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PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

| | | | |
|--|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GREATER MANHATTAN COMMUNITY FOUNDATION Doing business as | | D Employer identification number 48-1215574 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1127 | | E Telephone number 785-587-8995 |
| | City or town, state or province, country, and ZIP or foreign postal code MANHATTAN, KS 66505-1127 | | G Gross receipts \$ 10,106,941. |
| | F Name and address of principal officer: VERNON J. HENRICKS SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.MCFKS.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |
| | | L Year of formation: 1999 | M State of legal domicile: KS |

Part I Summary

| | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE COMMUNITY FOUNDATION IS TO ENHANCE THE QUALITY OF LIFE IN THE GREATER |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 11 |
| | 6 Total number of volunteers (estimate if necessary) 6 137 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 7b 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 6,965,221. Prior Year 9,105,750. Current Year |
| | 9 Program service revenue (Part VIII, line 2g) 56,296. 780,304. 805,707. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 780,304. 805,707. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,887. 58,263. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,863,708. 10,040,784. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,958,165. 4,287,548. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 282,978. 337,690. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,529. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 752,839. 687,793. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,993,982. 5,313,031. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 2,869,726. 4,727,753. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 48,886,701. Beginning of Current Year 51,169,221. End of Year |
| | 21 Total liabilities (Part X, line 26) 3,646,418. 3,646,418. 4,749,239. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 45,240,283. 46,419,982. |

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.

| | | | |
|-------------------------------|--|--|---|
| Sign Here | Signature of officer | | Date |
| | VERNON J. HENRICKS, PRESIDENT AND CEO Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name ERIC A KIENTZ | Preparer's signature ERIC A KIENTZ | Date |
| | Firm's name ▶ VARNEY & ASSOCIATES, CPAS, LLC | Firm's EIN ▶ 30-0038643 | Check if self-employed <input type="checkbox"/> PTIN P01526012 |
| | Firm's address ▶ 120 NORTH JULIETTE MANHATTAN, KS 66502-6092 | Phone no. 785-537-2202 | |

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: THE MISSION OF THE COMMUNITY FOUNDATION IS TO ENHANCE THE QUALITY OF LIFE IN THE GREATER MANHATTAN 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

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 4,391,283. including grants of \$ 4,287,548.) (Revenue \$ 76,936.) IN 2018, THE GREATER MANHATTAN COMMUNITY FOUNDATION AWARDED MANHATTAN-AREA NONPROFIT ORGANIZATIONS A TOTAL OF \$4.8 MILLION (INCLUSIVE OF GRANTS ISSUED FROM CUSTODIAL LIABILITY FUNDS) THROUGH ITS GRANT PROGRAMS AND SUPPORTING ORGANIZATIONS. IN ADDITION TO MANHATTAN, GMCF SERVED TEN OTHER COMMUNITIES AS PART OF ITS REGIONAL AFFILIATE PROGRAM, COORDINATING MATCH DAY EVENTS IN FIVE OF THEM. GMCF'S OWN 6TH ANNUAL GROW GREEN MATCH DAY RAISED A TOTAL OF \$761,231 ACROSS 55 DIFFERENT CHARITABLE CAUSES.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,391,283.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. 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> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 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> | 6 X | |
| 7 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> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 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> | 9 X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 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. | | |
| a 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> | 11a X | |
| 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> | 11b | X |
| c 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> | 11c | X |
| d 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> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f 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> | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | X |
| 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> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | X |
| 18 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> | 18 X | |
| 19 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> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 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> | 21 X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 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? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

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 |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 10 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 10 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in 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 | MARLA BRANDON - 785-587-8995 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502 |

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) DEAN THIBAUT CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) MATT PAQUETTE CHAIR ELECT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) KAREN ROBERTS PAST CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) CHERYL GRICE SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) THERESE MILLER TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) PHIL HOWE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) BILL BAHR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) MICHAEL HOLEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) LISA WARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) MATT CROCKER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JACKIE HARTMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) VERN HENRICKS PRESIDENT AND CEO | 40.00 | | | X | | | | 112,709. | 0. | 4,890. |
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Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|---------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,105,750. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | | |
| | h Total. Add lines 1a-1f | | | 9,105,750. | | | | |
| Program Service Revenue | 2 a FUND ADMINISTRATION | Business Code | 813211 | 71,064. | 71,064. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 71,064. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 805,707. | | | 805,707. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | 118,548. | | | | |
| | | b Less: direct expenses | b | 66,157. | | | | |
| | | c Net income or (loss) from fundraising events | | | 52,391. | | | 52,391. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | | |
| | b Less: cost of goods sold | b | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a OTHER | 813211 | | 5,872. | 5,872. | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | 5,872. | | | | |
| 12 Total revenue. See instructions | | | 10,040,784. | 76,936. | 0. | 858,098. | | |

