Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

			ndar year 2019 or tax year beginning JANUAR		2019,		ending	DECEMBER	, 20	19			
	Nam	ne of fou	indation				A Employe	r identification numbe	Pr .				
			ANN FAMILY FOUNDATION					81-2258231					
	Num	ber and	street (or P O. box number if mail is not delivered to street address)		Room/si	uite	B Telephon	e number (see instructi	ons)				
			TH AVE			ļ		605-690-5040					
	City	or town	, state or province, country, and ZIP or foreign postal code	•			C If exemption application is pending, check here ▶						
	BR	OOKIN	GS, SD 57006										
	G	Check			ublic cl	harity	D 1. Foreign	n organizations, check l	nere	▶□			
			Final return Amended	2. Foreign organizations meeting the 85% test,									
			Address change Name char		check here and attach computation ▶								
			k type of organization:			<i>y</i> ¢		foundation status was f		_			
			on 4947(a)(1) nonexempt charitable trust				Section 5	07(b)(1)(A), check here	•	▶∐			
			narket value of all assets at J Accounting method	l: [✓] Cash [_ Acc	rual		ndation is in a 60-month					
			f year (from Part II, col. (c), Other (specify)				under sec	tion 507(b)(1)(B), check	here	▶□			
			6) ► \$ 1,474,995 (Part I, column (d), must be	e on cash basis	s.)								
		art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue a		(b) Net	investment	(c) Adjusted net	(d) Disburser for charita				
- h			the amounts in column (a) (see instructions).)	expenses pe books	er	ine	come	income	purpose (cash basis				
0%									(00311 00313	····y,			
174	_	1	Contributions, gifts, grants, etc., received (attach schedule)				· · · · · · ·						
		2	Check ► ☐ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments			-							
		3	Dividends and interest from securities										
		5a	Gross rents		000		40.000	40.000					
		b	Net rental income or (loss)	41	B,000		48,000	48,000					
	d)	6a	Net gain or (loss) from sale of assets not on line 10							;			
	Revenue	b	Gross sales price for all assets on line 6a							-i			
	Š	7	Capital gain net income (from Part IV, line 2)										
Ø 8	æ	8	Net short-term capital gain		-+								
Ö		9	Income modifications										
Ž		10a	Gross sales less returns and allowances		-								
SCANNED		b	Less: Cost of goods sold							-i			
$\overline{\square}$		C	Gross profit or (loss) (attach schedule)										
		11	Other income (attach schedule)							ì			
APR		12	Total. Add lines 1 through 11	41	8,000		48,000	48,000		1			
$\tilde{\mathcal{R}}$		13	Compensation of officers, directors, trustees, etc.		5,000				1	5,000			
<u>2</u> မ	enses	14	Other employee salaries and wages										
	e	15	Pension plans, employee benefits										
2021	Exp	16a	Legal fees (attach schedule)					-					
21	m	b	Accounting fees (attach schedule)	- 2	2,200					2,200			
	Operating and Administrative	С	Other professional fees (attach schedule)										
	tra	17	Interest										
	is	18	Taxes (attach schedule) (see instructions)										
	٦	19	Depreciation (attach schedule) and depletion							i			
	ğ	20	Occupancy										
	þ	21	Travel, conferences and meetings IVED		6,577					<u>6,577</u>			
	a	22	Printing and publications	,									
	g	23	Other expenses (attagn schedule)										
	ati	24	10)		.								
	ĕ	25			3,777		0	0		3,777			
	ŏ	25	Contributions, gifts gransable DEN UT		2,044					2,044			
		26	Total expenses and disbursements. Add lines-24 and 25	2!	5,821		0	0	2	5,821			
,		27	Subtract line 26 from line 12:							ł			
	,	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	22	2,179		40.000						
		C	Adjusted net income (if negative, enter -0-)		+		48,000	48,000					
		_			,			40,000		•			

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	21,587	33,140	33,140
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			1
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			I
		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) ▶			İ
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶ 1,441,855			1
		Less: accumulated depreciation (attach schedule) ▶	1.441.855	1,441,855	1,441,855
	12	Investments—mortgage loans	1,111,000	1,7711,000	1,141,000
	13	Investments—other (attach schedule)	· 		
	14	Land, buildings, and equipment: basis ▶			1
		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 l)	1,463,442	1,474,995	1,474,995
	17	Accounts payable and accrued expenses	1,100,112	1,111,000	1,474,000
	18	Grants payable			
ies	19	Deferred revenue			<u> </u>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable (attach schedule)			
	22				
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0	0	
Ś		Foundations that follow FASB ASC 958, check here ▶ □			
alances		and complete lines 24, 25, 29, and 30.			,
ā	24	Net assets without donor restrictions			
Ba	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ □			
5		and complete lines 26 through 30.	١		
Ē	26	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund		=··	
ë	28	Retained earnings, accumulated income, endowment, or other funds	1,463,442	1,474,995	
SS	29	Total net assets or fund balances (see instructions)	1,463,442	1,474,995	
t A	30	Total liabilities and net assets/fund balances (see	1,705,772	1,414,333	
Net Assets or Fund		instructions)	1,474,995		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	1,463,442	1,474,555	
		I net assets or fund balances at beginning of year-Part II, colur	nn (a), line 29 (must	t agree with	
-		of-year figure reported on prior year's return)			1,463,442
2		er amount from Part I, line 27a			22,179
3		on income and included in the O. Charlet A.S.	· · · · · · · · · · · · · · · · · · ·		££,179
4		lines 1, 2, and 3		4	1,485,621
5		reases not included in line 2 (itemize) ► SEE ATTACHED STATEME		5	13,880
6		I net assets or fund balances at end of year (line 4 minus line 5)-F			1,471,741

