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OMB No 1545-0052

2017

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Open to Public . Inspection

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>.

For	cale	ndar year 2017, or tax yea	r beginning 01-01-20	)17 , aı	nd er	nding 12-31-	2017	
		undation				A Employer id	entification numbe	r
MANTZ FOUNDATION INC						20-1593416		
		d street (or P O box number if mail is i 17TH LOOP	not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
		1770				(352) 622-8573	1	
		n, state or province, country, and ZIP o 344804474	r roreign postai code			<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	Il that apply 🔲 Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere . $\square$
		☐ Final return	Amended return				ganizations meeting	
		Address char	nge 🔲 Name change				k here and attach co	· · · —
_	•		501(c)(3) exempt private				ındatıon status was t n 507(b)(1)(A), chec	
<u> </u>	Section	n 4947(a)(1) nonexempt charitab	le trust 🔲 Other taxabl	e private foundation		1		
of	year (1	ket value of all assets at end from Part II, col (c), ▶\$ 17,279,995	J Accounting method  Other (specify) (Part I, column (d) must	Cash Accru	al		ation is in a 60-monti n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total			1		(d) Disbursements
		of amounts in columns (b), (c), and equal the amounts in column (a) (se	(d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc	, received (attach					(,
	2	schedule) Check ▶ ☑ If the foundation is	<b>not</b> required to attach					
	-	Sch B						
	3	Interest on savings and tempora	·	1,542	<u> </u>	1,542		
	4	Dividends and interest from sec	urities	356,647		356,647		
	5a	Gross rents						
	b	Net rental income or (loss)		247.212				
E E	6a	Net gain or (loss) from sale of a		347,313				
Revenue	b	Gross sales price for all assets o	n line 6a 746,169					
ă	7	Capital gain net income (from P	art IV, line 2)			347,313		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowed Less Cost of goods sold	owances	<u> </u>				
		Gross profit or (loss) (attach sch		<u> </u>				
	11	Other income (attach schedule)	reduicy I I I I I					
	12	Total. Add lines 1 through 11		705,502		705,502		
	13	Compensation of officers, direct						
	14	Other employee salaries and wa	ges					
Ş	15	Pension plans, employee benefit	:s					
nse	16a	Legal fees (attach schedule) .						
Expenses	ь	Accounting fees (attach schedul	e)	22,800				
ω e	С	Other professional fees (attach	schedule)	46,548		46,548		
Ĭ	17	Interest						
and Administrative	18	Taxes (attach schedule) (see in	structions)	20,683		7,657		
Ē	19	Depreciation (attach schedule) a	and depletion					
di di	20	Occupancy						
Þ	21	Travel, conferences, and meeting	gs					
a	22	Printing and publications						
bu:	23	Other expenses (attach schedul						
Operating	24	Total operating and administ	•	20.55		F 1 25-		_
ă	]	Add lines 13 through 23		90,031	1	54,205		312 503
_	25	Contributions, gifts, grants paid		312,503				312,503
	26	Total expenses and disburse 25	ments. Add lines 24 and	402,534		54,205		312,503
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expe disbursements	nses and	302,968				
	ь	Net investment income (If ne	gative, enter -0-)		L	651,297		
	С	Adjusted net income(if negation	ve, enter -0-)					
For	Danar	work Reduction Act Notice, se	o instructions	· · · · · · · · · · · · · · · · · · ·		Cat No. 11280		m 000-BE (2017)

	l				
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
Ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	13,754,649	13,558,130	16,762,208
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis >			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	13,772,163	14,075,917	17,279,995
	<del>  </del>				

# 17 Accounts payable and accrued expenses . 18 Grants payable. . . . . . . 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons

21 Mortgages and other notes payable (attach schedule). . . . . . (چە 22 Other liabilities (describe >\_ 4,692 5,478 23 4,692 5,478 Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. 24 13,767,471 14,070,439 Unrestricted Temporarily restricted 25 26 Permanently restricted . Foundations that do not follow SFAS 117, check here