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,022,885. | 4,022,885. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 264,663. | 264,663. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 112,709. | 37,570. | 37,570. | 37,569. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 190,962. | 47,955. | 124,077. | 18,930. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,273. | 2,048. | 3,872. | 1,353. |
| 9 Other employee benefits | 3,648. | 1,027. | 1,942. | 679. |
| 10 Payroll taxes | 23,098. | 6,505. | 12,296. | 4,297. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 347. | | 347. | |
| c Accounting | 12,558. | | 12,558. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 79,214. | | 79,214. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 179,695. | | 179,695. | |
| 12 Advertising and promotion | 60,470. | | 60,470. | |
| 13 Office expenses | 167,587. | | 167,587. | |
| 14 Information technology | 53,767. | | 53,767. | |
| 15 Royalties | | | | |
| 16 Occupancy | 30,644. | 8,630. | 16,313. | 5,701. |
| 17 Travel | 6,185. | | 6,185. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 75,778. | | 75,778. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 8,689. | | 8,689. | |
| 23 Insurance | 12,859. | | 12,859. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a _____ | | | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,313,031. | 4,391,283. | 853,219. | 68,529. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,487,823. | 1 | 42,108. |
| | 2 Savings and temporary cash investments | 1,207,557. | 2 | 1,380,269. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 495. | 9 | 2,064. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 39,955. | | |
| | b Less: accumulated depreciation | 10b 30,872. | 14,606. | 10c 9,083. |
| | 11 Investments - publicly traded securities | 44,376,689. | 11 | 48,922,042. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 799,531. | 15 | 813,655. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 48,886,701. | 16 | 51,169,221. | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | 7,150. |
| | 18 Grants payable | 203,250. | 18 | 9,700. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 3,204,428. | 21 | 4,528,089. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 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 | 238,740. | 25 | 204,300. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,646,418. | 26 | 4,749,239. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,918,291. | 27 | 1,644,648. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | 43,321,992. | 29 | 44,775,334. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 45,240,283. | 33 | 46,419,982. | |
| 34 Total liabilities and net assets/fund balances | 48,886,701. | 34 | 51,169,221. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,040,784. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,313,031. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,727,753. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 45,240,283. |
| 5 | Net unrealized gains (losses) on investments | 5 | -3,562,179. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 14,125. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 46,419,982. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 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 | Were the organization's financial statements audited by an independent accountant? | X | |
| 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2018)

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2103012. | 2063427. | 4098111. | 5094518. | 6430414. | 19789482. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2103012. | 2063427. | 4098111. | 5094518. | 6430414. | 19789482. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 2206399. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 17583083. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 2103012. | 2063427. | 4098111. | 5094518. | 6430414. | 19789482. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 375,848. | 353,974. | 643,351. | 780,304. | 805,707. | 2959184. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 8,147. | 3,419. | 6,882. | 5,872. | 24,320. |
| 11 Total support. Add lines 7 through 10 | | | | | | 22772986. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 302,079. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 77.21 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 71.11 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. 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"/> | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c 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> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a 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 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 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? | | |
| 2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), 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 Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a 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 Part VI 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 Did the activities described in (a) 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a 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? Provide details in Part VI . | | | |
| 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 Part VI the role played by the organization in this regard. | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

| | |
|---|---|
| Name of organization GREATER MANHATTAN COMMUNITY FOUNDATION | Employer identification number 48-1215574 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>185,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>375,725.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>496,613.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>251,511.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>185,046.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>211,383.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization GREATER MANHATTAN COMMUNITY FOUNDATION | Employer identification number 48-1215574 |
|---|---|

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 | <hr/> <hr/> <hr/> | \$ <u>1,009,774.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>1,665,562.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>250,220.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization GREATER MANHATTAN COMMUNITY FOUNDATION | Employer identification number 48-1215574 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|---|
| Name of organization GREATER MANHATTAN COMMUNITY FOUNDATION | Employer identification number 48-1215574 |
|---|---|

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

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 | 136 | 4 |
| 2 Aggregate value of contributions to (during year) | 3,903,653. | 6,360. |
| 3 Aggregate value of grants from (during year) | 1,902,704. | 18,617. |
| 4 Aggregate value at end of year | 50,334,370. | 112,949. |
| 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 (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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 are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 | 29,986,630. | 25,944,129. | 15,767,315. | 10,031,860. | 9,419,585. |
| b Contributions | 2,218,041. | 1,313,342. | 9,358,206. | 6,515,796. | 297,396. |
| c Net investment earnings, gains, and losses | -2,017,419. | 3,554,048. | 1,301,967. | -325,867. | 610,346. |
| d Grants or scholarships | 973,042. | 784,862. | 302,367. | 353,730. | 191,943. |
| e Other expenditures for facilities and programs | 20,934. | | | | 2,128. |
| f Administrative expenses | 207,181. | 40,027. | 180,992. | 100,744. | 101,396. |
| g End of year balance | 28,986,095. | 29,986,630. | 25,944,129. | 15,767,315. | 10,031,860. |