Part		Losses for Tax on Investm		ne	(b) How acquired	T			
		nd(s) of property sold (for example, real e se, or common stock, 200 shs. MLC Co			P—Purchase D—Donation		Date acquired o., day, yr)	(d) Date sold (mo , day, yr)	
1a									
<u>b</u>	·								
С						ļ			
<u>d</u>									
е		· · · · · · · · · · · · · · · · · · ·							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ise of sale			n or (loss) f) minus (g))		
<u>a</u>				<u> </u>					
<u> </u>						-			
c d								·	
e e		· · · · · · · · · · · · · · · · · · ·				-	.		
	Complete only for assets sho	wing gain in column (h) and owned	by the found:	ation	on 12/31/69				
		(j) Adjusted basis			of col (i)	1		. (h) gain minus i less than -0-) or	
	(i) FMV as of 12/31/69	as of 12/31/69			(j), if any			rom col (h))	
а							·		
b									
С						 			
d								· · · · · · · · · · · · · · · · · · ·	
е									
2	Capital gain net income or	TURI CADIIAI IOSSI / Y	also enter in enter -0- ir		,	2			
2	Not about tame conital asim	, , ,				-		0	
3		n or (loss) as defined in sections I, line 8, column (c). See instru							
					•	3		0	
Part		er Section 4940(e) for Redu					me		
		vate foundations subject to the							
Was t		e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do				base p	period?	☐ Yes ☑ No	
1	Enter the appropriate amo	unt in each column for each yea	ar; see the i	nstru	ctions before m	aking	any entries.		
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net va	llue of	(c) noncharitable-use a	ssets		(d) nbution ratio fivided by col (c))	
	2018	2	5,341			0		0.000000	
	2017		2,170			0	(0.000000	
	2016		0			0		.000000	
	2015		0			0	(.000000	
	2014		0			0		.000000	
2	Total of line 1, column (d)						2	0.000000	
3		for the 5-year base period—div		ıl on	line 2 by 5.0. o	rby			
		oundation has been in existence					3	0.000000	
4	Enter the net value of nonc	charitable-use assets for 2019 fr	om Part X,	line s	5	-	4		
5	Multiply line 4 by line 3 .						5		
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			· · · · · ·		6	480	
7	Add lines 5 and 6						7 480		
8	· · · · · ·	ns from Part XII, line 4 ter than line 7, check the box in				that n	8 art using a 1	25,821 % tax rate. See the	
	Part VI instructions.	ico chan line i, check the box iii	w. v., III !	e iD,	and complete	inal P	artusing a l	/U IAN IAIG. OCC IIIC	

3

Part		ee in	stru	ctior	is)
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)	_		_	l
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			480
	here ► ✓ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
2	Part I, line 12, col. (b)	2			_
2 3		3			490
4	 	4			480
5	· · · · · · · · · · · · · · · · · · ·	5			480
6	Credits/Payments:	-			460
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a	- 1			- 1
b	Exempt foreign organizations—tax withheld at source 6b				1
C	Tax paid with application for extension of time to file (Form 8868) 6c				j
ď	Backup withholding erroneously withheld 6d	- 1			ļ
7	· · · · · · · · · · · · · · · · · · ·	7 -			
8		8			
9		9			480
10		10		·····	0
11	to the state of th	1			0
	VII-A Statements Regarding Activities				<u>_</u>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	d it		Yes	No
	participate or intervene in any political campaign?		1a		√
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See t	the			
	instructions for the definition	.	1b		✓
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als			}
	published or distributed by the foundation in connection with the activities.	-	<u></u>		لبِــ
C	Did the foundation file Form 1120-POL for this year?	. }	1c		 -
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ļ	, i	Į
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposes	<u>_</u>		ŀ	
е	on foundation managers. ► \$	٦	ļ		i
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		
•	If "Yes," attach a detailed description of the activities.	·	-		<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	les	l		- 1
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .		3		√
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.	4a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. [5		✓
	If "Yes," attach the statement required by General Instruction T.	Γ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Ì		
	By language in the governing instrument, or		1		1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the	hat ,			
	conflict with the state law remain in the governing instrument?		6	1	
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	✓	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		ļ	İ	
	SD ·			}	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	.	8b		 ;
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				—┛╮
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes	:s,"	ا ۾		, 1
40	complete Part XIV	<u>.</u>	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	ieir	40		1

Ган	Statements regarding Activities (continued)			
44	As any standard and the same of all the fee adults and the standard and the same and all the same and the same at		Yes	No
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		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1.0		,
13	person had advisory privileges? If "Yes," attach statement. See instructions	12		✓
	Wahsita address			
14		5-690-	5040	
	Located at ► 20601 470TH AVE, BROOKINGS, SD ZIP+4 ► 5	7006-5	827	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		. 1	▶ □
40	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	res	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	į		-1
Dart	the foreign country ► VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
rait	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? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		l	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No		- [
	(5) Transfer any income or assets to a disqualified person (or make any of either available 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 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 .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2019?			 -
2	were not corrected before the first day of the tax year beginning in 2019? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		✓
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			,
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			4
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
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.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		j	,
	at any time during the year?		- 1	
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the		- 1	
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4h		1

