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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2011

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

| | | dar year 2011 or tax year beginning | , 201 | 1, and endir | | | , 20 |
|-------------------|------------|---|---------------------------------------|----------------------|---------------------------------|--|-------------------------|
| N | ame of fou | undation | | | A Employeride | entification number | |
| | | M AND HELEN SCHWAB FOUNDATION INC | | | 27-4235 | | |
| N | umber and | d street (or P O box number if mail is not delivered to street address) | į | Room/suite | B Telephone n | umber (see instructions) | _ |
| 1 | 039 E | HARRISON STREET | | | (765)34 | 2-5569 | |
| С | ty or town | n, state, and ZIP code | - | | C If exemption | n application is pending, check | here |
| M | ARTIN | SVILLE, IN 46151 | | | | | |
| G | Check a | all that apply Initial return Initial return | of a former public of | harity | D 1 Foreign | organizations, check here . | ▶□ |
| | | Final return Amended re | eturn | | | | |
| | | Address change Name chang | ge | | 2. Foreign check he | organizations meeting the 85% are and attach computation | test, |
| н | Check t | type of organization X Section 501(c)(3) exempt private X | vate foundation | | 7 | | |
| Γ | Secti | | taxable private foun | dation | section 507 | undation status was terminated (b)(1)(A), check here | under |
| 1 | | rket value of all assets at J Accounting method | X Cash | Accrual | | | |
| | end of v | year (from Part II, col. (c), Other (specify) | | ' | F If the found under section | ation is in a 60-month terminati on 507(b)(1)(B) check here | ion |
| | line 16) | · · · · · · · · · · · · · · · · · · · | be on cash basis) | | | | |
| _ | art I | Analysis of Revenue and Expenses (The total of | | | | | (d) Disbursements |
| | | amounts in columns (b), (c) and (d) may not necessarily equal | (a) Revenue and expenses per | 1 ., | investment | (c) Adjusted net | for charitable purposes |
| | | the amounts in column (a) (see instructions)) | books | l ir | ncome | ıncome | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 150,0 | 00 | | | |
| | 2 | Check ▶ ☐ if the foundation is not required to attach Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | | 1 | 1 | | , |
| | 4 | Dividends and interest from securities | 1 | | | | <u> </u> |
| | 5a | Gross rents | | | | | |
| | b | Net rental income or (loss) | | | | | |
| R | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | · |
| e V | b | Gross sales price for all assets on line 6a | | | | | |
| e n u | 7 | Capital gain net income (from Part IV, line 2) | | | | | |
| | 8 | Net short-term capital gain | | | | | , |
| e | 9 | Income modifications | · · · · · · · · · · · · · · · · · · · | | | | |
| | 1.1 | Gross sales less returns and allowances | | - | | | |
| | 10a | Less Cost of goods sold | | | | | |
| | b | Gross profit or (loss) (attach schedule) | | | | | 25 |
| | C AA | Other income (attach schedule) | | | | | |
| | 11 | , | 150,0 | 001 | 1 | | <u> </u> |
| _ | 12 | Total. Add lines 1 through 11 | 13070 | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| 4 | • 1 | Pension plans, employee benefits | | | RECE | IVED | |
| r | n . | Legal fees (attach schedule) | | [| RECE | 70 | |
| i | | Accounting fees (attach schedule) | | 1 1 7 | | 181 | .= , |
| Oi Di | C | Other professional fees (attach schedule) | | 18 | AllG 2 | 0 2012 50 | |
| e t | 17 | Interest | | 8 | 1 | | |
| r r a a | | Taxes (attach schedule) (see instructions) | - | | | N, UT | |
| a a t t i i | 19 | Depreciation (attach schedule) and depletion | | - - - | OGU | -14, 0 | |
| n١ | / | Occupancy | | | | | |
| ge | 1 | Travel, conferences, and meetings | | | | | |
| ਭ ਮ | 22 | Printing and publications | | | | | |
| 6 | 23 | Other expenses (attach schedule) | 23,6 | 70 | - | 23,670 | |
| SEP_0_4_2812 | 24 | Total operating and administrative expenses. | , | | | | |
| Õ | 3 -7 | Add lines 13 through 23 | 23,6 | 570 | 0 | 23,670 | 0 |
| يم | 25 | Contributions, gifts, grants paid | 25,0 | | | -, | 25,000 |
| SE | 26 | Total expenses and disbursements. Add lines 24 and 25. | 48,6 | | 0 | 23,670 | 25,000 |
| | 27 | Subtract line 26 from line 12 | 1 | | | , | -, |
| CANNED | [| Excess of revenue over expenses and disbursements . | 101,3 | 331 | | | |
| 5 | ь | Net investment income (if negative, enter -0-) | | | 1 | | |
| A | | Adjusted net income (if negative, enter -0-) | | | | d | |
| \subseteq | - Pana | number Reduction Act Notice see instructions | | | ΕΕΔ | <u> </u> | orm 990-PE (2011) |

