efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491319003397

OMB No 1545-0052

2016

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-2	016 , a	nd er	nding 12-31-	2016				
		indation DUNDATION INC			A Employer Id	entification numbe	er			
1.11	WILL IC	NONDATION INC			20-1593416					
		d street (or P O box number if mail is not delivered to street address 7TH LOOP	) Room/suite		<b>B</b> Telephone nu	mber (see instructio	ins)			
01	72 JL 4	7111 LOOP			(352) 622-8573					
		n, state or province, country, and ZIP or foreign postal code 344804474	-1		<b>C</b> If exemption	application is pendir	ng, check here			
G C	ock al	ll that apply □ Initial return □ Initial return of a	former public charity		D.1 Foreign or	ganizations, check h	uoro =			
a Ci	ieck ai	☐ Final return ☐ Amended return			I -	ganizations, check in	▶ ∟			
		☐ Address change ☐ Name change				k here and attach co				
H Ch	eck tv	rpe of organization   ☑ Section 501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), che				
_		n 4947(a)(1) nonexempt charitable trust  Other taxabl			under sectio	11 307(D)(1)(A), Clie	ck liefe - —			
		ket value of all assets at end J Accounting method	☑ Cash ☐ Accru	ıal	<b>F</b> If the founda	ation is in a 60-mont	th termination			
		from Part II, col (c),  \$ 14,843,350	t be on cash basis )		under section	n 507(b)(1)(B), che	ck here			
Da	et T		<u> </u>			Γ	(4) Diskinson			
Pα	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)		(c) Adjusted net	(d) Disbursements for charitable			
		equal the amounts in column (a) (see instructions) )	books		income	ıncome	purposes (cash basıs only)			
	1	Contributions, gifts, grants, etc , received (attach	11,158,784							
	_	schedule)								
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B								
	3	Interest on savings and temporary cash investments	8	3						
	4	Dividends and interest from securities	182,312		182,312					
	5a	Gross rents								
	b	Net rental income or (loss)								
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	234,571							
	b	Gross sales price for all assets on line 6a 5,204,96								
Re	7	Capital gain net income (from Part IV, line 2)	2		212,170					
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	11,575,675	5	394,482					
	13	Compensation of officers, directors, trustees, etc								
	14	Other employee salaries and wages								
es Ses	15	Pension plans, employee benefits								
ens	16a	Legal fees (attach schedule)								
Administrative Expenses	ь	Accounting fees (attach schedule)	6,178							
e l	С	Other professional fees (attach schedule)	17,026		17,026					
ati	17	Interest	<b>66-1</b> 44.504		4.024					
<u> </u>	18	Taxes (attach schedule) (see instructions)	11,561		4,031					
Ē	19	Depreciation (attach schedule) and depletion								
₽	20	Occupancy								
D L	21 22	Printing and publications								
е Б	23	Other expenses (attach schedule)	50	)						
Operating and	24	Total operating and administrative expenses.								
er.		Add lines 13 through 23	34,815	;	21,057					
Ö	25	Contributions, gifts, grants paid	114,000	-	,		114,000			
	26	Total expenses and disbursements. Add lines 24 and	·				<u> </u>			
		25	148,815	i	21,057		114,000			
	27	Subtract line 26 from line 12								
	а	Excess of revenue over expenses and disbursements	11,426,860	)						
	ь	Net investment income (if negative, enter -0-)			373,425					
	С	Adjusted net income(If negative, enter -0-)								
or	Daner	work Reduction Act Notice, see instructions.	•		Cat No. 11280	/ Ea	rm 000-DE (2016			

2,423,115

528

2,555,820

2,555,820

2,555,820

2,555,820

(چە

13,754,649

13,772,163

4.692

4,692

13,767,471

13,767,471 13,772,163

2

3

4

5

6

2,555,820

11,426,860

13,982,680

13,767,471 Form 990-PF (2016)

215,209

14,825,836

14,843,350

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . .

Investments—land, buildings, and equipment basis ▶ \_\_

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Temporarily restricted

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) > \_\_\_\_

	6
	7
S.	8
Assets	9
As	10a
	b
	С

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

4

Forn	990-PF (2016)		Page <b>7</b>
Pa	Information About Officers, Directors, Trustees and Contractors (continued)	, Foundation Managers, Highly Paid	Employees,
3		·	DNE".
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	<u>E</u>		
Tota	I number of others receiving over \$50,000 for professional services		
Pa	rt IX-A Summary of Direct Charitable Activities		
	he foundation's four largest direct charitable activities during the tax year. Include re nizations and other beneficiaries served, conferences convened, research papers prod		Expenses
1	DIRECT CONTRIBUTIONS TO QUALIFYING ORGANIZATION SEE ATTACH	ED LIST	114,000
2			
•			
•			
3			
4			
Pa	rt IX-B Summary of Program-Related Investments (see	e instructions)	_
D	escribe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1	N/A		
2			
•			7
Δ	ll other program-related investments. See instructions		
3			
•			
			7
Γota	I. Add lines 1 through 3		<b>•</b>
			Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

114.000

114,000

Form 990-PF (2016)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

the section 4940(e) reduction of tax in those years

4

a From 2011. . . . .

e From 2015. . . . .

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 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 assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must

same amount must be shown in column (a) )

(If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . . d Excess from 2015. . e Excess from 2016. .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**b** From 2012. . . . c From 2013. .

d From 2014. . . .

2

b

114,000

58,898

217,903

Form **990-PF** (2016)

Page 9

20 11 (2	010)
XIII	Undistributed Income (see

rt XIII	Undistr	ibuted I	ncom	<b>e</b> (se	ee instrud	tions)
						(a) Corpus
Distributab	le amount f	or 2016 fro	m Part	ΧI,	line 7	
Undistribut	ed income,	if any, as o	of the e	nd o	f 2016	
Enter amo	unt for 2015	5 only				
Total for p	rior years	20,	20	_ ,	20	

3 Excess distributions carryover, if any, to 2016 24.958 30,374

2.144 1,422

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$

required—see instructions). . . . . . . . .

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election

**d** Applied to 2016 distributable amount. . . .

e Remaining amount distributed out of corpus

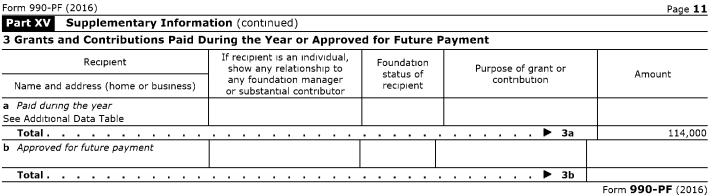
58,898

58.898

(b)

Years prior to 2015

(c)



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
. Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
f						
_	and contracts from government agencies					
	rship dues and assessments st on savings and temporary cash					
	ments			14	8	
	ds and interest from securities			14	182,312	
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	ntal income or (loss) from personal property					
Other in	nvestment income.					
Gain o	or (loss) from sales of assets other than					
	ory			14	234,571	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
C	Add columns (b), (d), and (e).				416,891	
Total.	Add line 12, columns (b), (d), and (e)			13	410,091	<u> </u>   416,89
ee worksl	neet in line 13 instructions to verify calculatio	ns)				,
art XVI	B Relationship of Activities to th					
ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )	empt purposes (c	other than by pro	ividing funds for such	purposes) (See	

1 (20	10)																		
II			_	rding tions	Transfers	To a	and	Trans	action	s and	Relat	ion	ship	s W	ith I	None	charit	able	
		 																	$\subset$