Part	VII-B Statements Regarding Activities	s for W	hich Form	4720	May Be R	equire	ed (contir	nued)			
5a	During the year, did the foundation pay or incur	any amo	ount to:					•		Yes	No
	(1) Carry on propaganda, or otherwise attempt t	o influe	nce legislatio	n (sect	ion 4945(e))? ` .	☐ Yes	✓ No			
	(2) Influence the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on,					1
	directly or indirectly, any voter registration dr	ive? .					☐ Yes	✓ No			1
	(3) Provide a grant to an individual for travel, stu						☐ Yes	✓ No	1		1
	(4) Provide a grant to an organization other than			_		ribed in	ľ				1
	section 4945(d)(4)(A)? See instructions						☐ Yes	✓ No			ļ
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the crue th						∐Yes	 No	-		
b	If any answer is "Yes" to 5a(1)-(5), did any of the in Regulations section 53.4945 or in a current no							cribed	5b		
	Organizations relying on a current notice regarding	ng disas	ster assistan	ce, che	ck here .			▶□			
С	If the answer is "Yes" to question 5a(4), does t	he foun	dation claim	exem	ption from	the tax	:		ŀ		
	because it maintained expenditure responsibility	for the	grant? . · .				Yes Yes	□No			- 1
	If "Yes," attach the statement required by Regula									1	- 1
6a	Did the foundation, during the year, receive any	funds, c	directly or in	directly	, to pay pre	emiums	;			1	α,
on a personal benefit contract?											<u> </u>
b	Did the foundation, during the year, pay premium	ns, direc	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b		✓
•	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, was the foundation		•						7b		
ь	· · · · · · · · · · · · · · · · · · ·										
8	Is the foundation subject to the section 4960 tax								1		
Dowl	remuneration or excess parachute payment(s) during the year?										
Part		tors, I	rustees, F	ounda	tion Mana	igers,	Highly F	'aid Ei	mpioy	ees,	
1	and Contractors List all officers, directors, trustees, and found	lation m	20000000000	d their	compone	otion S	See ineta	etions			
	List all Officers, directors, trustees, and found		, and average		mpensation		Contributions				
	(a) Name and address	hour	s per week	(If not paid, employee benefit plans and deferred compensation			(e) Expe other a	nse acc allowan			
HADI	ES R. ENGELMANN	Gevole	to position	enter -0-) ar		and den	erred compe	insalion			
	170TH AVE, BROOKINGS, SD 57006	5.00			0						
	USAN L. ENGELMANN	3.00									
	170TH AVE, BROOKINGS, SD 57006	10			15,000			į			
		1.0			10,000						
								l			
									•	•	
					1			Ì			
2	Compensation of five highest-paid employee "NONE."	es (othe	er than thos	e incli	uded on li	ne 1—:	see instri	uctions	s). If no	one, e	enter
	a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to pe	/eek	(c) Comper	sation	(d) Contribution of the complex of t	benefit leferred	(e) Exper	nse acc	
							Compens				
				i							
 -	· · · · · · · · · · · · · · · · · · ·					-					
											
										1	
otal r	number of other employees paid over \$50,000 .							. ▶			
				-					om 99	0-PF	(2019)

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Tota	I number of others receiving over \$50,000 for professional services	
Par	t IX-A Summary of Direct Charitable Activities	
	et the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	f Expenses
or	ganizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	WISDOM IN TORAH MINISTRIES	
	PO BOX 1845	
	AUBURNDALE, FL 33823	650
2	LION AND LAMB MINISTRIES	
	PO BOX 720968	
	NORMAN, OK 73070	1,274
3	CRA WELLNESS	
	2921 WILSON DR. NW	_
	GRAND RAPIDS, MI 49534	120
4		_
Par	t IX-B Summary of Program-Related Investments (see instructions)	
De	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	•••••••••••••••••••••••••••••••••••••••	
2		
All	other program-related investments See instructions	
3		
Fota	1. Add lines 1 through 3	
		Form 990-PF (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part		oundat	ions
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Mınimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b]	
С	Add lines 2a and 2b	2c	480
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	-480
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-480
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	-480
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	25,821
b	Program-related investments—total from Part IX-B	1b	
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:		
а	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	25,821
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	480
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,341
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	

'art	Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7		<u>-</u>		-480
2	Undistributed income, if any, as of the end of 2019:				-400
а	Enter amount for 2018 only			-480	
b	Total for prior years: 20 , 20 , 20 , 20		0		
3	Excess distributions carryover, if any, to 2019:				
а	From 2014	۰			
b	From 2015				
С	From 2016				
d	From 2017 2,170	ł 1			
е	From 2018			· · · · · · · · · · · · · · · · · · ·	
f	Total of lines 3a through e	30,048			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$				
а	Applied to 2018, but not more than line 2a.		٥		
b	(Election required – see instructions)				· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				
e	Remaining amount distributed out of corpus	25,821			
5	Excess distributions carryover applied to 2019 (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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	55869			<u> </u>
b	Prior years' undistributed income. Subtract line 4b from line 2b		o		
С	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		o		
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
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 2014 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	55,869			
0	Analysis of line 9:				
а	Excess from 2015		1	Į	
b	Excess from 2016	1			
C	Excess from 2017		}		
d	Excess from 2018				
6	Excess from 2019 25.821	ı			ı