| 7 | Attached schedules and amounts in the description column | Beginning of year | | End o | fyear |
|-----------|--|-------------------------------|--------------------|-------|-----------------------|
| art II | Balance Sheets 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 | V-7 | | 331 | 6,33 |
| 2 | Savings and temporary cash investments | | <u> </u> | - | |
| | Accounts receivable | | | | |
| • | Less allowance for doubtful accounts | | | | |
| 4 | Pledges receivable | | | | |
| " | Less allowance for doubtful accounts | | | İ | |
| _ | | | | | <u> </u> |
| 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) | , , | w's | | |
| | Less allowance for doubtful accounts ▶ | | | | |
| 8 | Inventories for sale or use, | | | | |
| 9 | Prepaid expenses and deferred charges | | | | |
| 10a | Investments - U S and state government obligations (attach schedule) | | | | |
| ь | Investments - corporate stock (attach schedule) | | | | |
| С | Investments - corporate bonds (attach schedule) | | | | |
| 11 | Investments - land, buildings, and equipment basis | <i>y</i> | , , , ² | | 3 35 |
| | Less accumulated depreciation (attach schedule) | | | | |
| 12 | Investments - mortgage loans | | | | |
| 13 | Investments - other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment basis 650,000 | | | | |
| 1 | Less accumulated depreciation (attach schedule) | 500,000 | 650,0 | 000 | 650,0 |
| 15 | Other assets (describe) | | | | , , |
| 16 | Total assets (to be completed by all filers - see the | | | | |
| '' | instructions Also, see page 1, item I) | 500,000 | 656, | 331 | 656,3 |
| 17 | Accounts payable and accrued expenses | | | | 1. 2. 2. 3 |
| 18 | Grants payable | | | | |
| | | | | | 3 ' |
| 19 | Deferred revenue | | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | 55, | 000 | |
| 21 | Mortgages and other notes payable (attach schedule) STM1.23 | | 35, | 000 | |
| 22 | Other liabilities (describe | | | ~~~ | |
| 23 | Total liabilities (add lines 17 through 22) | 0 | 55, | 000 | |
| ĺ | Foundations that follow SFAS 117, check here | | | | * *** |
| F | and complete lines 24 through 26 and lines 30 and 31. | | | | , |
| u 24 | Unrestricted | 500,000 | 601, | 331 | |
| n 25 | Temporarily restricted | | | | |
| 26 | Permanently restricted | | | | · |
| в | Foundations that do not follow SFAS 117, check here ▶ | | | | , , |
| a | and complete lines 27 through 31. | | | | * * |
| 27 | Capital stock, trust principal, or current funds | | | | l» |
| a n 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| C 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| e 30 | Total net assets or fund balances (see instructions) | 500,000 | 601, | 331 | 4 ; ; |
| 31 | Total liabilities and net assets/fund balances (see | | | | ~ . |
| | instructions) | 500,000 | 656, | 331 | |
| Part II | | | | | 14 |
| | net assets or fund balances at beginning of year - Part II, column (a), li | | | | |
| | of-year figure reported on prior year's return) | | | 1 | 500,0 |
| | | | | | · |
| | r amount from Part I, line 27a | • • • • • • • • • • • • • • • | | 2 | 101,3 |
| o otne | r increases not included in line 2 (itemize) | | | 3 | 601 2 |
| | | | | 4 | 601,3 |
| | lines 1, 2, and 3 | | | 5 | |