Liabilities Net Assets or Fund Balances and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund 28 29 Retained earnings, accumulated income, endowment, or other funds

30 Total net assets or fund balances (see instructions) . . . . . 13,767,471 14,070,439

13,772,163 14,075,917 31 Total liabilities and net assets/fund balances (see instructions) . Part III Analysis of Changes in Net Assets or Fund Balances

13,767,471

14,070,439

14,070,439 Form **990-PF** (2017)

302,968

2

3

4

5

6

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

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

2

3

4

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	How acquired P—Purchase D—Donation	Date acquired (mo , day, yr )	Date sold (mo , day, yr )		
1 a PUBLICLY TRADED SECU	RITIES	D	2016-07-28	2017-01-11		
b PUBLICLY TRADED SECU	P	2016-09-09	2017-01-11			
c PUBLICLY TRADED SECU			P	2015-10-08	2017-01-17	
d						
e						
	(f)		(g)	<u> </u>	h)	
(e)	Depreciation allowed		other basis		r (loss)	
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f	) minus (g)	
a	3,376		3,387	<u>'</u>	-11	
b 5	58,034		59,235	;	-1,201	
<b>c</b> 33	33,190		336,234	1	-3,044	
d						
e				1		
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	<del></del>	I)	
complete only for asset	(i)	i	(k)		h) gain minus	
(i)	Adjusted basis		of col (i)		less than -0-) <b>or</b>	
F M V as of 12/31/69	as of 12/31/69		(j), ıf any	Losses (fro	om col (h))	
a					-11	
b					-1,201	
С					-3,044	
d						
e						
	gain or (loss) as defined in sections :	ons) If (loss), enter -0	Part I, line 7	2	347,313	
, 	Under Section 4940(e) for Re		Investment In	come		
For optional use by domestic r	private foundations subject to the sec	tion 4940(a) tax on ne	et investment incon	ne )		
if section 4940(d)(2) applies, li		,		,		
	ne section 4942 tax on the distributal ot qualify under section 4940(e) Do			? \ \ \ \ \ \ \ \	es 🗹 No	
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entrie	!S		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	lle-use assets	<b>(d)</b> Distribution rati (col (b) divided by c		
2016	114,000		7,965,408		0 014312	
2015	111,800		2,242,025		0 049866	
2014	91,520		1,941,264		0 047145	
2013	84,066		1,663,054		0 050549	
2012	49,972		395,150		0 126463	
2 Total of line 1, column (	d)		2	1	0 288335	
3 Average distribution ratio	o for the 5-year base period—divide to indation has been in existence if less				0 057667	
	incharitable-use assets for 2017 from				15,771,717	
5 Multiply line 4 by line 3			5		909,508	
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		6,513	
<b>7</b> Add lines 5 and 6			7		916,021	
	ions from Part XII, line 4 ,		8		312,503	
If line 8 is equal to or gr	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions					

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, D	Directors Trustees	Foundation Managers	Highly Paid Employees
Dowl VIII	Initination About Officers, L	Jirectors, Trustees,	i outlaation managers,	inging raid Employees,
Lair Attt	and Contractors			

1 List all officers, directors, truste	es. fo	oundation managers an	d their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week  b) devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
SCOTT T RYAN	<u> </u>	SIDENT/DI	compensation		
2398 SW 76TH LANE OCALA, FL 34476	000 00		0	0	
JEFFREY R MANTZ		ASURER/DI	0	0	C
662 SE 47TH LOOP	000	00			
OCALA, FL 34480	VD /D	NIDECTOR			
MARK H MANTZ 113 WILLIAMS PRIDE WAY	000	DIRECTOR 00	0	0	
NEWNAN, GA 30265					
2 Compensation of five highest-pa	id er	nployees (other than th	ose included on line 1	—see instructions). If nor	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
Total number of other employees paid ov					
3 Five highest-paid independent co					
(a) Name and address of each person NONE	прав	d more than \$50,000	( <b>b)</b> Typ	e of service	(c) Compensation
NONE			-		
			1		
			1		
<b>Total</b> number of others receiving over \$50	0,000	) for professional services.			
Part IX-A Summary of Direct (					
List the foundation's four largest direct charitable organizations and other beneficiaries served, con	activ	rities during the tax year. Inclu	ide relevant statistical inform	nation such as the number of	Expenses
1 DIRECT CONTRIBUTIONS TO QUALIFY					312,503
2	1110	OKOMILATION SEL ATT	, terres ero		312,303
3					
4					
Part IX-B Summary of Program	m-R	elated Investments	(see instructions)		
Describe the two largest program-related inve	estme	nts made by the foundation d	uring the tax year on lines 1	and 2	Amount
<b>1</b> N/A					
2					
All other program-related investments	See	instructions			
3					
Total Add lines 1 through 2				<b>N</b>	
Total. Add lines 1 through 3 .	•			· · · · · · · •	5 000 PE (2017)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2