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

Any submission deadlines:

factors:

Part XV Supplementary Information (cont. 3 Grants and Contributions Paid During to	inued)	ed for Fir	ture Payment	
Recipient	If recipient is an individual,	Foundation		Τ
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			<u> </u>
WISDOM IN TORAH MINISTRIES				
PO BOX 1845	NONE		CHARITY	650
AUBURNDALE, FL 33823 LION AND LAMB MINISTRIES				
PO BOX 720968	NONE		CHARITY	127
NORMAN, OK 73070				
CRA WELLNESS	NONE		CHARITY	120
2921 WILSON DR NW				
GRAND RAPIDS, MI 49534				
	,			:
	:			
Total	<u> </u>		▶ 3a	2,04
b Approved for future payment				
	,			
•				
		1		
		<u></u>		

Ра	rt XVI	Analysis of Income-Producing Ac	ctivities				
Ente	er gros	s amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	Related or exemp function income
1	Progr	ram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.
•	a	Tall Scivice revenue.					
	ъ –						<u> </u>
	С —						
	ď –						
	<u> </u>				<u> </u>		
	• –						
	' E	ees and contracts from government agencies	-		· · · · · · ·	· · · ·	
^	_	•					
_		•			-		
3		est on savings and temporary cash investments					
4		ends and interest from securities					
5		ental income or (loss) from real estate:					
		ebt-financed property		· · · · · · · · · · · · · · · · · · ·			
_		ot debt-financed property		48,000			
_		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					-
10		s profit or (loss) from sales of inventory				····	
11	Other	r revenue: a					ļ
	b						
	c _						
	d _						ļ
	е						
		otal. Add columns (b), (d), and (e)		48,000			0 (
						13	48,00
		sheet in line 13 instructions to verify calculation					
	rt XVI		-				
Lin	e No.	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo	orted in column	(e) of Part XVI	-A contributed	importantly to the
	<u> </u>	accomplishment of the foundation's exempt pur	poses (outer that	n by providing full	us for such purp	oses) (See Instru	
						· · · · · · · · · · · · · · · · · · ·	·
					•		
		•					
		,				-	
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		,					
		•					
		,					
		•					
-		•					

Firm's address ▶

		Organizati	ons												
			directly or indirectly other than section											Yes	No
	orga	anizations?			-	-				· Olatini,	, .0	ponti	,		
a			porting foundation t	to a nonch		_		uon on					4-14	.	
		Cash			• • •						• •		1a(1		1
		Other assets .							• •				1a(2	31	
		er transactions:											45.4		
			a noncharitable ex										1b(1		1
			ets from a noncharit										1b(2		/
			, equipment, or oth										1b(3		1
			rrangements										1b(4		1
		Loans or loan gua									• •		1b(5		1
			ervices or members		-								1b(6	<u>" </u>	1
		_	equipment, mailing I			-	_							<u></u>	
			of the above is "Ye other assets, or serv												
			on or sharing arrang												
		(b) Amount involved	(c) Name of none	-									sharing ai		
(a) Line	no.	(b) Amount involved	(c) Name of nonc				(0)	Description	on or trai	nsiers, tra	insactio	ons, and	snanng a	rangem	ents
							 								
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		· · · · · ·			 										
			<u> </u>				l			· · · · · · · · · · · · · · · · · · ·					
			ectly or indirectly a			•				•	•			_	_
			501(c) (other than se		(c)(3)) or in s	section 5	527?						⊔Y	'es ☑	No
b	IT "Y		e following schedule												
		(a) Name of organ	ization		(b) Type of org	janization				(c) De	escription	on of re	lationship		
				ļ											
															
				<u> </u>											
				ŀ											
			declare that I have examin aration of preparer (other the									f my kno	wledge and	belief, if	is true,
ign	\		1000		, / 1 1 1 []]	L L	ψ1 W116G	· hiebarei	ilos aliy	wiend	. .		the IRS disc		
lere		Due Dusan	J. Engelma	ann	4/14/20	_ '	JSTEE	<u> </u>					he preparer Istructions.		
	Sig	nature of officer or true			Date '	Title								٠.٠٠	
aid		Print/Type preparer	's name	Preparer'	s signature			1	Date		Chec	* []	PTIN		
repa	rer	·										employe			
loo C	UI	Firm's name ▶								Firm	's EIN	>			

Phone no.

Form 4720

Department of the Treasury Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4959, 4960, 4965, 4966, 4967, and 4968)

➤ Go to www.irs.gov/Form4720 for instructions and the latest information.

