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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

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Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2013 or tax year beginning and ending A Employer identification number Name of foundation MERLIN & VERNA MANATT FAMILY FOUNDATION 20-8112164 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number 641-522-9206 1775 OLD 6 ROAD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 52211 BROOKLYN, IA G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 645,958. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not expenses per books income income necessarily equal the amounts in column (a)) (cash basis only) Contributions, gifts, grants, etc., received 38,000 N/A Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 2,988 2,988 STATEMENT 3 21,187 21,187 STATEMENT Dividends and interest from securities 4 5a Gross rents b Net rental income or (loss) -45,287 6a Net gain or (loss) from sale of assets not on line 10 568,777. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 16,888 24,175 Total Add lines 1 through 11 12 0. 0 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 14 15 Pension plans, employee benefits Expenses 16a Legal fees 00 **b** Accounting fees JUL 0 8 2014 c Other professional fees Administrative 17 Interest OGDEN, UT 0. STMT 3 283. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses
24 Total operating
expenses Add
expenses Add STMT 4 1,566 0 0. Total operating and administrative 1,849 expenses Add lines 13 through 23 0. 38,000 38,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 38,000. 39,849 0 Add lines 24 and 25 27 Subtract line 26 from line 12: -22,961

LHA For Paperwork Reduction Act Notice, see instructions.

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2013)

24,175

N/A

Fo	rm 9	90-PF (2013) MERLIN & VERNA MANATT F		ON 20-8	3112164 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
Ξ	т. —		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	180.	180.	180.
		Savings and temporary cash investments	84,240.	143,070.	143,070.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable -			
		Less' allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	^		: (
		Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
\SS	1	Prepaid expenses and deferred charges	1,000.	717.	717.
1		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	İ	Less accumulated depreciation			
	1	Investments - mortgage loans			
	13	Investments - other STMT 5	557,147.	475,639.	<u>501,991.</u>
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	 	instructions. Also, see page 1, item 1)	642,567.	619,606.	<u>645,958.</u>
		Accounts payable and accrued expenses			ŧ
	18	Grants payable			F
Liabilities	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>E</u>	21				1
	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	0.		
_	23	Foundations that follow SFAS 117, check here	U .	0.	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
auc	25	Temporarily restricted			
Bal	ı	Permanently restricted			
힏	-"	Foundations that do not follow SFAS 117, check here			
3		and complete lines 27 through 31			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	642,567.	619,606.	
let		Total net assets or fund balances	642,567.	619,606.	
~			012/307.	013,000.	
	31	Total liabilities and net assets/fund balances	642,567.	619,606.	
Б	art	III Analysis of Changes in Net Assets or Fund B		02370001	
_					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	642,567.
		amount from Part I, line 27a		2	-22,961.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	619,606.
		eases not included in line 2 (itemize)		5	0.
6	<u>rotal</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	619,606.
					Form 990-PF (2013)

