST. GREGORY'S SCHOOL 207 NORTH 14TH STREET, SUITE A MARYSVILLE, KS 66508	48-0579761	501C3	16,230.	0.			GENERAL SUPPORT
ST. JOHN LUTHERAN SCHOOL PO BOX 368 ALMA, KS 66401	48-0554347	501C3	17,140.	0.			DONATIONS AND MATCH FROM MATCH DAY 2021 TO REPAVE THE ALLEYWAY BETWEEN OUR CHURCH & SCHOOL SO IT IS
ST. JOHN LUTHERAN SCHOOL PO BOX 368 ALMA, KS 66401	48-0554347	501C3	13,483.	0.			DONATIONS AND MATCH FROM MATCH DAY 2021 TO REPAVE THE ALLEYWAY BETWEEN OUR CHURCH & SCHOOL SO IT IS
ST. JUDE CHILDRENS RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	50,000.	0.			CANCER RESEARCH
ST. PAUL'S EPISCOPAL CHURCH - MARYSVILLE - 308 RAILROAD AVENUE - BREMEN, KS 66412	48-3056199	501C3	10,000.	0.			CARPETING AND WINDOW TREATMENTS IN THE CHURCH
ST. THOMAS MORE 2900 KIMBALL AVENUE MANHATTAN, KS 66502	26-0863629	501C3	10,000.	0.			GENERAL SUPPORT
SUNFLOWER CHILDREN'S COLLECTIVE 115 N 4TH STREET MANHATTAN, KS 66502	48-1061447	501C3	70,000.	0.			RENOVATION

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SUNFLOWER CHILDREN'S COLLECTIVE 115 N 4TH STREET MANHATTAN, KS 66502	48-1061447	501C3	30,000.	0.			RENOVATION
SUNFLOWER CHILDREN'S COLLECTIVE 115 N 4TH STREET MANHATTAN, KS 66502	48-1061447	501C3	24,000.	0.			RENOVATION
SUNFLOWER CHILDREN'S COLLECTIVE 115 N 4TH STREET MANHATTAN, KS 66502	48-1061447	501C3	10,000.	0.			RENOVATION
SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502	48-1096978	501C3	24,664.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
THE JUNCTION CITY MAIN STREET C/O EXCHANGE BANK ATTN: BRAD JOHNSON, 702 N. WASHINGTON STREET - JUNCTION CI	86-3680237	501C3	80,000.	0.			GENERAL OPERATING EXPENSES
THE JUNCTION CITY MAIN STREET C/O EXCHANGE BANK ATTN: BRAD JOHNSON, 702 N. WASHINGTON STREET - JUNCTION CI	86-3680237	501C3	44,703.	0.			GENERAL OPERATING EXPENSES
THE USD 364 FOUNDATION 211 S 10TH STREET MARYSVILLE, KS 66508	48-1113912	501C3	8,179.	0.			STADIUM RENOVATION PROJECT
THRIVE! 612 POYNTZ AVENUE MANHATTAN, KS 66502	47-1476527	501C3	12,001.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
TRUE COLORS FLINT HILLS 1816 LARAMIE MANHATTAN, KS 66502	87-3475672	501C3	7,500.	0.			YES! FUND 2022 GRANT - ART ACTIVITIES IN CENTER

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TRUE COLORS FLINT HILLS 1816 LARAMIE MANHATTAN, KS 66502	87-3475672	501C3	6,000.	0.			YES! FUND 2022 GRANT - ART ACTIVITES IN CENTER
UFM COMMUNITY LEARNING CENTER 1221 THURSTON MANHATTAN, KS 66502	23-7305200	501C3	10,000.	0.			UFM HELPING HANDS SCHOLARSHIP HOUSE (HHSH)
UNITED METHODIST CHURCH - CLAY CENTER - PO BOX 118 - CLAY CENTER, KS 67432	48-0547690	501C3	15,000.	0.			PAY CAMP REGISTRATIONS
UNITED METHODIST CHURCH - CLAY CENTER - PO BOX 118 - CLAY CENTER, KS 67432	48-0547690	501C3	10,400.	0.			PAY CAMP REGISTRATIONS
UNITED STROKE ALLIANCE 8000 N. UNIVERSITY STREET PEORIA, IL 61615	64-0954851	501C3	8,650.	0.			KANSAS FAMILY STROKE FOUNDATION STROKE CAMP
UNITED WAY OF JUNCTION CITY-GEARY COUNTY KANSAS - PO BOX 567 - JUNCTION CITY, KS 66441	48-0679506	501C3	15,000.	0.			CAMPAIGN ASSISTANCE
UNITED WAY OF JUNCTION CITY-GEARY COUNTY KANSAS - PO BOX 567 - JUNCTION CITY, KS 66441	48-0679506	501C3	7,000.	0.			CAMPAIGN ASSISTANCE
UNIVERSITY CHRISTIAN CHURCH 1506 BROWNING PLACE, SUITE 101 MANHATTAN, KS 66502	48-0791644	501C3	15,000.	0.			GENERAL FUND
UNIVERSITY CHRISTIAN CHURCH 1506 BROWNING PLACE, SUITE 101 MANHATTAN, KS 66502	48-0791644	501C3	10,000.	0.			GENERAL FUND