OMB No 1545-0052

2019

	ndar year 2019 or other tax year beginning	JANUARY 01	, 2019, and ending	DECEMBER 31	, 20 19
Name of	forganization or entity			Employer identification	n number
	MANN FAMILY FOUNDATION			81-2258	
Number	, street, and room or suite no (or PO box if	mail is not delivered to street address	5)	Check box for type of a	nnual return
	470TH AVE			☐ Form 990	☐ Form 990-EZ
City or to	own, state or province, country, and ZIP or fo	preign postal code		✓ Form 990-PF	Other
BROOI	KINGS, SD 57006	•		☐ Form 5227	
					Yes No
Α	Is the organization a foreign privat	e foundation within the mear	ning of section 4948(b)?		
В	Has corrective action been taken	on any taxable event that r	esulted in Chapter 42 taxes I	being reported on th	nis
	form? (Enter "N/A" if not applicable	e)			
	If "Yes," attach a detailed descript	tion and documentation of th	e corrective action taken and,	if applicable, enter t	the fair market
	value of any property recovered as				
	acts or transactions), attach an ex	planation (see instructions).			,
Part	Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a	a), 4943(a), 4944(a)	(1),
	4945(a)(1), 4955(a)(1), 495			,, ,,,	· //
1	Tax on undistributed income-Sch			1	
2	Tax on excess business holdings-				
3	Tax on investments that jeopardize				
4	Tax on taxable expenditures—Sch				
5	Tax on political expenditures—Scl				
6	Tax on excess lobbying expenditu				·····
7	Tax on disqualifying lobbying expe				
8	Tax on premiums paid on persona				
9	Tax on being a party to prohibited				
10	Tax on taxable distributions—Sch				
11	Tax on a charitable remainder trus	**			
12	Tax on failure to meet the requirem			12	
13	Tax on excess executive compens				
14	Tax on net investment income of p				
15	Total (add lines 1–14)			15	
	I-A Taxes on Managers, Self				ed Persons
· G/ C		· -	55(a)(2), 4958(a), 4965(a)(2)		
	(a) Name and address of person subject to			(b) Taxpayer identific	
 a	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	tax only or town, clare of province, o	, commy, zm or loroign postar codo	(b) raxpayor identific	
<u>a</u>	······································				
<u>c</u>				+	
<u> </u>	(c) Tax on self-dealing-Schedule A, Part II,	(d) Tax on investments that ieopardize	C (a) Tay on Assorbing assorbing the same of the same	40 T	
	col. (d), and Part III, col. (d)	chantable purpose—Schedule D, Part II. col. (d)	Schedule E, Part II, col (d)	(f) Tax on political ex Schedule F, Part	
		ratii, co. (d)	 	 	
<u>a</u> b			-	 	
C			 	 	
Total				<u> </u>	
IOIAI	(a) You are discoval for a lab burn	(h) Tax on excess benefit	(i) Tax on being a party to prohibited		0
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	transactions-Schedule I, Part II, co	 tax shelter transactions—Schedule J. 		
		(d), and Part III, col (d)	Part II, col (d)	1	
<u>a</u>			 	 	
<u>b</u>					
C					
Total	0		0 (\	0
	(k) Tax on prohibited benefits—Sch L, Part II, col. (d), and Part III, col. (d)	_		(I) Total—Add cols	(c) through (k)
	t art ii, cor. (a), and Fart iii, cor (a)	•			· · · · · · · · · · · · · · · · · · ·
<u>a </u>					0
<u>b</u>					0
<u>c</u>					0
<u>Total</u>	0				0

Part I	Summary of T	axes ((See Tax Payments	in the i	nstruci	tions.)				
1	Enter the taxes listed	in Part	II-A, column (I), that ap	ply to n	nanage	rs, self-dealers, disquali	fied			_
				ns who	sign th	is form. If all sign, enter	the			
	total amount from Par	-	**				•	1		
			•					2		0
	• •	_	nount paid with Form 88			•	:	3		_
		•	an line 3, enter amount	•		•		4		0
	Overpayment. If line		naller than line 3, enter t			Inis is your retund If-Dealing (Section 4)	041)	5		0
Part	Acts of Self-D		and Tax Computat		UII Je	in-Dealing (Section 4)	941)			_
(a) Act	(b) Date	009	dia tax compatat		·					-
number	of act					(c) Description of act				
1						· · · · ·	-			_
2										
3						***************************************				
<u>4</u>										
<u>5</u>	estion number from Form 99	ON_DE	I" '					(a) Tax	on foundation managem (d	_
Part	t VII-B, or Form 5227, Part V	1-B,	(e) Amount involved in	act	(1)	Initial tax on self-dealer (10% of col. (e))			on foundation managers (if le) (lesser of \$20,000 or 5% of	
	applicable to the act								col (e))	_
						0			 	0
						o				<u>y</u>
	***************************************					0				<u>×</u> 0
						0				0
Part I	Summary of T	ax Lia	bility of Self-Dealer	s and	Prorat	ion of Payments				
	(a) Names of self-	dealers la	able for tax	1 ' '	no from col (a)	(c) Tax from Part I, co or prorated amour			(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)	
				1					· · · · · · · · · · · · · · · · · · ·	_
										0
				 						<u>0</u>
				}						
										0
				1						_
_										0
Part II	Summary of T	ax Lia	bility of Foundation	Mana	gers a	nd Proration of Payr		S		_
	(a) Names of foundation	n manage	ers liable for tax	(b) Act r		(c) Tax from Part I, co or prorated amour			(d) Manager's total tax liability (add amounts in col. (c))	
						or provided divided			(see instructions)	_
										
										0
										Ξ
				[
				ļ						<u>0</u>
				ļ 		·····				
				ļ						
		CUE	DISE D. Initial Tax	on He	dict-:	urted Income (Castin	n 40	40\		0
1 (outed Income (Section 2019, Part XIII, line 6d)			·	_
			8 (from Form 990-PF for				.	2		-
						in 2019 and subject to	tax			-
			s 1 and 2)					3		0
4 1	Tax-Enter 30% of lin	e 3 her	e and on Part I, line 1				.	4		ŏ O
						- · ·	•		Form 4720 (2019	- 3)