Form 990-PF (2013) ME	RLIN	<u>& VERNA MANA</u>	<u>TT FAM</u>	ILY FOUN	DΑ	TION	<u> </u>	2	<u>0-8112</u>	2164	Page 3
Part IV Capital Gain	s and Lo	osses for Tax on In	vestmen	t Income							
` (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) D	How acq - Purcha - Donati	uired ase ion	c) Date (mo., d	acquired ay, yr.)	(d) Da ^r (mo., d	te sold lay, yr.)		
1a CHARLES SCHWA	.B					P	,				
b CAPITAL GAINS		DENDS									
C											
<u>d</u>										_	
<u>e</u>					Ĺ						
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (g	1)	
a 567,420				614,06	4.				<u>-</u> -	-46	,644.
ь 1,357										1	,644. ,357.
<u> </u>											
<u>d</u>									· · · · ·		
<u>e</u>											_
Complete only for assets show	ving gain in	column (h) and owned by	the foundation	on 12/31/69					ol. (h) gain r		
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			col. (k), but r Losses	not less than (from col. (h	-U-) or	
a										-46	,644.
b										1	,644. ,357.
C											
<u>d</u>											
<u>e</u>		·									
2 Capital gain net income or (net	capital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	ın Part I, line - ın Part I, line	7 7	}	2				-45	,287.
3 Net short-term capital gain or (loss) as dei	•									
If gain, also enter in Part I, line			(0).)						
If (loss), enter -0- in Part I, line	88	· · · · · · · · · · · · · · · · · · ·				3			N/A		
Part V Qualification	Under S	Section 4940(e) for	Reduced	Tax on Net	lnv	estme	ent Inco	me			
(For optional use by domestic priv	ate foundat	ions subject to the section 4	1940(a) tax on	ı net investment in	come	e.)					
If section 4940(d)(2) applies, leavi	thic part h	lank									
11 Section 4340(u)(2) applies, leave	tilis part b	iain.							,		
Was the foundation liable for the s					lods				l	Yes	X No
If "Yes," the foundation does not q											
1 Enter the appropriate amount	n each colu	mn for each year; see the in	istructions be	fore making any ei	ntries	S				// /	
(a) Base period years		(b) Adjusted qualifying dist	tributions	Net value of no	(c)		an nanata		Distribu	d) tion ratio	
Calendar year (or tax year begin	ining in)			Net value of floa	HUHA			+	(col. (b) divid		<u> </u>
2012			9,967.				,145				82844
2011			$\frac{1,694}{7,000}$	-			,222.				$\frac{79233}{24639}$
2010			7,000.				,786.				34638
2009			5,911. 1,900.				,526.				42257
2008		<u> </u>	1,900.			<u> </u>	,392.	├	_	0	<u>44504</u>
2 Total of line 1, column (d)								,		2	83476
3 Average distribution ratio for th	a 5-vaar ha	so period - divide the total o	on line 2 hy 5	or by the number	of vo	are		2		• 4	034/0
the foundation has been in exis			m inic z by J,	or by the number	OI ye	ais		3		٥	<u>56695</u>
inc touridation has been in exis	iterioe ii ies.	s than 5 years								• • •	<u> </u>
4 Enter the net value of noncharr	table-use as	sets for 2013 from Part X, I	line 5					4		640	<u>,605.</u>
5 Multiply line 4 by line 3								5		36	,319.
5 Miditiply line 4 by line 5								1			, 319.
6 Enter 1% of net investment inc	ome (1% o	Part I, line 27b)						6			242.
7 Add lines 5 and C										3.0	E <i>C</i> 1
7 Add lines 5 and 6								7			,561.
8 Enter qualifying distributions fr								8		38	,000.
If line 8 is equal to or greater the See the Part VI instructions	ian line 7, c	heck the box in Part VI, line	1b, and comp	olete that part usin	g a 1'	% tax rat	le.				

	<u> 112164</u>		Page 4			
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - section 4940(a), 4940(e), and a section 4940(e), an	ee instru	uctio	ns)			
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
`Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		_	42.			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%						
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			_			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.			
3 Add lines 1 and 2		2	42.			
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2	<u>42.</u>			
6 Credits/Payments:						
a 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 717.						
b Exempt foreign organizations - tax withheld at source						
c Tax paid with application for extension of time to file (Form 8868)						
d Backup withholding erroneously withheld						
7 Total credits and payments. Add lines 6a through 6d		7	<u> 17.</u>			
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4	75.			
11 Enter the amount of line 10 to be. Credited to 2014 estimated tax 475 . Refunded 11			<u>0.</u>			
Part VII-A Statements Regarding Activities		1.7				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	_			
any political campaign?	1a		X			
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u> X</u>			
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or						
distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?	1c		X			
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .			,			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			,			
managers. > \$ 0 .			.,			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			37			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? 	4a		X			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	40 5	_	<u></u>			
If "Yes," attach the statement required by General Instruction T	1 3					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
By language in the governing instrument, or	} }					
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law						
remain in the governing instrument?	6		X			
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х				
To the field feet for the contract the contract the contract of the contract o	'-	-22				
8a Enter the states to which the foundation reports or with which it is registered (see instructions)						
IA	-					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation						
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		_X			
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 6	 	Х				

	990-PF (2013) MERLIN & VERNA MANATT FAMILY FOUNDATION 20-811:	<u> 2164</u>		Page <u>5</u>
_	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	 	<u>X</u> _
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		1	
	If "Yes," attach statement (see instructions)	12		<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address > N/A	22 0	200	
14	The books are in care of PAM BENISHEK Telephone no. > 641-5			
4.5	Located at ► 1775 OLD 6 ROAD, BROOKLYN, IA Section 4047(s)(4) propagate about the large 1999 PF in large 455 at 1994 Check have	4		
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A	. Ш
10	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	10		Α_
	Country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			٠,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c_		
2	defined in section 4942(j)(3) or 4942(j)(5)):			
я	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
·	before 2013?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	}		
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a				
	during the year?			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	3b_		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a_		<u>X</u>
U	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X
		rm 99 0)-PF	
			•	/