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

- a Board designated or quasi-endowment 4.61 %
- b Permanent endowment 9.71 %
- c Temporarily restricted endowment 85.68 %

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:

| | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |

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 | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 39,955. | 30,872. | 9,083. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 9,083. |

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) | | |
| Total. (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) | | |
| Total. (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) | |
| Total. (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 | 204,300. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 204,300. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

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

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.

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

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

ANNUITIES. THE FOUNDATION OPERATES A SERIES OF ANNUITY FUNDS WHEREBY THE FOUNDATION REPORTS A LIABILITY FOR THE AMOUNT OF FUND RESOURCES WHICH ARE EXPECTED TO BE DUE TO THE ANNUITANT OVER THE LIFE OF THE AGREEMENT.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

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

PART X, LINE 2:

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

THE FOUNDATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS ON AN ANNUAL BASIS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. FOR 2018 AND 2017, THE FOUNDATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|----------------------|---------------------|---|----------|
| | | GOLF TOURNAMENT (event type) | CFAS (event type) | 5 (total number) | | |
| Revenue | 1 | Gross receipts | 44,518. | 29,450. | 44,580. | 118,548. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 44,518. | 29,450. | 44,580. | 118,548. |
| Direct Expenses | 4 | Cash prizes | 1,975. | | | 1,975. |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 10,667. | 9,098. | 1,750. | 21,515. |
| | 7 | Food and beverages | | | 5,820. | 5,820. |
| | 8 | Entertainment | | 3,825. | 564. | 4,389. |
| | 9 | Other direct expenses | 363. | 22,272. | 9,823. | 32,458. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 66,157. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 52,391. | |

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 | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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: _____