Part XVII	Information Re		isfers To a	and Transaction	ns and Relatio	nships With Noi	ncharitable		
	ganization directly or in Code (other than sectio	dırectly engage ı					on 501	Yes	No
, ,	from the reporting foun		•	•		-			
<b>(1)</b> Cash							. 1a(1)		No
<b>(2)</b> Othe	rassets						. 1a(2)		No
<b>b</b> Other tran	nsactions								
<b>(1)</b> Sales	s of assets to a nonchar	table exempt or	ganızatıon.				. 1b(1)		No
<b>(2)</b> Purch	hases of assets from a r	oncharitable exe	empt organiz	zation			1b(2)		No
	al of facilities, equipmer	•					1b(3)		No
	bursement arrangemen						. 1b(4)		No
	s or loan guarantees.						. 1b(5)		No
	rmance of services or m								No
_	f facılıtıes, equıpment, n wer to any of the above	-	· ·						No
of the goo	wer to any of the above ods, other assets, or ser nsaction or sharing arra  (b) Amount involved	vices given by th ngement, show i	ne reporting in column (c	foundation If the f	oundation receive goods, other asse	d less than fair mar	ket value ved	naemeni	ts
(=, =	(2)	(0)			(2) 2 222		,		
	•				-	-			
2a Is the fou	ndation directly or indire	ectly affiliated wi	th, or relate	d to, one or more t	ax-exempt organ	zations			
described	in section 501(c) of the	Code (other tha	n section 50	)1(c)(3)) or in sect	ion 527?		🗆 Yes	<b>✓</b> N	0
<b>b</b> If "Yes," o	complete the following s	chedule							
<u> </u>	(a) Name of organization	on	(1	<b>b)</b> Type of organizatio	n	(c) Description	of relationship		
of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, corre							
Here	*****			2017-11-13	*****		May the IRS discus with the preparer :		
<u> </u>	Signature of officer or t	rustee		Date	Title		see instr )? 🗹 Y		
	Print/Type preparer's	name Pre	eparer's Sıgı	nature	Date	Check if self-	PTIN P00019	9489	
Paid	KATHLEEN M CONI	DON			2017-11-13	employed ▶ Ш			
Preparer Use Only		AWN MARSHALL	CUNNINGHA	AM CONDON SWEA	Т		Fırm's EIN ▶59	-18412	.02
ose Only		7 EXECUTIVE CE	ENTER DR W	/ STE 100					
		INT PETERSBUR					Phone no (727	) 823-6	5500
	1								

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILDREN'S HOSPITAL BOSTON CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE 300 LONGWOOD AVE BOSTON, MA 02115	NONE	501(C)(3)	OMS RESEARCH	15,000
USOC PARALYMPICS USOC PARALYMPICS S TEJON ST S TEJON ST COLORADO SPRINGS, CO 80909	NONE	501(C)(3)	SUPPORT PARALYMPIC ATHLETES	30,000
MERCY MEDICAL ANGELS MERCY MEDICAL ANGELS 4620 HAYGOOD RD 4620 HAYGOOD RD VIRGINIA BEACH, VA 23455	NONE	501(C)(3)	MEDICALLY RELATED TRANSPORTATION	5,000
GRACE LUTHERAN SCHOOL GRACE LUTHERAN SCHOOL 4301 16TH ST N 4301 16TH ST N ST PETERSBURG, FL 33703	NONE	CHURCH	YOUTH EDUCATION	3,000
ST PATRICK CHURCH OF MINTURN ST PATRICK CHURCH OF MINTURN 475 PINE STREET 475 PINE STREET MINTURN, CO 81645	NONE	CHURCH	CHURCH	14,000
Total				114,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of						
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
SHRINER'S HOSPITAL FOR CHILDREN SHRINER'S HOSPITAL FOR CHILDREN 12502 USF PINE DRIVE 12502 USF PINE DRIVE TAMPA, FL 33612	NONE	501(C)(3)	CHILDREN'S HEALTHCARE	1,500				
COMMUNITY CHURCH OF MONTREAT COMMUNITY CHURCH OF MONTREAT 396 GENEVA PLACE 396 GENEVA PLACE MONTREAT, NC 28757	NONE	CHURCH	CHURCH	2,000				
GIVE KIDS THE WORLD INC GIVE KIDS THE WORLD INC 210 S BASS RD 210 S BASS RD KISSIMMEE, FL 34746	NONE	501(C)(3)	CHILDREN WITH LIFE- THREATENING ILLNE	3,500				
OMSLIFE FOUNDATION OMSLIFE FOUNDATION PO BOX 2899 PO BOX 2899 CYPRESS, TX 77410	NONE	501(C)(3)	OPSOCLONUS MYOCLONUS AWARENESS	10,000				
HUMANE SOCIERTY MARION COUNTY HUMANE SOCIETY MARION COUNTY 701 NW 14TH RD 701 NW 14TH RD OCALA, FL 34475	NONE	501(C)(3)	ANIMAL WELFARE	1,500				
Total				114,000				