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		1 1
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	rioguianono	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•		▶	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		1 1
expenditure responsibility for the grant?		I/A 🗆 Ye	es No	
		1/A	.s 140	
If "Yes," attach the statement required by Regulations section 53 4945				1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?		Y6		n 37
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?			6b X
If "Yes" to 6b, file Form 8870			□	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If Yes, did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trustone Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/	
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) Evpappa
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)	compensation	allowances
			_	
SEE STATEMENT 7	·	0.	0.	0.
			.=	
			İ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		-1.
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(a) Companyation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
		-		
			l	
Texas number of other employees paid over \$50,000				0
Total number of other employees paid over \$50,000				
			Form '	990-PF (2013)

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10-10-13

Porm 990-PF (2013) MERLIN & VERNA MANA' Part VIII Information About Officers, Directors Paid Employees, and Contractors (con	s, Trustees, Foundat		<u>80-8112</u>	164 Page 7
3 Five highest-paid independent contractors for professiona	al services. If none, enter	"NONE."		
(a) Name and address of each person paid more tha	ın \$50,000	(b) Type of service	e	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services			>	0
Part IX-A Summary of Direct Charitable Activit	ties			
List the foundation's four largest direct charitable activities during the tax number of organizations and other beneficiaries served, conferences cor				Expenses
2				
3				
4				
Part IX-B Summary of Program-Related Investr				
Describe the two largest program-related investments made by the found N/A	dation during the tax year on li	nes 1 and 2.		Amount
2				
All other program-related investments. See instructions.				
T. J. J. Add Inco. 1 Abrough 2				

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а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	38,000
	Program-related investments - total from Part IX-B	16	30,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	38,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27h	اءا	2/12

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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758.

Part XIII. Undistributed Income (see instructions)

				
·	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	Corpus	Tears prior to eare		
line 7				31,788.
2 Undistributed income, if any, as of the end of 2013		**		
a Enter amount for 2012 only			0.	
b Total for prior years:		•		
		0.	*	
3 Excess distributions carryover, if any, to 2013:				
a From 2008				ļ
b From 2009				
e From 2010				
d From 2011 3,033. e From 2012 20,376.	,			
5715777	23,409.			
f Total of lines 3a through e 4 Qualifying distributions for 2013 from	23/12000	* 1 2000 And 1800	Garage St. Carrier	
Part XII, line 4: ▶\$ 38,000.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior			13 mg	ļ
years (Election required - see instructions)		0.	1	
c Treated as distributions out of corpus		š	ς.	
(Election required - see instructions)	0.	, , , , , , , , , , , , , , , , , , ,	<u> </u>	04.700
d Applied to 2013 distributable amount		12 1	<u> </u>	31,788.
e Remaining amount distributed out of corpus	6,212.	***	<u> </u>	<u> </u>
5 Expans distributions carryover applied to 2013	0.	24,		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	00 (01	`*		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	29,621.	· · · · · · · · · · · · · · · · · · ·	 	
b Prior years' undistributed income. Subtract		0.	, i	
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0		
e Undistributed income for 2012. Subtract line				Ì
4a from line 2a. Taxable amount - see instr.			0	•
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014		ļ		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		İ		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	0			
not applied on line 5 or line 7		 		
9 Excess distributions carryover to 2014.	29,621			
Subtract lines 7 and 8 from line 6a	29,021	•		
10 Analysis of line 9:		1		
a Excess from 2009 b Excess from 2010	1	}	}	
c Excess from 2011 3,033.	1			
d Excess from 2012 20, 376.	1	1	1	
e Excess from 2013 6,212.	1			<u> </u>
				Form 990-PF (2013)