**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 for the latest information.

OMB No. 1545-0047

2018

**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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|--|
| KANSAS BIG BROTHERS BIG SISTERS, INC. - 519 PIERRE STREET - MANHATTAN, KS 66502 | 23-7056717 | 501C3 | 7,400. | 0. | | | KSBBS MATCH ACTIVITY CENTER |
| KANSAS BIG BROTHERS BIG SISTERS, INC. - 519 PIERRE STREET - MANHATTAN, KS 66502 | 23-7056717 | 501C3 | 10,000. | 0. | | | MATCHING GRANT |
| KANSAS BIG BROTHERS BIG SISTERS, INC. - 519 PIERRE STREET - MANHATTAN, KS 66502 | 23-7056717 | 501C3 | 22,000. | 0. | | | YES! FUND GRANT |
| MANHATTAN AREA HABITAT FOR HUMANITY - 727 POYNTZ AVENUE - MANHATTAN, KS 66502 | 31-1417869 | 501C3 | 10,000. | 0. | | | MAHFH HABITAT REPAIR TEAM PROGRAM - AGING IN PLACE |
| KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502 | 48-0667209 | 501C3 | 40,000. | 0. | | | CENTER FOR ADVANCEMENT OF ENTREPRENEURSHIP FUND |
| KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502 | 48-0667209 | 501C3 | 8,387. | 0. | | | HOWE CANCER RESEARCH FUND |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 113.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508 | 48-0579761 | CHURCH | 10,361. | 0. | | | BUILDING FUND |
| ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508 | 48-0579761 | CHURCH | 11,830. | 0. | | | BUILDING NEW CHURCH |
| ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508 | 48-0579761 | CHURCH | 24,000. | 0. | | | OPERATING SUPPORT |
| MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - P. O. BOX 191 - MANHATTAN, KS 66505 | 48-1074309 | 501C3 | 10,000. | 0. | | | EXCELLENCE IN TEACHING PROGRAM |
| MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - P. O. BOX 191 - MANHATTAN, KS 66505 | 48-1074309 | 501C3 | 15,000. | 0. | | | FLINT HILLS SUMMER FUN CAMP |
| MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - P. O. BOX 191 - MANHATTAN, KS 66505 | 48-1074309 | 501C3 | 5,250. | 0. | | | STEAMING ACROSS KANSAS |
| MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - P. O. BOX 191 - MANHATTAN, KS 66505 | 48-1074309 | 501C3 | 25,000. | 0. | | | USD 383 STRATEGIC PLAN |
| MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - P. O. BOX 191 - MANHATTAN, KS 66505 | 48-1074309 | 501C3 | 70,000. | 0. | | | YES! FUND GRANT |
| MID-WEST EDUCATIONAL CENTER 506 S. 4TH STREET MANHATTAN, KS 66502 | 48-1158074 | 501C3 | 10,000. | 0. | | | OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MID-WEST EDUCATIONAL CENTER 506 S. 4TH STREET MANHATTAN, KS 66502 | 48-1158074 | 501C3 | 6,000. | 0. | | | THINK BIG: SUMMER ENRICHMENT CAMP |
| MID-WEST EDUCATIONAL CENTER 506 S. 4TH STREET MANHATTAN, KS 66502 | 48-1158074 | 501C3 | 22,000. | 0. | | | YES! FUND GRANT |
| MANHATTAN PARKS & RECREATION DEPARTMENT - 1101 POYNTZ AVENUE - MANHATTAN, KS 66502 | 48-6023836 | GOVERNMENT | 15,000. | 0. | | | SCHOLARSHIPS FOR YOUTH PROGRAMS |
| CITY OF MANHATTAN, KANSAS 1101 POYNTZ AVENUE MANHATTAN, KS 66502 | 48-6023836 | GOVERNMENT | 200,000. | 0. | | | AUDITORIUM |
| CITY OF MANHATTAN, KANSAS 1101 POYNTZ AVENUE MANHATTAN, KS 66502 | 48-6023836 | GOVERNMENT | 64,200. | 0. | | | FOYER |
| CITY OF MANHATTAN, KANSAS 1101 POYNTZ AVENUE MANHATTAN, KS 66502 | 48-6023836 | GOVERNMENT | 6,691. | 0. | | | MANHATTAN JURIED PUBLIC ART COMPETITION |
| FLINT HILLS CHRISTIAN SCHOOL 3905 GREEN VALLEY ROAD MANHATTAN, KS 66502 | 48-1159406 | 501C3 | 8,187. | 0. | | | OPERATING SUPPORT |
| MANHATTAN EMERGENCY SHELTER, INC. 416 S. 4TH STREET MANHATTAN, KS 66502 | 48-0983686 | 501C3 | 8,606. | 0. | | | FAMILY WING REMODEL |
| FLINT HILLS VOLUNTEER CENTER 2601 ANDERSON AVENUE, SUITE 200 MANHATTAN, KS 66502 | 48-0993907 | 501C3 | 6,200. | 0. | | | SCHOOLS OF HOPE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FLINT HILLS VOLUNTEER CENTER 2601 ANDERSON AVENUE, SUITE 200 MANHATTAN, KS 66502 | 48-0993907 | 501C3 | 12,000. | 0. | | | YES! FUND GRANT |