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

312.503

312.503

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Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

c From 2014. . .

94.600

Page 9

Part XIII Undistributed Income (see instructions)

ble amount for 2017 from Part XI, line 7	
ited income, if any, as of the end of 2017	

1	Distributable amount for 2017 from Part XI, line 7					
2	Undistributed income, if any, as of the end of 2017					
а	Enter amount for 2016 only					
h	Total for prior years 20 20 20					

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2018 . . . . . 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 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

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

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 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must

indicated below:

same amount must be shown in column (a) )

Excess distributions carryover, if any, to 2017 a From 2012. . . . . **b** From 2013. . . . .

d From 2015. . . . . e From 2016. . . . .

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

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, 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

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

**d** Applied to 2017 distributable amount. . . .

(a)

Corpus

(b)

Years prior to 2016

217,903

(c)

2016

217,903

680,960

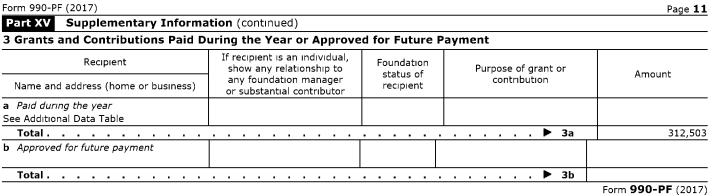
Form **990-PF** (2017)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

THERE ARE NO SUBMISSION DEADLINES

THERE ARE NO SUCH RESTRICTIONS

factors



	-A Analysis of Income-Producing	Activities				
nter gross	amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt function income
<b>1</b> Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
	_					
<b>g</b> Fees a	and contracts from government agencies					
	ship dues and assessments					
	st on savings and temporary cash ments			14	1,542	
	ds and interest from securities			14	356,647	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	evestment income					
	r (loss) from sales of assets other than					
invento	orỳ			14	347,313	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory evenue <b>a</b> _					
b	evenue a					
с						
	al Add columns (b), (d), and (e).				705,502	
	Add line 12, columns (b), (d), and (e) irksheet in line 13 instructions to verify calcu			1	3	705,502
Part XVI						
			ment of Exem	pt Purposes		
		e Accomplish	ed ın column (e) o	f Part XVI-A contribi		
Line No.	-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed ın column (e) o	f Part XVI-A contribi		
Line No.	-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed ın column (e) o	f Part XVI-A contribi		
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Line No.	-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed ın column (e) o	f Part XVI-A contribi		