	& VERNA MAN			20-81	12164 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		· -	. ▶		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2012	Prior 3 years (c) 2011	(4) 2010	(a) Tatal
income from Part I or the minimum	(a) 2013	(0) 2012	(6) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			.		
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t		uctions.)			
1 Information Regarding Foundatio	•				
a List any managers of the foundation wheyear (but only if they have contributed means of the foundation).			ibutions received by the	foundation before the clos	e of any tax
	1016 than \$5,000). (566 5	ection 507 (a)(2).)			
NONE	100/				
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a pa	irthership or
NONE	5 u 10,1 u g. u.u	•			
	on Cront Cift Loop	Sahalarahin ata Du		· · · · · · · · · · · · · · · · · · ·	
2 Information Regarding Contribute Check here ► Inf the foundation o				ot accept uppeliested requi	acts for funda. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone number					
a The hame, address, and telephone ham	oci oi e man address oi i	ne person to whom appin	Sations should be address	36u.	
SEE STATEMENT 8					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:		· .			
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields.	kınds of institutions, or o	ther factors:	
-			,		

Supplementary Information (continued) 3 Grants'and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BROOKLYN HISTORICAL MUSEUM NONE OPERATING 304 JACKSON STREET BROOKLYN IA 52211 1,000, DAVIS PTO: 4TH GRADE Y CAMP NONE **DPERATING** 1117 16TH AVE GRINNELL IA 50112 3,000, GREATER POWESHIEK COMMUNITY NONE **DPERATING** FOUNDATION BOX 344 GRINNELL IA 52211 3,000. GRINNELL REGIONAL MEDICAL CENTER NONE OPERATING 210 4TH AVENUE GRINNELL, IA 50112 2,000. GRINNELL UNITED WAY NONE OPERATING BOX 121 GRINNELL IA 50112 3 000. SEE CONTINUATION SHEET(S) ➤ 3a Total 38,000. b Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
g. see amount amous other mos ardibates.	(a)	(b)	(c)	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
	-		+		
			_		·
·	 - 		-		
0		·	-		
e					
To the state of th					
g Fees and contracts from government agencies					·
2 Membership dues and assessments		 -			
3 Interest on savings and temporary cash			1 4	0 000	
investments			14		
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:				,	
a Debt-financed property				<u> </u>	
b Not debt-financed property		- -			
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1				
than inventory			18	-45,287.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		C		-21,112.	0.
13 Total. Add line 12, columns (b), (d), and (e)					-21,112.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					

323621 10-10-13

Form 990-PF (2013) MERLIN & VERNA MANATT FAMILY FOUNDATION 20-8112164 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: Х (1) Cash 1a(1) (2) Other assets X 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization Х 1b(1) Х (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements X 1b(4) Х (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A May the IRS discuss this return with the preparer shown below (see instr)? Sign Here X Yes Signature of officer or trustee Check PTIN Print/Type preparer's name Preparer's signature Date self-employed

Form **990-PF** (2013)

P00297602

Firm's EIN $\triangleright 41 - 0746749$

Phone no. 515-222-4400

Paid

Preparer

Use Only

MATTHEW LEHAN, CPA MATTHEW LEHAN

Firm's address ► 2700 WESTOWN PARKWAY STE 400

WEST DES MOINES , IA 50266-1411

Firm's name ► CLIFTONLARSONALLEN LLP

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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

<u>1</u>	MERLIN & VERNA MANATT FAMILY FOUNDATION	20-8112164
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions
General Rule		
	ion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in maplete Parts I and II	noney or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one controls of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or eduction for use exclusively for religious, charitable, scientific, literary, or eduction of cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because the, etc., contributions of \$5,000 or more during the year	otal to more than \$1,000 ely religious, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

MEKTT	N & VERNA MANATT FAMILY FOUNDATION		<u> </u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MERLIN MANATT BOX 535 BROOKLYN, IA 52211	\$\$ <u>38,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

MERLIN & VERNA MANATT FAMILY FOUNDATION

20-8112164

(a) No. rom Part I (a) No. rom Part I (a) No. rom Part I	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (for estimate) (for estimate)	(d) Date received (d) Date received
No. rom Part I (a) No. rom	Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ (c)	Date received
No. rom art I (a) No. rom	Description of noncash property given	FMV (or estimate) (see instructions) \$	Date received
No. rom		(c)	
No. rom			
		(see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _		 \$	