| SUNFLOWER CASA PROJECT, INC. 115 N 4TH STREET MANHATTAN, KS 66502 | 48-1061447 | 501C3 | 10,000. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| BOYS AND GIRLS CLUB OF MANHATTAN P.O. BOX 1294 MANHATTAN, KS 66505 | 23-7358134 | 501C3 | 5,894. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| BOYS AND GIRLS CLUB OF MANHATTAN P.O. BOX 1294 MANHATTAN, KS 66505 | 23-7358134 | 501C3 | 6,000. | 0. | | | SUMMER SCHOLARSHIPS FOR YOUTH PROGRAMS |
| BOYS AND GIRLS CLUB OF MANHATTAN P.O. BOX 1294 MANHATTAN, KS 66505 | 23-7358134 | 501C3 | 30,000. | 0. | | | OPERATING SUPPORT |
| BOYS AND GIRLS CLUB OF MANHATTAN P.O. BOX 1294 MANHATTAN, KS 66505 | 23-7358134 | 501C3 | 84,000. | 0. | | | YES! FUND GRANT |
| MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502 | 48-1131531 | 501C3 | 5,833. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502 | 48-1131531 | 501C3 | 8,000. | 0. | | | YES! FUND GRANT |
| MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502 | 48-1131531 | 501C3 | 10,000. | 0. | | | YOUTH ART PROGAMS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HOMECARE AND HOSPICE, INC. 3801 VANESTA DRIVE MANHATTAN, KS 66503 | 48-0877419 | 501C3 | 10,100. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| HOMECARE AND HOSPICE, INC. 3801 VANESTA DRIVE MANHATTAN, KS 66503 | 48-0877419 | 501C3 | 8,428. | 0. | | | SUPPORT OF HIGH RISK SENIORS |
| COMMUNITY HEALTH MINISTRY 407 ASH STREET WAMEGO, KS 66547 | 75-2974854 | 501C3 | 5,388. | 0. | | | OPERATING SUPPORT |
| FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502 | 48-0952757 | 501C3 | 10,000. | 0. | | | OPERATING SUPPORT |
| FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502 | 48-0952757 | 501C3 | 10,000. | 0. | | | EMERGENCY FOOD PROGRAM |
| FLINT HILLS BREADBASKET 905 YUMA MANHATTAN, KS 66502 | 48-0952757 | 501C3 | 26,533. | 0. | | | TRUCK EXPENSE SUPPORT |
| SHEPHERD'S CROSSING, INC. P O BOX 1919 MANHATTAN, KS 66505 | 48-1243420 | 501C3 | 6,000. | 0. | | | ASSISTANCE TO FLOOD VICTIMS |
| SHEPHERD'S CROSSING, INC. P O BOX 1919 MANHATTAN, KS 66505 | 48-1243420 | 501C3 | 7,500. | 0. | | | PRESCRIPTION MEDICATIONS ASSISTANCE |
| CRISIS CENTER, INC. P O BOX 1526 MANHATTAN, KS 66505 | 48-0892579 | 501C3 | 10,000. | 0. | | | GROW GREEN MATCH DISTRIBUTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CRISIS CENTER, INC. P O BOX 1526 MANHATTAN, KS 66505 | 48-0892579 | 501C3 | 10,000. | 0. | | | POLICE REPOSE ADVOCATE PROGRAM |
| PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502 | 48-0846557 | 501C3 | 6,750. | 0. | | | STARS CAMP |
| MANHATTAN JEWISH CONGREGATION 1509 WREATH MANHATTAN, KS 66503 | 48-6107384 | CHURCH | 25,000. | 0. | | | OPERATING SUPPORT |
| FAITH EVANGELICAL FREE CHURCH 1921 BARNES ROAD MANHATTAN, KS 66502 | 48-1065527 | CHURCH | 50,000. | 0. | | | MAKING ROOM CAMPAIGN |
| UNIVERSITY CHRISTIAN CHURCH 1506 BROWNING PLACE, SUITE 101 MANHATTAN, KS 66502 | 48-0791644 | CHURCH | 20,000. | 0. | | | GENERAL FUND |
| ST. ISIDORE CATHOLIC STUDENT CENTER PARISH - 711 DENISON AVE. - MANHATTAN, KS 66502 | 26-0863611 | CHURCH | 10,000. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| SEVEN DOLORS CATHOLIC CHURCH 731 PIERRE MANHATTAN, KS 66502 | 26-0863625 | CHURCH | 9,999. | 0. | | | PAST & FUTURE CAMPAIGN |
| FRIENDS OF SUNSET ZOO 2333 OAK STREET MANHATTAN, KS 66502 | 48-0855669 | 501C3 | 7,000. | 0. | | | YES! FUND GRANT |
| FAIRCHILD TERRACE SCHOLARSHIP FOUNDATION, INC. - 1310 WESTLOOP, STE A, BOX 213 - MANHATTAN, KS 66502 | 48-1191545 | 501C3 | 200,000. | 0. | | | GRANT TO GAMMA ALPHA CHAPTER OF KAPPA KAPPA GAMMA |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CLOUD COUNTY COMMUNITY COLLEGE 2221 CAMPUS DRIVE CONCORDIA, KS 66901 | 23-7164676 | 501C3 | 51,332. | 0. | | | ANNUAL DONATION |
| K-STATE UNIVERSITY STUDENT FINANCIAL ASSISTANCE - 104 FAIRCHILD HALL - MANHATTAN, KS 66506 | 48-0667209 | 501C3 | 13,350. | 0. | | | SCHOLARSHIPS |
| K-STATE UNIVERSITY STUDENT FINANCIAL ASSISTANCE - 104 FAIRCHILD HALL - MANHATTAN, KS 66506 | 48-0667209 | 501C3 | 12,350. | 0. | | | SCHOLARSHIPS |
| RILEY COUNTY EXTENSION 110 COURTHOUSE PLAZA, ROOM B220 MANHATTAN, KS 66502 | 48-0775967 | GOVERNMENT | 6,000. | 0. | | | MARKET MATCH FOR SNAP (FOOD STAMPS), SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP) BENEFITS, |