orm 990-F	PF (2017)						Pa	ge <b>13</b>
Part XV	Information Re Exempt Organi		fers To and Transact	ions and I	Relationships With Non	charitable		
	organization directly or in he Code (other than sectio				ganization described in sectio political organizations?	n 501	Yes	No
<b>a</b> Transfe	ers from the reporting foun	idation to a noncha	rıtable exempt organizatio	on of				
<b>(1)</b> Ca	ash					. 1a(1)		No
(2) Ot	ther assets					. 1a(2)		No
<b>b</b> Other t	ransactions							ĺ
	ales of assets to a nonchar					. 1b(1)		No
	irchases of assets from a r					. 1b(2)		No
	ental of facilities, equipmer	•				1b(3)		No
	eimbursement arrangemen					. 1b(4)		No
` '	ans or loan guarantees.					. 1b(5)		No
` '	rformance of services or m		-			. 1b(6)		No
-	of facilities, equipment, r				should always show the fair m			No
ın any	transaction or sharing arra	ingement, show in	column (d) the value of t	he goods, ot	n received less than fair mark ther assets, or services receiv	ed		
(a) Line No	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	cription of transfers, transactions,	and sharing arra	ngemen	ts
								-
describ	oundation directly or indirectly or indirectly or indirectly of the	Code (other than				. 🗆 Yes	<b>✓</b>	No
<b>b</b> It "Yes,	complete the following s.".  (a) Name of organization		(b) Type of organiza	ation	(c) Description	of relationship		
	(a) Name of Organization	JII	(b) Type of organiza	iuon	(c) Description	or relationship		
1 1	Index penalties of persury	I declare that I have	to examined this return	neludina nec	companying schodules and sta	tomonto and	to the	hoct

Sign Here

### Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this 2018-11-06 return with the preparer shown Signature of officer or trustee Title Date (see instr )? 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date

Paid

KATHLEEN M CONDON **Preparer** Firm's name ▶ SPOOR BUNCH FRANZ **Use Only** Firm's address ▶ 877 EXECUTIVE CENTER DR W STE 100

SAINT PETERSBURG, FL 337022470

2018-11-14

Check if selfemployed ▶ 🗌

> Firm's EIN ▶36-4818378 Phone no (727) 888-9200

P00019489

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST PATRICK CATHOLIC PARISH NONE 509(A)(1) REPAIRS TO CHURCH IN 45,000 ST PATRICK CATHOLIC PARISH MINTURN PO BOX 219 PO BOX 219 MINTURN, CO 81645

SHRINER'S HOSPITAL FOR CHILDREN SHRINER'S HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR 2900 N ROCKY POINT DR TAMPA, FL 33607	NONE	509(A)(1)	GENERAL PURPOSE	1,500
OMSLIFE FOUNDATION OMSLIFE FOUNDATIONPO BOX 2899	NONE	509(A)(1)	GENERAL PURPOSE	10,000

2900 N ROCKY POINT DR TAMPA, FL 33607				
OMSLIFE FOUNDATION OMSLIFE FOUNDATIONPO BOX 2899 PO BOX 2899	NONE	509(A)(1)	GENERAL PURPOSE	10,00

OMSLIFE FOUNDATION	NONE	509(A)(1)	GENERAL PURPOSE	10,00
OMSLIFE FOUNDATIONPO BOX 2899				
PO BOX 2899				
CYPRESS.TX 77410				

Total . 312,503 3a

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HUMANE SOCIERTY MARION COUNTY NONE 509(A)(2) GENERAL PURPOSE 2,000 HUMANE SOCIETY MARION COUNTY PO BOX 1542 PO BOX 1542 OCALA, FL 34478 MADION CNTV CHILD ADVOCACY CTD NONE E01/A\/1\ KIMBERI V CENTER FOR CUILD 2 000

MARION CNTY CHILD ADVOCACY CTR  2800 NE 14TH ST  2800 NE 14TH ST  OCALA, FL 34470	NONE	501(A)(1)	PROTECTION CHILD	2,000
COLLEGE OF CENTRAL FL FOUNDATION COLLEGE OF CENTRAL FL FOUNDATION 3001 SW COLLEGE RD	NONE	501(A)(2)	GIFT OF HOPE SCHOLARSHIP	5,000

				1
COLLEGE OF CENTRAL FL FOUNDATION COLLEGE OF CENTRAL FL FOUNDATION 3001 SW COLLEGE RD 3001 SW COLLEGE RD OCALA, FL 34474	NONE	501(A)(2)	GIFT OF HOPE SCHOLARSHIP	5,000
Total				312,503