Form 47	20 (2019)							Page
<u> </u>			DULE C-Initial Tax	on E	xcess Bu	siness Holding	s (Section 4943))
			putation of Tax			ottoch o poper	sta aabaadula fan a	ach enterprise. Refer to th
ınstruc	tions for	each line item bef	ore making any entries.	siness	s enterprise	e, attach a separa	ite schedule for ea	ach enterprise. Heter to th
		s of business entern						
		o o. suomood omorp	,,,,,,					
			· ····· ·					
Emplo	yer identif	ication number .	<u> </u>		<u></u>	:	. •	
_								
Form c	of enterpri	se (corporation, p	artnership, trust, joint v	enture				
			•			(a) ng stock	(b) Value	(c) Nonvoting stock
					1 "	interest or		(capital interest)
					benefic	ial interest)		
1	Foundati	on holdings in bus	siness enterprise	1		%	%	
•	· oundan	on nordings in but	siness enterprise	 -			70	<u>'</u>
2	Permitted	d holdings in busi	ness enterprise	2		%	%	
		· ·	•					<u> </u>
3	Value of	excess holdings ir	n business enterprise	3				
			disposed of within 90		,			
			excess holdings not					
_	•		(attach statement)	4				
5		excess nolaings ii nus line 4	n business enterprise-	_				
	inte o triii	103 11/16 4		5	<u> </u>	0	0	-
6	Tax—Ent	ter 10% of line 5		6		o	0	
			on line 6, columns (a),	<u> </u>		<u> </u>		
	(b), and (d	c); enter total here	and on Part I, line 2	7		o		•
			ial Taxes on Investn	nents	That Jed	pardize Chari	table Purpose (Section 4944)
Part	i Inv	estments and T	ax Computation					
(a) Inv	estment/	(b) Date of				(d) Amount of	(e) Initial tax on	(f) Initial tax on foundation managers (if applicable)—
nu	mber	investment	(c) Description of it	nvestm	ent	investment	foundation (10% of col (d))	(lesser of \$10,000 or 10%
	1							of col. (d))
	2						0	
	3							
	4						Ŏ	
	5						o	
		(e). Enter here and					0	
		· · · · · · · · · · · · · · · · · · ·	prorated amount) here a					
Part I			iability of Foundatio			nd Proration o	f Payments	
	(a) Nar	nes of foundation mana	agers liable for tax		Investment from Part I, col (a)		col (f), or prorated ount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				1				
	_							
				ı				

				3 UII TAXADIC	Lxpc	, ilaita co	(00001011 +3+0	<u>"</u>
Part I	Expenditure	s and Computa	ition of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Na	ame and address of	recipieni	t	(e) Description	n of expenditure and purposes for which made
1								
2								
3								
4								
5								
	on number from Form 9 27, Part VI-B, applicable		(g) Initi	al tax imposed on fo (20% of col. (b))	oundatio	วก .	managen	ax imposed on foundation s (if applicable)—(lesser of 000 or 5% of col (b))
						0		0
						0		0
						o		<u>_</u>
						<u> </u>		0
Total C	Column (g). Enter h	ore and an				O		0
Part I, lin		ere and on					ř	
	Column (h). Enter to	tal (or prorated a	mount) bere a	nd in Part II col	ımn (c	'' O		
below				ilo ili Fait il, coi	urriir (c	"		
Part II	Summary of	Tax Liability of	Foundation	Managers a	nd Pro	oration o	f Payments	
				(b) Item no from			rt I, col (h), or	(d) Manager's total tax liability
	(a) Names of founda	tion managers liable fo	or tax	Part I, col (a)	(-)	prorated		(add amounts in col. (c)) (see instructions)
-				1				,
								l

								o
			•					
								0
		SCHEDULE F-		s on Political	Expe	nditures	(Section 4955	5)
Part I	Expenditures	s and Computa	ition of Tax			 		60 to A of A of A of A of A of A of A of A
(a) Item	(b) Amount	(c) Date paid or incurred	(d) Description	n of political expend	iture	organizat	tax imposed on ion or foundation	(f) Initial tax imposed on managers (if applicable) (lesser
		or incurred				(109	6 of col (b))	of \$5,000 or 2½% of col. (b))
							0	0
2							0	
3							0	
4							0	0
5			L			 	0	0
Total—C	olumn (e). Enter he	ere and on Part I	line 5				•	
	olamii (o). Emoi m	oro and orn arti,		<u> </u>	· · ·		0	· · · · · · · · · · · · · · · · · · ·
Γotal—C	olumn (f). Enter to	tal (or prorated an	nount) here an	d in Part II. colu	mn (c)	below .		0
Part II							nagers and P	roration of Payments
		anization managers or		(b) Item no from			art I, col (f), or	(d) Manager's total tax liability
		inagers liable for tax		Part I, col (a)	'		I amount	(add amounts in col (c)) (see instructions)
	- 	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
					1			
					1			0
					1			
					1			
								0
	 							0
	;							Form 4720 (2019)