iame of orga	nization		Employer identification number
MERLIN Part III	& VERNA MANATT FAMILY Exclusively religious, charitable, etc., indiv	FOUNDATION ridual contributions to section 501(c)(7), (20-8112164 (8), or (10) organizations that total more than \$1,000 for the simpleting Part III, enter ear. (Enter this information once) \$\\$\\$\\$\\$
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	c., contributions of \$1,000 or less for the y	ear. (Enter this information once) > \$
(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, ar	nd ZIP + 4	Relationship of transferor to transferee
(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, ar	nd ZIP + 4	Relationship of transferor to transferee
(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, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HOSPICE OF GRINNELL	NONE		OPERATING	
210 4TH AVENUE				
GRINNELL, IA 50112				1,00
IOWA TRANSPORTATION MUSEUM	NONE		OPERATING	
927 4TH AVENUE GRINNELL, IA 50112				2,00
MAYFLOWER HUMAN NEEDS FUND	NONE		OPERATING	
BOX 344 GRINNELL, IA 50112				2.00
GATIMBBB, TA JULIZ				2,00
MICA-GRINNELL FOOD PANTRY 1001 S 18TH AVE	NONE		OPERATING	
MARSHALLTOWN IA 50158				3,00
MICHAEL J MANATT COMMUNITY CENTER	NONE		OPERATING	
105 JACKSON ST BROOKLYN, IA 52211				2,00
SACRED HEART CATHOLIC	NONE		MISSION	
CHURCH-ELSAVADOR MISSION				
1213 S 15TH AVE W NEWTON, IA 50208			ļ	1,00
ST FRANCIS MANOR	NONE		OPERATING	
BOX 455 GRINNELL, IA 50112				2,00
ST MARY'S BUILDING FUND BOX 623	NONE		OPERATING	
GRINNELL, IA 50112				5,00
GRINNELL CHAMBER OF COMMERCE	NONE		OPERATING	
833 4TH AVE GRINNELL, IA 50112				1,00
DROOM IN COMMINITAL POSTERNATOR AND	NONE		oppositive.	
BROOKLYN COMMUNITY FOUNDATION AED BOX 66	NONE		OPERATING	2.00
BROOKLYN IA 52211 Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient NONE LORAS COLLEGE SCHOLARSHIP FUND OPERATING 1450 ALTA VISTA ST DUBUQUE, IA 52001 2,000. BROOKLYN ECONOMIC DEVELOPMENT NONE OPERATING BOX 187 BROOKLYN, IA 50112 1,000. NONE GALAXY, INC OPERATING BOX 29 1,000. GRINNELL IA 50112 GRINNELL AREA ARTS COUNCIL NONE OPERATING 926 BROAD ST 1,000. GRINNELL, IA 50112 Total from continuation sheets

Part XV	Su	pplemer	ntary In	MERL formati	IN &	VER	NA MA	NATT	FAMIL	Y FOU	<u>INDATI</u>	ON 20-	<u>-81121</u>	64
							tion of D		Crant or	Castribud				
- Grants	3a Grants, and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution													
NAME C	F RI	ECIPIE	ENT -	BROO	KLYN	HIS'	TORIC	AL M	JSEUM_					
OPERAT	ידאנב													
OPERAI	ING			- -						 .				
												_ 		
<u>OPERAT</u>	ING						 .							
											•			
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_														
					-		-							

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

LHA

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

• If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
• If yo	งน are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•	
Do no	t complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6 months for a cor	poration
require	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	ertain
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the ele	ctronic filing of this	s form,
visit w	ww.irs gov/efile and click on e-file for Chanties & Nonprofits	3				
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I	only				.)	▶ □
All oth	er corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	sion of time	
to file	ncome tax returns			Enter file	er's identifying nu	ımber
Туре	or Name of exempt organization or other filer, see instru	ctions		Employe	r identification nun	nber (EIN) or
print						
	MERLIN & VERNA MANATT FAMILY FOUNDATION				20-81121	64
File by ti		ee instruc	tions	Social se	curity number (SS	
filing you	" 1775 OLD 6 ROAD	_				
return S		oreign add	Iress, see instructions			
	BROOKLYN, IA 52211					
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
						
Application Return Application						Return
Is For Code			Is For	Code		
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 4	1720 (ındıvidual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227	10		
Form 9	990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11		
	990-T (trust other than above)	06	Form 8870			12
	PAM BENISHEK					
• The	books are in the care of ▶ 1775 OLD 6 ROAI	D - B1	ROOKLYN, IA 52211			
Tele	ephone No ▶ 641-522-9206		Fax No ▶			
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole group,	check this
box >	. If it is for part of the group, check this box	and atta				
1 1	request an automatic 3-month (6 months for a corporation					
		•	tion return for the organization name		The extension	
Ī	s for the organization's return for.		-			
	X calendar year 2013 or					
	tax year beginning	, an	d ending			
-	· · · · · · · · · · · · · · · · · · ·					
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Fınal retui	'n	
_	Change in accounting period					
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax, less any		<u> </u>	
	nonrefundable credits See instructions	,		За	\$	0.
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	v refundable credits and	- 0	 •	
	estimated tax payments made Include any prior year overp			Зь	s	717.
-	Balance due. Subtract line 3b from line 3a. Include your pa			- 100		
	by using EFTPS (Electronic Federal Tax Payment System)	•	• • •	3с	s	0.
	n. If you are going to make an electronic funds withdrawal				 	
ınstruc		,3,,551 06			1 01111 007 3-20 1	o payment