| | the kind(s) of property sold (e.g., real estate use, or common stock 200 shs MLC Co.) | P-Purchase D-Donation | (c) Date acquired (yr mo, day) | (d) Date sold (yr , mo , day) | |
|--|--|--|--|---|--|
| 1a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | <u> </u> | |
| е | | . | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or plus expe | other basis nse of sale | | ain or (loss) (f) minus (g) |
| а | | | | | - |
| b | | | - | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets sho | wing gain in column (h) and own | ed by the foundation | on 12/31/69 | | Col (h) gain minus |
| (i) F M V as of 12/31/69 | (i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69 | | s of col (i) (j), if any | | t less than -0-) or from col (h)) |
| а | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | <u>.</u> |
| е | | | | | |
| 2 Capital gain net income or (ne | er canital inssi | i, also enter in Part I, s), enter -0- in Part I, | , | 2 | |
| 3 Net short-term capital gain or | • | •• | | | |
| If gain, also enter in Part I, lin | e 8, column (c) (see instructions | | n ···} | | |
| | | | | | |
| Part V Qualification U | · | Reduced Tax or | | | |
| Part V Qualification Uniform optional use by domestic privilens f section 4940(d)(2) applies, leave Was the foundation liable for the figures, the foundation does not describe the figures. | righter section 4940(e) for vate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e). | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this part | ear in the base per | ent Income come) | Yes No |
| Part V Qualification Up For optional use by domestic privile section 4940(d)(2) applies, leave Vas the foundation liable for the f "Yes," the foundation does not a Enter the appropriate amount | righter section 4940(e) for vate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e). | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this part | ear in the base per | ent Income come) | |
| Part V Qualification Uniform optional use by domestic privile section 4940(d)(2) applies, leave Vas the foundation liable for the fires," the foundation does not describe the firest transfer to the firest transfer to the firest transfer | rate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e) Do in each column for each year, some house distribute (b) | ection 4940(a) tax on able amount of any you not complete this page the instructions be | ear in the base per | ent Income come) riod? entries | (d) stribution ratio) divided by col (c)) |
| Part V Qualification Upon optional use by domestic print section 4940(d)(2) applies, leave Vas the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years | rate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e) Do in each column for each year, some house distribute (b) | ection 4940(a) tax on able amount of any you not complete this page the instructions be | ear in the base per art efore making any e | ent Income come) riod? entries | (d) stribution ratio |
| Part®V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved as the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) | rate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e) Do in each column for each year, some house distribute (b) | ection 4940(a) tax on able amount of any you not complete this page the instructions be | ear in the base per art efore making any e | ent Income come) riod? entries | (d) stribution ratio |
| Part V Qualification Upon optional use by domestic print section 4940(d)(2) applies, leaved Vas the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) | rate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e) Do in each column for each year, some house distribute (b) | ection 4940(a) tax on able amount of any you not complete this page the instructions be | ear in the base per art efore making any e | ent Income come) riod? entries | (d) stribution ratio |
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| Part V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved Vas the foundation liable for the survey was the foundation does not one of the survey option option of the survey option opt | nder Section 4940(e) for vate foundations subject to the size this part blank section 4942 tax on the distribute qualify under section 4940(e). Do not in each column for each year, so (b) Adjusted qualifying distribution | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this pare the instructions be set the instructions be set to be | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries by (col (b) | (d) stribution ratio |
| Part V Qualification Upon optional use by domestic print section 4940(d)(2) applies, leaved Vas the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) | nder Section 4940(e) for vate foundations subject to the size this part blank section 4942 tax on the distribute qualify under section 4940(e). Do in each column for each year, so (b) Adjusted qualifying distribution | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this pare the instructions between the instructions are instructed by the instruction of | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries by (col (b) | (d) stribution ratio |
| Part®V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved as the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) 3 Average distribution ratio for the section of the section use in the section us | nder Section 4940(e) for vate foundations subject to the size this part blank section 4942 tax on the distribute qualify under section 4940(e). Do not in each column for each year, so Adjusted qualifying distribution the 5-year base period - divide the | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this page the instructions be set the instructions of the value of the complete total on line 2 by 5 | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 | (d) stribution ratio |
| Part®V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved as the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) 3 Average distribution ratio for the section of the section use in the section us | nder Section 4940(e) for vate foundations subject to the size this part blank section 4942 tax on the distribute qualify under section 4940(e). Do in each column for each year, so (b) Adjusted qualifying distribution | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this page the instructions be set the instructions of the value of the complete total on line 2 by 5 | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 | (d) stribution ratio |
| Part V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved as the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation | richer Section 4940(e) for vate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e). Do not in each column for each year, some horizontal formula distribution. Adjusted qualifying distribution the 5-year base period - divide the on has been in existence if less to the foundation of the founda | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this page the instructions be not value of the complete that are total on line 2 by 5 than 5 years | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 3 | (d) stribution ratio |
| Part®V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved as the foundation liable for the "Yes," the foundation does not a Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) | rate foundations subject to the size this part blank section 4942 tax on the distribute qualify under section 4940(e). Do in each column for each year, s (b) Adjusted qualifying distribution the 5-year base period - divide the on has been in existence if less the aritable-use assets for 2011 from | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this pare the instructions be not value of the total on line 2 by 5 than 5 years | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 3 4 | (d) stribution ratio |
| Part®V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved as the foundation liable for the "Yes," the foundation does not a Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) | rate foundations subject to the size this part blank section 4942 tax on the distribute qualify under section 4940(e). Do in each column for each year, s (b) Adjusted qualifying distribution the 5-year base period - divide the on has been in existence if less the aritable-use assets for 2011 from | Reduced Tax or ection 4940(a) tax on able amount of any you not complete this pare the instructions be not value of the total on line 2 by 5 than 5 years | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 3 4 | (d) stribution ratio) divided by col (c)) |
| Part®V Qualification Upon optional use by domestic private section 4940(d)(2) applies, leaved Was the foundation liable for the "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation 4 Enter the net value of nonchards 5 Multiply line 4 by line 3 | nder Section 4940(e) for vate foundations subject to the size this part blank section 4942 tax on the distributa qualify under section 4940(e). Do not in each column for each year, so Adjusted qualifying distribution the 5-year base period - divide the on has been in existence if less taritable-use assets for 2011 from | Reduced Tax or ection 4940(a) tax on able amount of any your not complete this page the instructions be not value of the value of the total on line 2 by 5 than 5 years | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 2 4 5 | (d) stribution ratio) divided by col (c)) |
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| Part V Qualification Up For optional use by domestic print f section 4940(d)(2) applies, leaved Was the foundation liable for the f "Yes," the foundation does not a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 2 Total of line 1, column (d) 3 Average distribution ratio for the free received in the print for the foundation used in the print for the proposition of the print for the print | rate foundations subject to the some this part blank section 4942 tax on the distribute qualify under section 4940(e). Do not in each column for each year, some column for each year, some column for each year, some column for each year in each column for each year in each column for each year, some column for each year, year, year, year, year, | Reduced Tax or ection 4940(a) tax on able amount of any your not complete this page the instructions be not value of the second on line 2 by 5 than 5 years | ear in the base per art efore making any e (c) noncharitable-use asset | ent Income come) riod? entries 2 3 4 5 6 7 | (d) stribution ratio |

| | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) | | |
|----|---|---|--------------------|
| 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) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 0 |
| | here ▶ and enter 1% of Part I, line 27b | - 1 - m - 1 - m - 1 - 1 - 1 - 1 - 1 - 1 | ₹ ₃ , 1 |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | <i>.</i> | i. j |
| | Part I, line 12, col (b) | - | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2 | | 0 |
| 3 | Add lines 1 and 2 | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | 0 |
| 6 | Credits/Payments | | |
| а | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | , |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | 4 |
| d | Backup withholding erroneously withheld 6d | | 2,7 1 |
| 7 | Total credits and payments Add lines 6a through 6d | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | · · · · · | |
| 11 | Enter the amount of line 10 to be Credited to 2012 estimated tax | | |
| | rt.VII-A, Statements Regarding Activities | · · · · · · · · · · · · · · · · · · · | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | Yes | No |
| | participate or intervene in any political campaign? | 1a | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | |
| - | of the instructions for definition)? | 1b | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | Fug. ,,,, | |
| | published or distributed by the foundation in connection with the activities | | W N |
| С | Did the foundation file Form 1120-POL for this year? | 1c | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | 79° 80° 80° | . •• |
| _ | (1) On the foundation ►\$ (2) On foundation managers ►\$ | , , | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | 8 ° % |
| • | on foundation managers >\$ | * * * | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | Х |
| | If "Yes," attach a detailed description of the activities | | · ^ |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | X |
| 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 | Х |
| | If "Yes," attach the statement required by General Instruction T |) · « | 2 8 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | 3 |
| | By language in the governing instrument, or | | Š., |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | *** | . 4 |
| | conflict with the state law remain in the governing instrument? | 6 | |
| 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 X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | |
| - | IN | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | , |
| • | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | > |
| | 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," | | * |
| | complete Part XIV | 9 | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | |
| | names and addresses | 10 X | |