| MORNING STAR INC CRO 1018 POYNTZ AVENUE MANHATTAN, KS 66502 | 71-0872013 | 501C3 | 7,463. | 0. | | | TRANSPORTATION FOR THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS |
| MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502 | 48-1212997 | 501C3 | 8,565. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| MANHATTAN CATHOLIC SCHOOLS 306 S. JULIETTE STREET MANHATTAN, KS 66502 | 48-0987449 | CHURCH | 10,000. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534 | 20-8286323 | CHURCH | 40,000. | 0. | | | 1/2 TO LOVE FUND, 1/2 TO PASTOR'S DISCRETION |
| NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534 | 20-8286323 | CHURCH | 6,849. | 0. | | | OUTREACH PROGRAMS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534 | 20-8286323 | CHURCH | 6,400. | 0. | | | YOUTH SUMMER INTERN |
| DOVER COMMUNITY CENTER P.O. BOX 244 DOVER, KS 66420 | 20-1290260 | 501C3 | 16,117. | 0. | | | CLOSING FUND |
| KANSAS FARM BUREAU FOUNDATION 2627 KFB PLAZA MANHATTAN, KS 66503 | 48-1196853 | 501C3 | 63,091. | 0. | | | PROGRAMS ON THE DEVELOPMENT OF LEADERS IN AGRICULTURE AND KANSAS RURAL COMMUNITIES |
| KANSAS FARM BUREAU LEGAL FOUNDATION - 2627 KFB PLAZA - MANHATTAN, KS 66503 | 48-1243473 | 501C3 | 63,091. | 0. | | | SUPPORT EDUCATION, RESEARCH AND ANALYSIS AND TECHNICAL ASSISTANCE OF PERSONS ENGAGED IN |
| FLINT HILLS DISCOVERY CENTER FOUNDATION - 315 S. 3RD STREET, SUITE 302 - MANHATTAN, KS 66502 | 45-3529510 | 501C3 | 40,000. | 0. | | | "PRAIRIE TO PLATE" EXHIBIT |
| PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505 | 48-0919469 | 501C3 | 6,848. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505 | 48-0919469 | 501C3 | 9,044. | 0. | | | OPERATIONAL SUPPORT |
| BIG LAKES FOUNDATION, INC. 1416 HAYES DRIVE MANHATTAN, KS 66502 | 48-1134341 | 501C3 | 6,150. | 0. | | | MATCHING GRANT |
| BIG LAKES FOUNDATION, INC. 1416 HAYES DRIVE MANHATTAN, KS 66502 | 48-1134341 | 501C3 | 20,152. | 0. | | | MATCHING GRANT |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LIVING WATER RANCH, INC. 4122 LIVING WATER ROAD OLSBURG, KS 66520 | 48-0820690 | 501C3 | 5,367. | 0. | | | GROW GREEN MATCH DISTRIBUTION |
| LIVING WATER RANCH, INC. 4122 LIVING WATER ROAD OLSBURG, KS 66520 | 48-0820690 | 501C3 | 27,115. | 0. | | | MATCHING FUNDS |
| CAMP TOMAH-SHINGA 7821 E. LYON CREEK ROAD JUNCTION CITY, KS 66441 | 48-6051139 | CHURCH | 25,000. | 0. | | | EQUIPMENT MATCHING GRANT |
| CAMP TOMAH-SHINGA 7821 E. LYON CREEK ROAD JUNCTION CITY, KS 66441 | 48-6051139 | CHURCH | 11,000. | 0. | | | MATCHING GRANT FOR TRACTOR |
| GIRLS ON THE RUN OF THE FLINT HILLS - 1228 WESTLOOP PLACE, #204 - MANHATTAN, KS 66502 | 46-3669188 | 501C3 | 11,000. | 0. | | | YES! FUND GRANT |
| SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502 | 48-1096978 | 501C3 | 12,500. | 0. | | | OPERATING SUPPORT |
| SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502 | 48-1096978 | 501C3 | 25,000. | 0. | | | EXHIBIT CONSTRUCTION |
| SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502 | 48-1096978 | 501C3 | 50,000. | 0. | | | EXPEDITION ASIA |
| SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502 | 48-1096978 | 501C3 | 6,500. | 0. | | | TO SUPPORT THE EXPEDITION ASIA CAMPAIGN FOR TIGERS, SLOTH BEARS, AND LEOPARDS AT SUNSET ZOO |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ST. JUDE CHILDRENS RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501C3 | 10,000. | 0. | | | OPERATING SUPPORT |
| FRANKFORT DEVELOPMENT TRUST, INC. PO BOX 82 FRANKFORT, KS 66427 | 30-0857304 | 501C3 | 6,000. | 0. | | | PROGRAM EXPENSES |
| MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY - PO BOX 66 - MARYSVILLE, KS 66508 | 46-3466400 | 501C3 | 17,500. | 0. | | | STUCCO PROJECT |
| LEGACY A REGIONAL COMMUNITY FOUNDATION - PO BOX 713 - WINFIELD, KS 67156 | 48-1187957 | 501C3 | 8,162. | 0. | | | SCHOLARSHIPS AT BELLE PLAINE, KANSAS |
| BETHEL COLLEGE 300 EAST 27TH NORTH NEWTON, KS 67117 | 48-0543782 | 501C3 | 10,000. | 0. | | | MENNONITE LIBRARY AND ARCHIVES OPERATING ENDOWMENT |
| MARSHALL COUNTY HELPING HANDS PO BOX 441 MARYSVILLE, KS 66508 | 32-0460402 | 501C3 | 10,000. | 0. | | | OPERATING SUPPORT |
| MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508 | 30-0345725 | 501C3 | 10,000. | 0. | | | BRIDGE GAP |
| MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508 | 30-0345725 | 501C3 | 9,650. | 0. | | | BRIDGE GAP |
| MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508 | 30-0345725 | 501C3 | 6,500. | 0. | | | OPERATING SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| EMMAUS BIBLICAL SEMINARY INC. PO BOX 283 SABETHA, KS 66534 | 46-3779216 | 501C3 | 10,000. | 0. | | | SCHOLARSHIPS |
| THE COLUMBIAN THEATRE 521 LINCOLN AVE. WAMEGO, KS 66547 | 48-1090380 | 501C3 | 7,000. | 0. | | | UNDERWRITING FOR JUDY GARLAND SONGBOOK |
| SERVICEMEMBER AGRICULTURAL VOCATION EDUCATION (SAVE) - 4816 LAKEWOOD RIDGE - MANHATTAN, KS 66503 | 81-0734441 | 501C3 | 10,000. | 0. | | | OPERATIONAL SUPPORT |
| USD 113 FOUNDATION 1619 S OLD HIGHWAY 75 SABETHA, KS 66534 | 48-1150689 | 501C3 | 20,000. | 0. | | | APPLESEED FUND |
| USD 113 FOUNDATION 1619 S OLD HIGHWAY 75 SABETHA, KS 66534 | 48-1150689 | 501C3 | 50,000. | 0. | | | SABETHA MIDDLE SCHOOL LIGHTS AND SOUND SYSTEM |
| USD 113 FOUNDATION 1619 S OLD HIGHWAY 75 SABETHA, KS 66534 | 48-1150689 | 501C3 | 8,430. | 0. | | | SCHOLARSHIP FUNDING |
| USD 113 FOUNDATION 1619 S OLD HIGHWAY 75 SABETHA, KS 66534 | 48-1150689 | 501C3 | 350,000. | 0. | | | SUPPORT TO VARIOUS FUNDS |
| USD 113 FOUNDATION 1619 S OLD HIGHWAY 75 SABETHA, KS 66534 | 48-1150689 | 501C3 | 10,000. | 0. | | | TO SUPPORT THE COSTS OF A SECURITY SYSTEM ENHANCEMENT WITHIN THE USD #113 SCHOOL SYSTEM. |
| RELATE 360 INC. PO BOX 461 MANHATTAN, KS 66505 | 81-3102436 | 501C3 | 7,397. | 0. | | | GROW GREEN MATCH DISTRIBUTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505 | 26-3631970 | 501C3 | 63,708. | 0. | | | MATCHING GRANT |
| MT. CALVARY LUTHERAN CHURCH - MARYSVILLE - 1710 JENKINS STREET - MARYSVILLE, KS 66508 | 48-6120484 | CHURCH | 13,000. | 0. | | | OPERATIONAL SUPPORT |
| THE USD 364 FOUNDATION 211 S 10TH STREET MARYSVILLE, KS 66508 | 48-1113912 | 501C3 | 7,880. | 0. | | | FUND SCHOOL ACTIVITIES AND SCHOLARSHIPS |
| KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508 | 26-3177567 | 501C3 | 22,000. | 0. | | | BRICK WALL RESTORATION PROJECT AND GARDEN PROJECT |
| PONY EXPRESS PARTNERSHIP FOR CHILDREN, INC. (PEPC, INC.) - 405 N 4TH STREET - MARYSVILLE, KS 66508 | 46-4490976 | 501C3 | 8,000. | 0. | | | OPERATIONAL SUPPORT |
| AGING SERVICES TRANSFORMATION ALLIANCE INC. - 217 SE 8TH AVENUE - TOPEKA, KS 66603 | 48-1056006 | 501C3 | 6,500. | 0. | | | ANNUAL SCHOLARSHIP GRANT |
| CROSS-LINES COMMUNITY OUTREACH 736 SHAWNEE AVENUE KANSAS CITY, KS 66105 | 48-0697177 | 501C3 | 6,000. | 0. | | | SPONSORSHIP FOR ANNUAL FUND-RAISING EVENT |
| USO FORT RILEY 6918 TROOPER DRIVE FORT RILEY, KS 66442 | 13-1610451 | 501C3 | 8,000. | 0. | | | USO PATHFINDER PROGRAM WORKSHOPS |
| KANSAS STATE UNIVERSITY 102 ANDERSON HALL MANHATTAN, KS 66506 | 48-0771751 | GOVERNMENT | 40,000. | 0. | | | MARIANNA KISTLER BEACH MUSEUM OF ART |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SOCIETY OF ST. PIUS OF X OF ST. MARY'S INC. - 200 E MISSION STREET - ST. MARYS, KS 66536 | 48-0893296 | CHURCH | 7,000. | 0. | | | TO PAY ROOM AT BOARD EXPENSES AT ST. MARY'S ACADEMY FOR THE 2 GREENE BOARDING STUDENTS WHOSE |
| MEDS & FOOD FOR KIDS 4488 FOREST PARK, SUITE 230 ST. LOUIS, MO 63108 | 20-1257910 | 501C3 | 50,000. | 0. | | | OPERATIONAL SUPPORT |
| CORNERSTONE CLASSICAL SCHOOL 830 SOUTH 9TH STREET SALINA, KS 67401 | 47-3859262 | 501C3 | 10,000. | 0. | | | GENERAL FUND FOR THE SCHOOL |
| GEARY COMMUNITY SCHOOLS FOUNDATION 123 N EISENHOWER DRIVE JUNCTION CITY, KS 66441 | 76-0706803 | 501C3 | 12,160. | 0. | | | MOVE FUND |
| CMH FOUNDATION PO BOX 430 MARYSVILLE, KS 66508 | 32-0297285 | 501C3 | 20,147. | 0. | | | MEDICAL EQUIPMENT FOR HOSPITAL |
| ORTHODONTIC EDUCATION & RESEARCH FOUNDATION - 3320 RUTGER STREET - ST. LOUIS, MO 63104 | 43-6043226 | 501C3 | 14,517. | 0. | | | SCHOLARSHIPS FOR ORTHODONTIC STUDENTS |
| KANSAS HONOR FLIGHT PO BOX 2371 HUTCHINSON, KS 67504 | 37-1692389 | 501C3 | 12,235. | 0. | | | DC FLIGHTS FOR VETERANS |
| SCIOTO COUNTY AREA FOUNDATION PO BOX 911 PORTSMOUTH, OH 45662 | 51-0157026 | 501C3 | 10,000. | 0. | | | OPERATIONAL SUPPORT |
| | | | | | | | |