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the \	ear or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FLORIDA DIABETESCAMP FLORIDA DIABETES CAMP PO BOX 14136 PO BOX 14136 GAINESVILLE, FL 32604	NONE	501(C)(3)	DIABETES EDUCATION	1,000
MARION CNTY CHILD ADVOCACY CTR MARION CNTY CHILD ADVOCACY CTR 315 FAIRMONT AVE 315 FAIRMONT AVE FAIRMONT, WV 26554	NONE	501(C)(3)	CHILDREN AFFECTED BY ABUSE	2,000
COLLEGE OF CENTRAL FL FOUNDATION COLLEGE OF CENTRAL FL FOUNDATION 3001 SW COLLEGE RD 3001 SW COLLEGE RD OCALA, FL 34474	NONE	501(C)(3)	EDUCATION	5,000
QUEEN OF PEACE CHURCH QUEEN OF PEACE CHURCH 6455 SW STATE RD 200 6455 SW STATE RD 200 OCALA, FL 34476	NONE	CHURCH	CHURCH	14,000
SONGS FOR KIDS FOUNDATION SONGS FOR KIDS FOUNDATION 1579 MONROE DR STE F-927 1579 MONROE DR STE F-927 ATLANTA, GA 30324	NONE	501(C)(3)	KIDS FACING ILLNESS & HARDSHIP	1,500

Total . . . 3a 114,000

Recipient If recipient is an individual, show any relationship to any foundation manager and contribution any foundation manager recipient.

a Paid during the year				
TURPENTINE CREEK FOUNDATION TURPENTINE CREEK FOUNDATION 239 TURPENTINE CREEK LN 239 TURPENTINE CREEK LN EUREKA SPRINGS, AR 72632	NONE	501(3)(3)	ABANDONED & ABUSED TIGERS, LIONS ETC	

5.000

114,000

or substantial contributor

Name and address (home or business)

Total.

3a

efile GRAPHIC print - DO NO	DLN: 93491319003397							
TY 2016 Accounting Fees Schedule								
Name: MANTZ FOUNDATION INC EIN: 20-1593416								
Category	Amo	unt l	let Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FORM 990-PF PREPARATION		2,678						
BOOKKEEPING SETUP FEE		3,500						

lote: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.										
TY 2016 Gain/Loss from Sale of Other Assets Schedule										
	Name:	MANTZ FO	DUNDATI	ON INC						
	EIN:	20-15934	16							
Nama	Data	Цом	Data	Durchasor	Green Sales	Pasis	Pasis	Falas	Total	Accumulated

DLN: 93491319003397

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	A ccumulated Depreciation
PUBLICLY TRADED SECURITES	2015-03	PURCHASE	2016-12		4,939,646	4,934,807			4,839	
PUBLICLY TRADED	2012-12	DONATION	2016-11		53,144	35,582			17,562	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319003397

## **TY 2016 Investments Corporate Stock Schedule**

Name: MANTZ FOUNDATION INC

<b>EIN:</b> 20-1593416					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
DFA INTL SMALL COMPANY	670,185	715,758			
DFA EMERG MKTS PORT INSTL	200,001	202,668			
DFA INTL VALUE III	1,371,466	1,434,757			
DFA LARGE CAP VALUE III	2,568,877	2,808,025			
DFA ONE-YEAR FIXED INCOME	801,384	799,174			
DFA TAX MNGD SMALL CAP PORT	152,463	168,314			
VANGUARD REIT INDEX ADM	722,536	706,601			
DFA US SMALL CAP PORT	1,044,779	1,189,027			
VANGUARD TOTAL STOCK MKT ADM	2,381,240	2,750,238			
DFA EMERGING MKTS CORE FUND	972,627	926,678			
DFA INTL SMALL CAP VALUE FUND	677,499	712,754			
DFA US TARGETED VALUE	1,292,254	1,484,101			
VANGUARD DEVEL MKTS ADM	899,338	927,741			

Name: MANTZ FOUNDATION INC.