| orm | 990-PF (2011) WILLIAM AND HELEN SCHWAB FOUNDATION INC 27- | 4235214 | | Page 5 |
|-----|--|-----------|----------|--------|
| Pai | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | 1 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | | |
| | Website address N/A | | | |
| 14 | The books are in care of WILLIAM L SCHWAB Telephone no | 765-3 | 42-5 | 569 |
| | Located at ► 1039 E HARRISON STREET MARTINSVILLE, IN ZIP+4 ► | 46151 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | <u> </u> | | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | <u> </u> | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of | | | |
| | the foreign country | | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | 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 | | | |
| | <u> </u> | No | | |
| | (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 X | 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)? | No | | |
| | (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) Yes X | No 📑 | | |
| 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 | <u> </u> | X |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2011? | 1c | <u> </u> | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | ľ | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | İ | |
| а | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2011? Yes X | No | | |
| | If "Yes," list the years | | | ^ |
| þ | 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) | <u>2b</u> | ļ | X |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| Ju | at any time during the year? | No | | |
| ь | If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2011) | 3b | | |

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

X

4a

4b

| Pai | t VII-B Statements Regarding Activitie | s for V | Vhich Form | 4720 | May Be F | Requir | ed (continued) | | | |
|---|--|-------------------------|--|-------------------|------------------------------------|--------------------------|--|---------------------------------------|-----------|---------------------------------------|
| 5a | During the year did the foundation pay or incur any a | mount to | | | | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to int | fluence le | egislation (sec | tion 494 | 5(e))? | | Yes X No | | | |
| | (2) Influence the outcome of any specific public elec | ction (see | e section 4955 |), or to o | carry on, | | | | | ig , |
| | directly or indirectly, any voter registration drive? | | | | | | Yes X No | | li | رُ لَيْمٍ رُ |
| | (3) Provide a grant to an individual for travel, study, | | | | | | Yes X No | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in | | | | | | | | | | |
| section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes X No | | | | | | | | | | |
| | (5) Provide for any purpose other than religious, cha | | • | | | | | | | |
| | | • | | • | | | Yes X No | | | |
| purposes, or for the prevention of cruelty to children or animals? | | | | | | | | | | 4 |
| | Regulations section 53 4945 or in a current notice re | | | | | | 500 III | 5b | 1 | - |
| | Organizations relying on a current notice regarding of | - | | | | | ▶ □ | | - | |
| _ | If the answer is "Yes" to question 5a(4), does the for | | | | | | | | , | |
| C | | | | | | | Yes No | | | |
| | because it maintained expenditure responsibility for | _ | | | • • • • • • | • • • | res No | | | |
| • | If "Yes," attach the statement required by Regulation | | | | | | | | | |
| 6a | Did the foundation, during the year, receive any fund | | | | | | | | | ù- E |
| | on a personal benefit contract? | | | | | | Yes X No | <i>☆</i> \ | , , | |
| b | Did the foundation, during the year, pay premiums, o | directly o | r indirectly, on | a perso | nai benefit c | ontract | | 6b | | <u>X</u> |
| | If "Yes" to 6b, file Form 8870 | | | | | _ | n. e. | , , , , , , , , , , , , , , , , , , , | | |
| 7a | At any time during the tax year, was the foundation a | | | | | | | | (| ~ i |
| _b | If yes, did the foundation receive any proceeds or ha | | | | | | | 7b | ll | |
| Ŗa | rt VIII Information About Officers, Dire | ectors, | i rustees, | Found | ation Mai | nagers | s, Highly Paid | Emplo | yees, | , |
| | and Contractors | | | | | | | | | |
| 1 L | ist all officers, directors, trustees, foundation mai | nagers a | and their com | pensati | on (see inst | ruction | S). | | | |
| | | I AN TAIL | | | | | | 1 | | |
| | (a) Name and address | hour | e, and average s per week d to position | (c) Co | paid, enter -0-) | (d) emplo | Contributions to yee benefit plans irred compensation | | ense acco | |
| | (a) Name and address | hour | e, and average rs per week d to position | (c) Co | mpensation paid, enter | (d) emplo | Contributions to yee benefit plans | | | |
| WIL | | hour devote | e, and average rs per week d to position | (c) Co | mpensation paid, enter | (d) emplo | Contributions to yee benefit plans | | | |