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 | 138 | 264,663. | 0. | CASH | |
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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: RILEY COUNTY EXTENSION

(H) PURPOSE OF GRANT OR ASSISTANCE: MARKET MATCH FOR SNAP (FOOD STAMPS), SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP) BENEFITS, WIC AND OTHER LOW INCOME PERSONS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU LEGAL FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIETY OF ST. PIUS OF X OF ST. MARY'S INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY ROOM AT BOARD EXPENSES AT ST. MARY'S ACADEMY FOR THE 2 GREENE BOARDING STUDENTS WHOSE FAMILY IS IN NEED DUE TO THEIR DAD'S DISABILITY FROM AN ACCIDENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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

MANHATTAN 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 MEETING NEEDS
THROUGH GRANTS, AWARDS, AND SCHOLARSHIPS.

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

FUNDS, AND MEETING NEEDS THROUGH GRANTS, AWARDS, AND SCHOLARSHIPS.

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

REVIEW OF FORM 990 AT BOARD MEETING BEFORE APPROVAL FOR BOARD TREASURER TO
SIGN

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

DIRECTORS SHOULD ABSTAIN FROM DISCUSSION AND VOTING IN SITUATIONS WHERE
THEY HAVE A DIRECT FINANCIAL INTEREST IN THE OUTCOME. COMMITTEE MEMBERS
SHALL DISCUSS ISSUES TO DETERMINE 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:

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

| | |
|---|---|
| Name of the organization GREATER MANHATTAN COMMUNITY FOUNDATION | Employer identification number 48-1215574 |
|---|---|

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

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

| | |
|--|---------|
| CHANGE IN VALUE OF LIFE INSURANCE POLICIES | 6,011. |
| CHANGE IN VALUE OF ANNUITY LIABILITIES | 8,114. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 14,125. |

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 for instructions and the latest information.**

OMB No. 1545-0047

2018

**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 | 0. | 0. | GREATER MANHATTAN COMMUNITY FOUNDATION |
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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 |
| LITTLE APPLE COMMUNITY FOUNDATION - 47-1631034, 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502 | SUPPORTING | KANSAS | 501(C)(3) | LINE 12B, II | N/A | | X |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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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 |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 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 | 486,613. | CASH |
| (2) GOLDSTEIN FOUNDATION | C | 185,000. | CASH |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