Schedule I (Form 990)

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URGENT ACTION FUND 2601 BLANDING AVE SUITE C, #155 ALAMEDA, CA 94501	03-0419743	501C3	12,500.	0.			UKRAINE AID
USD #379 807 DEXTER CLAY CENTER, KS 67432	48-0698439	GOVERNMENT	750,000.	0.			TIGER LEGACY FUND
USD #379 807 DEXTER CLAY CENTER, KS 67432	48-0698439	GOVERNMENT	200,000.	0.			TIGER LEGACY FUND
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	100,000.	0.			USD 113 SABETHA ELEMENTARY SCHOOL GYM PROJECT
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	5,999.	0.			USD 113 SABETHA ELEMENTARY SCHOOL GYM PROJECT
USD 113 FOUNDATION 1619 S. OLD HWY 75 SABETHA, KS 66534	48-1150689	501C3	45,000.	0.			FOR USE OF IMPROVEMENTS TO THE SABETHA ELEMENTARY AND HIGH SCHOOL SIGNS AND LIGHTING SYSTEMS
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	50,731.	0.			EQUIPMENT FOR THE WEIGHT ROOM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	19,833.	0.			EQUIPMENT FOR THE WEIGHT ROOM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	19,377.	0.			EQUIPMENT FOR THE WEIGHT ROOM

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	18,758.	0.			EQUIPMENT FOR THE WEIGHT ROOM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	18,000.	0.			EQUIPMENT FOR THE WEIGHT ROOM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	10,000.	0.			EQUIPMENT FOR THE WEIGHT ROOM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	9,000.	0.			EQUIPMENT FOR THE WEIGHT ROOM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	GOVERNMENT	6,309.	0.			EQUIPMENT FOR THE WEIGHT ROOM
VALLEY HOPE ASSOCIATION FOUNDATION PO BOX 59 NORTON, KS 67654	48-1236586	501C3	6,035.	0.			FACILITY IMPROVEMENTS AT THE ATCHISON LOCATION
VENTURES 2100 24TH AVENUE SOUTH, SUITE #380 SEATTLE, WA 98144	91-1704028	501C3	30,000.	0.			INNOVENTURES
VILLAGE ORGANIC CHURCH NETWORK INC 1621 OSAGE STREET MANHATTAN, KS 66502	47-3074357	501C3	20,000.	0.			THE GREATEST NEED
WABAUNSEE COUNTY FAIR ASSOCIATION 30715 FAIRFIELD ROAD ALMA, KS 66401	48-6119405	501C3	41,000.	0.			REIMBURSEMENT FOR ONGOING NEW IMPROVEMENTS & UPGRADES TO FAIR BUILDINGS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAMEGO HIGH SCHOOL 801 LINCOLN AVE WAMEGO, KS 66547	48-0699341	GOVERNMENT	15,000.	0.			KANSAS HONOR FLIGHT DONATION
WAMEGO HIGH SCHOOL 801 LINCOLN AVE WAMEGO, KS 66547	48-0699341	GOVERNMENT	10,000.	0.			KANSAS HONOR FLIGHT DONATION
WAMEGO PUBLIC LIBRARY 431 LINCOLN WAMEGO, KS 66547	48-6101246	501C3	39,130.	0.			FUNDS FOR EXPANSION AND RENOVATION PROJECT
WOLF RIVER QUAIL FOREVER 2724 THRASHER RD ROBINSON, KS 66532	41-1429149	501C3	5,600.	0.			HELP TO PAY FOR BANQUET
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501C3	12,500.	0.			UKRAINE AID
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501C3	12,500.	0.			UKRAINE AID
AGINGWELL, INC. PO BOX 187 JUNCTION CITY, KS 66441	27-0782250	501C3	23,573.	0.			DISTRIBUTION OF MATCH DAY PROCEEDS
ALBANY HISTORICAL SOCIETY, INC. PO BOX 62 SABETHA, KS 66534	23-7222246	501C3	15,000.	0.			FOUNDATION OF ROCK CREEK CHURCH PRESERVATION PROJECT
ALIGHT PO BOX 1002 MINNEAPOLIS, MN 55480-1002	36-3241033	501C3	12,500.	0.			UKRAINE AID

Schedule I (Form 990)

[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	275	392,259.	0.		