As Filed Data -

PREPAID FEDERAL EXCISE TAX

efile GRAPHIC print - DO NOT PROCESS

**EIN:** 20-1593416

Other Assets Schedule Description

End of Year - Fair

Book Value

528

End of Year - Book Value

Market Value

DLN: 93491319003397

Beginning of Year -

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319003397					
TY 2016 Other Decreases Schedule								
Name:	MANTZ FOUND	ATION INC						
EIN:	20-1593416							
De	escription		Amount					
ADJUST TO SEC 1014 BASIS			215,209					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491319003397			
TY 2016 Other Expenses Schedule							
Name:	MANTZ FOUNDA	ATION INC					
EIN:	20-1593416						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
WIRE FEES	50						

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491319003397					
TY 2016 Other Liabilities Schedule									
Name:	MANTZ FOUND	DATION INC							
EIN:	20-1593416								
Description		Beginning of Year - Book Value	End of Year - Book Value						
FEDERAL EXCISE TAX PAYABLE				4,692					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	•	DLI	N: 93491319003397				
TY 2016 Other Professional Fees Schedule								
Name: MANTZ FOUNDATION INC EIN: 20-1593416								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

17,026

17,026

INVESTMENT MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349131900339								
TY 2016 Taxes Schedule	TY 2016 Taxes Schedule							
Name:	MANTZ FOU	NDATION INC		1				
EIN:	20-1593416	,						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
EXCISE TAX BASED ON INVESTMENT I	7,469							
FOREIGN TAXES WITHHELD FROM DIVI	4,031	4,031						
STATE ANNUAL REPORT	61							

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 93491319003397							
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>						
Name of the organizat MANTZ FOUNDATION IN		Employer id	dentification number				
		20-1593416					
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ation					
	☐ 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						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer property) from any one contributor. Complete Parts I and II. See instructions for						
Special Rules							
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), F ny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Part II, line 13,	16a, or 16b, and that				
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rectotal contributions of more than \$1,000 exclusively for religious, charitable, scient the prevention of cruelty to children or animals. Complete Parts I, II, and III						
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reccontributions exclusively for religious, charitable, etc., purposes, but no such context enter here the total contributions that were received during the year for an accomplete any of the parts unless the <b>General Rule</b> applies to this organization lable, etc., contributions totaling \$5,000 or more during the year	ntributions tota i <i>exclusively</i> re because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>				
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file tit <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	H of its					
For Paperwork Reduction for Form 990, 990-EZ, or 9		lule B (Form 990	), 990-EZ, or 990-PF) (2016)				

Name of organization Employer identification number MANTZ FOUNDATION INC 20-1593416 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person JEANNE M MANTZ FAMILY TRUST B-2 **Payroll** 2398 SW 76TH LANE \$5,869,178 Noncash OCALA, FL34476 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person RUSSELL MANTZ FAMILY TRUST B-2 Payroll 662 SE 47TH LOOP \$5,289,606 Noncash OCALA, FL34480 (Complete Part II for noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organiz		Employer ident	ification number
		20-15	93416
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES	\$ 5,540 791	2016-07-28
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES	\$ 3 387	2016-08-03
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PUBLICLY TRADED SECURITIES	\$ 2,949 606	2016-07-28
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organization MANTZ FOUNDATION INC			Employer identification number 20-1593416
than \$1 organız the yea	,000 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari actions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t 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, and	(e) Transfer of gift 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, and	(e) Transfer of gift 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, and	(e) Transfer of gift	Relationship of transferor to transferee
			·
		9	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)