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

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CAS	SH IN	IVESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE N PER BOOKS		(B) WESTMENT ICOME	(C) ADJUSTED NET INCOME		
CHARLES SCHWAB PATRIOT BANK			2,987.		2,987.		
TOTAL TO PART I, LI	NE 3		2,988.		2,988.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM S	SECUR	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVE				
CHARLES SCHWAB BOND/EQUITY FUNDS	22,544	. 1,35	7. 21	,187.	21,18	7.	
TO PART I, LINE 4	22,544	1,35	7. 21,	,187.	21,18	7.	
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FEDERAL TAX	_	283.		0.			0.
TO FORM 990-PF, PG	1, LN 18 =	283.		0.			0.
FORM 990-PF		OTHER E	XPENSES	·····		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
ADVISORY FEES	-	1,566.		0.			0.
TO FORM 990-PF, PG	1, LN 23	1,566.		0.			0.
	=						

JULIE ANN MANATT

BROOKLYN, IA 52211

1775 OLD 6 ROAD

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALU		FAIR MARKE	
CHARLES SCHWAB FUNDS	COST	475,6	5,639. 501,		
TOTAL TO FORM 990-PF, PART	L TO FORM 990-PF, PART II, LINE 13 475,639.			501,991	
FORM 990-PF LIST	OF SUBSTANTIAL CONTRIE PART VII-A, LINE 10	BUTORS	STAT	EMENT	6
NAME OF CONTRIBUTOR	ADDRESS				
MERLIN MANATT	BOX 535				
	BROOKLYN, IA	52211			
TRUST	I - LIST OF OFFICERS, I EES AND FOUNDATION MANA TITLE AND	DIRECTORS AGERS COMPEN-	EMPLOYEE BEN PLAN	EXPENS	SE
NAME AND ADDRESS	I - LIST OF OFFICERS, I TEES AND FOUNDATION MANA TITLE AND AVRG HRS/WK	DIRECTORS AGERS	EMPLOYEE	EXPENS	
NAME AND ADDRESS MERLIN MANATT BOX 535	I - LIST OF OFFICERS, I EES AND FOUNDATION MANA TITLE AND	DIRECTORS AGERS COMPEN-	EMPLOYEE BEN PLAN	EXPENS	SE
NAME AND ADDRESS MERLIN MANATT BOX 535 BROOKLYN, IA 52211 PAM BENISHEK 1775 OLD 6 ROAD	I - LIST OF OFFICERS, I EES AND FOUNDATION MANA TITLE AND AVRG HRS/WK DIRECTOR	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENS ACCOUN	SE NT 0.
	TI - LIST OF OFFICERS, INTEREST AND FOUNDATION MANAGED AND FOUNDATION MANAGED AVECTOR 1.00 SECRETARY	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENS ACCOUN	SE NT

DIRECTOR

1.00

0.

0.

0.

MERLIN & VERNA MANATT FAM	ILY FOUNDATION		20-83	112164
MICHELLE M MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
ANTHONY JOHN MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
MARGARET MARY MANATT 1775 OLD 6 ROAD BROOKLYN, IA 52211	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MERLIN MANATT BOX 535 BROOKLYN, IA 52211

TELEPHONE NUMBER

641-236-5600

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM WITH THE NAME OF THE ORGANIZATION AND ANY INFORMATION CONCERNING THE REASON THEY ARE SEEKING FUNDS.

ANY SUBMISSION DEADLINES

NONE, HOWEVER, FUNDS WILL BE DISPERSED IN DECEMBER.

RESTRICTIONS AND LIMITATIONS ON AWARDS

ORGANIZATIONS MUST BE TAX-EXEMPT, NON-PROFIT AND LOCATED IN THE BROOKLYN, IOWA AREA.