**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: CITY OF WAMEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS FROM THE WAMEGO

FRIENDS OF THE PARK FUND. IT IS FOR THE BASKETBALL AND PICKLEBALL COURT

PROJECT IN THE CITY OF WAMEGO PARK. PLEASE MAIL TO THE ATTENTION OF

**Part IV** Supplemental Information

LESLIE DUGAN, TREASURER, CITY OF WAMEGO

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF WAMEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS FROM THE WAMEGO FRIENDS OF THE PARK FUND. IT IS FOR THE BASKETBALL AND PICKLEBALL COURT PROJECT IN THE CITY OF WAMEGO PARK. PLEASE MAIL TO THE ATTENTION OF LESLIE DUGAN, TREASURER, CITY OF WAMEGO

NAME OF ORGANIZATION OR GOVERNMENT:

HIAWATHA CEMETERY DISTRICT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 ROADWAY CHIP AND SEAL, SPOT REPAIR SPECIFIC LOCATIONS AT MOUNT HOPE CEMETERY AND HIAWATHA CEMETERY.

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS WILL BE USED, ALONG WITH THE FUNDS ALREADY TRANSFERRED, TO BUILD OUR BUILDING AT BANNER CREEK RESERVOIR

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT PROGRAMMING FOCUSED ON THE DEVELOPMENT OF LEADERS IN AGRICULTURE AND THE STATE'S RURAL COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU LEGAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EDUCATION, RESEARCH AND ANALYSIS, AND TECHNICAL ASSISTANCE TO PERSONS ENGAGED IN AGRICULTURE OR RELATED ENTERPRISES.

NAME OF ORGANIZATION OR GOVERNMENT: MARYSVILLE AREA COMMUNITY THEATRE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ROYALTIES FOR SUMMER MUSICAL. M-ACT SCHOLARSHIP, COSTUMES AND SCREEN PROJECTIONS FOR SUMMER MUSICAL. PROPS FOR SPRING SHOW. STORAGE RENTAL FEES

NAME OF ORGANIZATION OR GOVERNMENT:

MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE ENGINEERING FEASIBILITY STUDY IN SELECTING AN APPROPRIATE HVAC SYSTEM INCLUDING DUCT RUNS AND EQUIPMENT LOCATION OPTIONS. TO BE USED IN DEVELOPING SPECIFICATION FOR SUPPLY AND INSTALL CONTRACT.

NAME OF ORGANIZATION OR GOVERNMENT:

MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE ENGINEERING FEASIBILITY STUDY IN SELECTING AN APPROPRIATE HVAC SYSTEM INCLUDING DUCT RUNS AND EQUIPMENT LOCATION OPTIONS. TO BE USED IN DEVELOPING SPECIFICATION FOR SUPPLY AND INSTALL CONTRACT.

NAME OF ORGANIZATION OR GOVERNMENT: RILEY COUNTY 4-H FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER THE 4-H MEMBER & CHAPERONE EXPENSES OF THE REGISTRATION AND TRAVEL TO WASHINGTON D.C. FOR 4-H CITIZENSHIP WASHINTON FOCUS

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

**Part IV** Supplemental Information

DIVISION, US ARMY AND TO HONOR THE SERVICE AND SACRIFICE OF ITS SOLDIERS  
AND UNITS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN LUTHERAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS AND MATCH FROM MATCH DAY  
2021 TO REPAVE THE ALLEYWAY BETWEEN OUR CHURCH & SCHOOL SO IT IS SAFER  
FOR THE CHILDREN TO PLAY ON AT RECESS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN LUTHERAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS AND MATCH FROM MATCH DAY  
2021 TO REPAVE THE ALLEYWAY BETWEEN OUR CHURCH & SCHOOL SO IT IS SAFER  
FOR THE CHILDREN TO PLAY ON AT RECESS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Employer identification number

**48-1215574**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? ..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	<b>X</b>
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? ..... If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	<b>X</b>
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? ..... If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	<b>X</b>
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2022

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III	Supplemental Information
----------	--------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**GREATER MANHATTAN COMMUNITY FOUNDATION**

Employer identification number

**48-1215574**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	8	2,585,857.	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 .....				
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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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) 2022

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

SCHEDULE M, LINE 32B:

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)**

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

OMB No. 1545-0047

**2022**

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) 2022

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

FEE FOR SERVICE - OTHER - WDR:

PROGRAM SERVICE EXPENSES 2,354,705.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,354,705.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,354,705.

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

RETURN OF GRANTS ISSUED IN PRIOR YEAR 372.

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

**2022**

**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
JACK GOLDSTEIN CHARITABLE TRUST - 48-0889646 555 POYNTZ AVE. MANHATTAN, KS 66502	SUPPORTING	KANSAS	501(C)(3)	LINE 12D, III-O	N/A		X

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

Schedule R (Form 990) 2022

**Part II Continuation of Identification of Related Tax-Exempt Organizations**

[illegible]

## Part III

**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.

## Part IV

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

	Yes	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 (i) interest, (ii) annuities, (iii) royalties, or (iv) 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	726,948.	CASH
(2) GOLDSTEIN FOUNDATION	C	710,000.	CASH
(3) BUTLER FAMILY COMMUNITY FOUNDATION	C	747,327.	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.