•		SCHEDULE G	—Tax on Exc	ess Lobbying Ex	penditures	(Section 4911)			
	Excess of grass roo 990 or 990-EZ), Part						1		
	Excess of lobbying e 990-EZ), Part II-A, co						2		
3	Excess lobbying exp	enditures-ente	r the larger of li	ine 1 or line 2			3_		0
4	Tax-Enter 25% of I	ine 3 here and o	n Part I, line 6				4		0
	SCH	EDULE H—Ta	xes on Disqu	alifying Lobbying	g Expendit	ures (Section 4	912)		_
Part	Expenditures	and Computa	ation of Tax			·	·		
(a) item number	(b) Amount	(c) Date paid or incurred	(d) Description of	of lobbying expenditures		sed on organization of col (b))	(f) Ta ma	x imposed on organizati anagers (if applicable) – (5% of col. (b))	on —
1						0			0
2			<u> </u>		ļ	0			0
3					ļ	0	 		0
<u>4</u>					}	0			0
5						<u>0</u>	-		-
Γotal —	Column (e). Enter he	ere and on Part I	, line 7	<u> </u>		0			
P-4-1	O-1 /A F-1-1-1			alia Dank II. aabaaa	/a\ hala				
Part I	Column (f). Enter to			on Managers and			l		
Parti	Summary of	Tax Liability 0	Organizatio	(b) Item no from		art I, col (f), or	(d) N	/lanager's total tax liabili	ty
	(a) Names of organiza	tion managers liable	for tax	Part I, col (a)		amount	(a	dd amounts in col (c)) (see instructions)	
				ļ			-		
							-		0
				 			 		
				<u> </u>			1		
							1		0
				<u> </u>			<u> </u>		0
				Excess Benefit	Transactio	ons (Section 49	58)		
Part (a)	Excess Bene	fit Transaction	ns and Tax C	omputation		 			—
Transact numbe		on		(c) Descri	ption of transac	etion			
1									
2_	 	 							
3				·					
<u>4</u> 5	 								
<u> </u>			(e) Indu	al tax on disqualified pers	one	(f) Tax on	organiz	ation managers	_
	(d) Amount of excess	s benefit	(e) maa	(25% of col (d))	ions	(if ap \$20,00	olicable 0 or 10	e) (lesser of % of col (d))	
			<u> </u>		<u> </u>				<u>.</u> 0
					0				0
					0				0
					0				<u>0</u>
			1		0]			Form 4720 (2	019
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Dawill				fit Transactions (Section		
Part II	Summary of Tax L	iability of Disqualine	1	and Proration of Paym	(d) Description and the first terms	
<u>-</u>	(a) Names of disqualified pers	ons liable for tax	(b) Trans. no. fro Part I, col. (a)		(e), (d) Disqualified person's total to liability (add amounts in col. (see instructions)	ax))
			}	·		
						0
						_
	 					0
						0
			}			0
Part III	Summary of Tax L	iability of 501(c)(3),	(c)(4) & (c)(2	29) Organization Manag	ers and Proration of Paymen	ts
(a) Names of	501(c)(3), (c)(4) & (c)(29) organi	zation managers liable for tax	(b) Trans. no. fro Part I, col. (a)	m (c) Tax from Part I, col or prorated amount	(f). (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	<i>,</i>
						0
	·					_ <u>-</u> -
			 			0
						_0
	•		ļ			
				 		0
				ited Tax Shelter Transa		<u> </u>
Part I	Prohibited Tax She (see instructions)	elter Transactions (F	PTST) and 1	Fax Imposed on the Tax	r-Exempt Entity	
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 — Listed 2 — Subsequently listed 3 — Confidential 4 — Contractual protection		(d) Description o	of transaction	
1						
2						
3				***************************************		
4						
5						
have reaso was a PTS1	tax-exempt entity know or on to know this transaction when it became a party to oction? Answer Yes or No	(f) Net income attributal the PTST	ble to ((g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)	_
						0
						_0
						0
						_ <u>_</u> 0
Fotal - Col	umn (h). Enter here and	on Part I, line 9				0

Part II	ı ax ımp	posed on Entity Managers (Se	ection 4965) (Jontinuea		
	(a) Na	ame of entity manager	(b) Transaction number from Part i, col (a)	(c) Tax—enter \$20,000 for transaction listed in cot (b) for manager in cot. (a)		(d) Manager's total tax liability (add amounts in col. (c))
						-
						-
-						
						-
						
				l		-
		· · · · · · · · · · · · · · · · · · ·				
						-
	SCHEDU	LE K—Taxes on Taxable Dis			ons Mair	
				66). See the instructions.		
Part I	laxable	 Distributions and Tax Comp (b) Name of sponsonng organization a 				
Item number		donor advised fund	iii Q	(c) Desc	inption of dis	stribution
1						
2						
2				 		
3						· · · · · · · · · · · · · · · · · · ·
4						
(d) Date of d	listribution	(e) Amount of distribution	n	(f) Tax imposed on organization (20% of col (e))	(g (la	g) Tax on fund managers esser of 5% of col (e) or \$10,000)
			····	0		
	··· · ·			0		0
			· · · · · ·	0		
		iter here and on Part I, line 10 .		0		
Part II		nter total (or prorated amount) her ry of Tax Liability of Fund Ma			 	0
		fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (g) or pri	orated	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
						_
						0
		· · · · · · · · · · · · · · · · · · ·				
			 			
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			ļ			
		,, <u>, </u>	1	L		Form 4720 (2019)

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

Part I	Prohibited Benefits a	nd Tax Computa	tion	
(a) Item number	(b) Date of prohibited benefit		(c) Desc	cription of benefit
1				
2				
3				
4				
5				
(d) Am	ount of prohibited benefit		or advisors, or related persons (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)
				0
				0
				0
	· · · · · · · · · · · · · · · · · · ·			0
Part II	Summary of Tax Liab	ility of Donors, D	onor Advisors, Relate	d Persons, and Proration of Payments
	of donors, donor advisors, or ed persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
				0
				0
			·	,
				0
Part III	Summary of Tax Liab	ility of Fund Man	agers and Proration o	of Payments
	of fund managers liable for tax	(b) Item no. from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col (c)) (see instructions)
				_
				0
			`	
				0
		}		
				0
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Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)), (See instructions.)