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	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
QUEEN OF PEACE CATHOLIC CHURCH QUEEN OF PEACE CATHOLIC CHURCH 6455 SW STATE RD 200 6455 SW STATE RD 200 OCALA, FL 34476	NONE	509(A)(1)	DIVISION BROTHERS KEEPER	4,500
TURPENTINE CREEK FOUNDATION TURPENTINE CREEK FOUNDATION 239 TURPENTINE CREEK LN 239 TURPENTINE CREEK LN EUREKA SPRINGS, AR 72632	NONE	509(A)(2)	HABITAT FUND	5,000

TURPENTINE CREEK FOUNDATION 239 TURPENTINE CREEK LN 239 TURPENTINE CREEK LN EUREKA SPRINGS, AR 72632		, , , ,		
ADAPTIVE SPORTS CENTER ADAPTIVE SPORTS CENTER PO BOX 1639 DO ROY 1630	NONE	509(A)(2)	ROGER PEPPER ADVENTURE CAMP	2,500

PO BOX 1639 CRESTED BUTTE, CO 81224

312,503

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALL SAINTS CATHOLIC SCHOOL NONE 509(A)(1) **READING CURRICULUM &** 20,000 ALL SAINTS CATHOLIC SCHOOL PLAYGROUND 1425 E YAQUI ST 1425 E YAQUI ST SIERRA VISTA, AZ 85650 ALLIANCE FOR CHILDRENS RIGHTS NONE 509(A)(1) **GENERAL PURPOSE** 2,250

ALLIANCE FOR CHILDRENS RIGHTS 3333 WILSHIRE BLVD 3333 WILSHIRE BLVD LOS ANGELES, CA 90010		, ,, ,		·
AMER FRIENDS OF ROYAL FOUNDATION AMER FRIENDS OF ROYAL FOUNDATION 845 3RD FL 6	NONE	509(A)(1)	HEADS TOGETHER	3,000

LOS ANGELES, CA 90010			
AMER FRIENDS OF ROYAL FOUNDATION AMER FRIENDS OF ROYAL FOUNDATION 845 3RD FL 6 845 3RD FL 6 NEW YORK, NY 10022	509(A)(1)	HEADS TOGETHER	3,000

312,503

Total . . . . . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ANNUNICATION HOUSE INC NONE 509(A)(1) GENERAL PURPOSE 2,000 ANNUNCIATION HOUSE INC 815 MYRTLE AVE 815 MYRTLE AVE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

EL PASO, IX 79901				
BEAUTY FARM & EQUINE RESCUE INC BEAUTY FARM & EQUINE RESCUE INC 2951 SE 160TH AVE 2951 SE 160TH AVE MORRISTON, FL 32668	NONE	509(A)(1)	GENERAL PURPOSE	3,100
CHRIST COMMUNITY CHURCH- MONTREAT CHRIST COMMUNITY CHURCH- MONTREAT PO BOX 279 PO BOX 279 MONTREAT, NC 28757	NONE	509(A)(1)	GENERAL PURPOSE	2,000
Total				312,503

orm 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	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHRIST THE KING ANGLICAN CHURCH CHRIST THE KING ANGLICAN CHURCH 3850 W ANTHONY RD 3850 W ANTHONY RD OCALA, FL 34475	NONE	509(A)(1)	NEW CHURCH BDLG CAMPAIGN	50,000
CHRIST THE KING ANGLICAN CHURCH CHRIST THE KING ANGLICAN CHURCH 3850 W ANTHONY RD 3850 W ANTHONY RD OCALA, FL 34475	NONE	509(A)(1)	YOUTH ACTIVITIES	26,068
CRADER ENDOWMENT FOR THE ARTS CRADER ENDOWMENT FOR THE ARTS 2468 RUTHERFORD ST	NONE	509(A)(1)	GENERAL PURPOSE	15,000

3850 W ANTHONY RD OCALA, FL 34475				
CRADER ENDOWMENT FOR THE ARTS CRADER ENDOWMENT FOR THE ARTS 2468 RUTHERFORD ST 2468 RUTHERFORD ST	NONE	509(A)(1)	GENERAL PURPOSE	15,0