	A	ssessment R	equirements (Sec	tions 4959 and 5	501(r)(3)). (\$	See ins	structions.)		
Part I	Failures to	Meet Section	501(r)(3)						
(a) Item number	(b) Name of ho	espital facility	(c) Desc	ription of the failure			ax year hospital last conducted a CHNA	faci	Tax year hospital lity last adopted an ementation strategy
1								 	
.									
3	-							<u> </u>	
4				···					
5									
Part II	Computation								
1 N	umber of hospita ealth Needs Asse	al facilities opera essment require	ated by the hospital ments of section 501	organization that (r)(3)	failed to m	eet the	Community	1	
2 T	ax - Enter \$50,00	0 multiplied by	line 1 here and on Pa	rt I, line 12	<u>.</u> .			2	0
	SCHEDU	LE N—Tax or	Excess Executive	e Compensatio	n (Section	4960)	. (See instruc	tions	i.)
(a) Item number	(b) Name o emplo		(c) Exc	ess remuneration		(d) Ex	cess parachute payment	, c	(e) Total Add olumn (c) and (d)
1									
2									• _
3									
4									
5								ļ	
6	Attachment, if	necessary. See	instructions	<u></u>			<u> </u>	L	
	(add column (e)				· · · ·	• •	· · · · ·	ļ	0
ıax.			here and on Part I, lir						0
	SCHEDUL	E U—EXCISE	Tax on Net Invest (Se	ection 4968)	r Private C	onego	es and Unive	ersiti	es
		(a) Name	(b) EIN	(c) Gross investment income (See instructions)	(d) Cap gain net incom		(e) Administration expenses allocated to income including cols. (c) and (c)	ble led	(f) Net investment income (See instructions)
1	Filing Organization								
2	Related Organization								
3	Related Organization								
4	Related Organization								
5	Total from attach	ment, if necess	ary						
6	Total	<u> </u>	· · · · · · · · · · · · · · · · · · ·			0		0	0
7	Evoice Toy on Ne	at Invoctment In	oomo Enter 1 40/ of	the amount in 6/6	\	- D	l line d.A		

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		hat I have examined this return, including accomp, and complete Declaration of preparer (other than		
	Signature of officer or trustee	TRUSTEE	<u>T</u> itle	Date
	Signature (and organization or entity radvisor, or related person	name if applicable) of manager, self-dealer, disqualific	ed person, donor, donor	Date
Sign Here	Signature (and organization or entity radvisor, or related person	name if applicable) of manager, self-dealer, disqualifi	ed person, donor, donor	Date
	Signature (and organization or entity radvisor, or related person	name if applicable) of manager, self-dealer, disqualific	ed person, donor, donor	Date
	Signature (and organization or entity radvisor, or related person	name if applicable) of manager, self-dealer, disqualific	ed person, donor, donor	Date
	May the IRS discuss this return with the	oreparer shown below? (see instructions)		Yes No
aid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
reparer	Service and a base of the service and the serv	1		self-employed
se Only	Firm's name			Firm's EIN ▶
	Firm's address ▶			Phone no Form 4720 (2019)
				101117120 (2013)

Part II, Line 11 (990-PF) - Investments - Land, Buildings, and Equipment **ENGELMANN FAMILY FOUNDATION EIN# 81-2258231**

Asset Description	Cost or	Acc Dpr	Book Value	Book Value	FMV End of Year
	Other Basis		Beg. of Year	End of Year	
1. Hand County NE 1/4 32-111-68	\$301,150		\$301,150	\$301,150	
2. Hand County NW 1/4 32-111-68	\$304,163		\$304,163	\$304,163	
3. Hand County NW 1/4 5-110-68	\$284,088		\$284,088	\$284,088	
4. Hand County NE 1/4 6-110-68	\$284,199		\$284,199	\$284,199	\$284,199
5. Hand County NW 1/4 6-110-68	\$268,255		\$268,255	\$268,255	
Total	\$1,441,855		\$1,441,855	\$1,441,855	\$1,441,855

Part III (990-PF) - Changes in Net Assets or Fund Balances ENGELMANN FAMILY FOUNDATION EIN# 81-2258231

<u>Line 5 - Decreases not included in Part III, Line 2</u>

1. Electricity - Rental Property	\$1,633
2. Rural Water - Rental Property	\$504
3. Property Insurance - Rental Property	\$1,680
4. Property Tax - Rental Property	\$6,972
5. Phone Charges - Rental Property	\$600
6. Offices Expenses - Rental Property	\$933
7. Maintenance Expenses - Rental Prog	\$1,559
Total	\$13,880

Part VIII, Line 1(990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers engelmann Family Foundation ein# 81-2258231

Name	Street	City	State	Zip Code	Title	Ave Hrs /Week	Compensation
Charles R. Engelmann	20601 470th	Ave. Brookings	SD	57006	Trustee	2	\$0
Toni Susan L. Engelmann	20601 470th	20601 470th Ave. Brookings		2,006	Trustee	15	