312,503

ATLANTA, GA 30318

Total . . 3a

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				
DELTA AIR HERITAGE MUSEUM INC DELTA AIR HERITAGE MUSEUM INC 1060 DELTA BLVD BLDG B 1060 DELTA BLVD BLDG B ATLANTA, GA 30354	NONE	509(A)(1)	GENERAL PURPOSE	677
DISABLED AMER VETS CHAR SERV TR DISABLED AMER VETS CHAR SERV TR 3725 ALEXANDRIA PIKE 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	NONE	509(A)(1)	GENERAL PURPOSE	5,000
EDUCATION FOR LIFE WOMENS PREG CTR EDUCATION FOR LIFE WOMENS PREG CTR	NONE	509(A)(1)	GENERAL PURPOSE	10,000

DISABLED AMER VETS CHAR SERV TR DISABLED AMER VETS CHAR SERV TR 3725 ALEXANDRIA PIKE 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	NONE	509(A)(1)	GENERAL PURPOSE	5,000
EDUCATION FOR LIFE WOMENS PREG CTR EDUCATION FOR LIFE WOMENS PREG CTR 1701 E SILVER SPRINGS BLV	NONE	509(A)(1)	GENERAL PURPOSE	10,000

CTR		
EDUCATION FOR LIFE WOMENS PREG		
CTR		
1701 E SILVER SPRINGS BLV		
1701 E SILVER SPRINGS BLV		
OCALA, FL 34470		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FALLEN OAK EQUINE RESCUE & REHAB NONE 509(A)(1) GENERAL PURPOSE 1,500 FALLEN OAK EQUINE RESCUE & REHAB 18141 CREWS RD 181//1 CDEWS DD

GLEN ST MARY, FL 32040				
FEED THE DOG INC FEED THE DOG INC 25 STOREY AVE STE 8 25 STOREY AVE STE 8 NEWBURYPORT, MA 01950	NONE	509(A)(1)	SERVICE DOGS FOR VETERANS	1,168
FL CAMP FOR CHILDREN WITH DIABETES FL CAMP FOR CHILDREN WITH DIABETES PO BOX 14136 PO BOX 14136 GAINESVILLE, FL 32604	NONE	509(A)(1)	GENERAL PURPOSE	1,000
Total				312,503

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 any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
HOPE FOR THE WARRIORS HOPE FOR THE WARRIORS 5101C BACKLICK RD 5101C BACKLICK RD ANNANDALE, VA 22003	NONE	509(A)(1)	GENERAL PURPOSE	2,500
INJURED MARINE SEMPER FI INJURED MARINE SEMPER FI 825 COLLEGE BLVD STE 102 825 COLLEGE BLVD STE 102 OCEANSIDE, CA 92057	NONE	509(A)(1)	GENERAL PURPOSE	3,240
QUEEN OF PEACE MONASTERY INC	NONE	509(A)(1)	HOUSE DOWNPAYMENT	15,000

INJURED MARINE SEMPER FI INJURED MARINE SEMPER FI 825 COLLEGE BLVD STE 102 825 COLLEGE BLVD STE 102 OCEANSIDE, CA 92057	NONE	509(A)(1)	GENERAL PURPOSE	3,240
QUEEN OF PEACE MONASTERY INC QUEEN OF PEACE MONASTERY INC 363 ARMOUR ST 363 ARMOUR ST	NONE	509(A)(1)	HOUSE DOWNPAYMENT	15,000

DAVIDSON, NC 28036

312,503

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	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	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
RENAISSANCE CHARITABLE FOUNDATION RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE RD STE 555 8910 PURDUE RD STE 555 INDIANAPOLIS, IN 46268	NONE	509(A)(1)	LOVE FOR LOVE CITY FOUNDATION	3,500			
GOLD SHIELD FOUNDATION GOLD SHIELD FOUNDATION PO BOX 271791 PO BOX 271791 TAMPA, FL 33688	NONE	509(A)(1)	GENERAL PURPOSE	500			
TRINITY CATHOLIC HIGH SCHOOL TRINITY CATHOLIC HIGH SCHOOL 2600 SW 42ND ST	NONE	509(A)(1)	ST ANTHONY STAIN GLASS WINDOW	10,000			

GOLD SHIELD FOUNDATION PO BOX 271791 PO BOX 271791 TAMPA, FL 33688				
TRINITY CATHOLIC HIGH SCHOOL TRINITY CATHOLIC HIGH SCHOOL 2600 SW 42ND ST	NONE	509(A)(1)	ST ANTHONY STAIN GLASS WINDOW	10,000

2600 SW 42ND ST OCALA, FL 34471

312,503

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNBOUND NONE 509(A)(1) GENERAL PURPOSE 500 UNBOUND1 ELMWOOD AVE 1 ELMWOOD AVE KANSAS CITY, KS 66103

US OLYMPIC & PARALYMPIC FOUND US OLYMPIC & PARALYMPIC FOUND 1 OLYMPIC PLAZA 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	NONE	509(A)(3)	PARALYMPIC SKI TEAM	40,000
UNITED WAY OF MARION COUNTY UNITED WAY OF MARION COUNTY 1401 NE 2ND ST 1401 NE 2ND ST OCALA, FL 34470	NONE	509(A)(1)	GENERAL PURPOSE	5,000

Total . 3a

312,503

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year REHABILITATION & EDUCATION CTR NONE 509(A)(2) GENERAL PURPOSE 2,000 REHABILITATION & EDUCATION CTR PO BOX 36 PO BOX 36 MERLIN, OR 97532

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

MERCY MEDICAL ANGELS MERCY MEDICAL ANGELS 4620 HAYGOOD RD STE 1 4620 HAYGOOD RD STE 1 VIRGINIA BEACH, VA 23455	NONE	509(A)(1)	GENERAL PURPOSE	5,000
GRACE LUTHERAN SCHOOL GRACE LUTHERAN SCHOOL 4301 16TH ST N 4301 16TH ST N ST PETERSBURG, FL 33703	NONE	509(A)(1)	GNERAL PURPOSE	5,000

312,503

Total.

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TY 2017 Accounting	Fees Sch	edule			
	Name:	MANTZ F	OUNDATION INC		
	EIN:	20-15934	116		
Accounting Fees Schedule					
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FORM 990-PF PREPARATION		2,550			
FOUNDATION ADMIN FEES		20,250			

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### **TY 2017 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	881,538		
DFA EMERG MKTS PORT INSTL	136,716	185,714		
DFA INTL VALUE III	1,288,347	1,664,404		
DFA LARGE CAP VALUE III	2,510,540	3,009,960		
DFA ONE-YEAR FIXED INCOME	826,816	823,030		
DFA TAX MNGD SMALL CAP PORT	152,463	181,448		
VANGUARD REIT INDEX ADM	699,031	697,032		
DFA US SMALL CAP PORT	1,106,679	1,328,594		
VANGUARD TOTAL STOCK MKT ADM	2,418,180	3,315,216		
DFA EMERGING MKTS CORE FUND	972,627	1,239,485		
DFA INTL SMALL CAP VALUE FUND	612,280	791,994		
DFA US TARGETED VALUE	1,264,928	1,505,056		
VANGUARD DEVEL MKTS ADM	899,338	1,138,737		

DLN: 93491318024378

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TY 2017 Other Liabilities Sche	dule			
Name:	MANTZ FOUND	DATION INC		
EIN:	20-1593416			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
FEDERAL EXCISE TAX PAYABLE			4,692	5,478

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TY 2017 Other Professional F	Fees Schedul	e					
Name: MANTZ FOUNDATION INC EIN: 20-1593416							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

46,548

46,548

INVESTMENT MANAGEMENT FEES

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TY 2017 Taxes Schedule				
Name:	MANTZ FOUNDATION INC			
<b>EIN:</b> 20-1593416				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX BASED ON INVESTMENT I	13,026			
FOREIGN TAXES WITHHELD FROM DIVI	7,657	7,657		