| WIL | LIAM L SCHWAB | hour devote | e, and average s per week d to position DENT 1 | (c) Co | mpensation paid, enter -0-) | (d) emplo | Contributions to yee benefit plans erred compensation | | |)S |
| WIL 103 HEL | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB | hour devote PRESI | e, and average s per week d to position DENT 1 | (c) Co | mpensation paid, enter -0-) | (d) emplo | Contributions to yee benefit plans erred compensation | | |)S |
| WIL 103 HEL | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 | hour devote PRESI | e, and average 's per week d to position DENT 1 TOR | (c) Co | empensation paid, enter -0-) | (d) emplo | Contributions to yee benefit plans irred compensation | | | 0 0 |
| WIL 103 HEL | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB | hour devote PRESI | e, and average 's per week d to position DENT 1 TOR | (c) Co | empensation paid, enter -0-) | (d) emplo | Contributions to yee benefit plans irred compensation | | | 0 0 |
| WIL 103 HEL | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB | hour devote PRESI | e, and average 's per week d to position DENT 1 TOR | (c) Co | empensation paid, enter -0-) | (d) emplo | Contributions to yee benefit plans irred compensation | | | 0 0 |
| WIL 103 HEL | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB | hour devote PRESI | e, and average 's per week d to position DENT 1 TOR | (c) Co | empensation paid, enter -0-) | (d) emplo | Contributions to yee benefit plans irred compensation | | | 0 0 |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 | PRESI | e, and average s per week d to position DENT 1 TOR 1 | (c) Cc (If not | ompensation paid, enter -0-) | (d) emplo and defi | Contributions to yee benefit plans surred compensation | other a | | 0 0 |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth | PRESI | e, and average s per week d to position DENT 1 TOR 1 | (c) Cc (If not | ompensation paid, enter -0-) | (d) emplo and defi | Contributions to yee benefit plans surred compensation | other a | | 0 0 |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include | (c) Co (ff not | ompensation paid, enter -0-) | (d) emplo and defi | Contributions to yee benefit plans surred compensation | other | allowance | 0 |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth | PRESI | e, and average s per week d to position DENT 1 TOR 1 | d on lir | ompensation paid, enter -0-) | (d) emple and def | Contributions to yee benefit plans wired compensation 0 0 (d) Contributions to employee benefit | other | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans pried compensation 0 0 ins). If none, ente | other | allowance | O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other | ense accc | O O O O O O O O O O O O O O O O O O O |
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| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | (c) Cc (ff not | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other a | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | d on lin | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other a | ense accc | O O O O O O O O O O O O O O O O O O O |
| WIL 103 HEL 103 | LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000 | PRESI | e, and average s per week d to position DENT 1 TOR 1 those include (b) Title, and a hours per will | d on lin | ompensation paid, enter -0-) 0 0 | (d) emple and def | Contributions to yee benefit plans surred compensation O O (d) Contributions to employee benefit plans and deferred | other a | ense accc | O O O O O O O O O O O O O O O O O O O |

WILLIAM AND HELEN SCHWAB FOUNDATION INC

Form 990-PF (2011)

27-4235214

Page 6

| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | oundation Managers, Highly | Paid Employees, |
|---|-------------------------------------|-------------------------|
| 3 Five highest-paid independent contractors for professional services (see | instructions). If none, enter "NONE | ." |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | | |
| Tartix-A, Journally of Direct Grantable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical | information such as the number of | Expenses |
| organizations and other beneficiaries served, conferences convened, research papers produced etc | | |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see in | etructions) | |
| | | Amount |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 NONE | T unu z | 7,00000 |
| NONE | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 | | |
| • | | |
| | | |
| Total. Add lines 1 through 3 | | > |
| | EEA | Form 990-PF (201 |

| Pa | rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo | undations | 1 |
|----|---|------------|---------|
| | see instructions) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | lan an | |
| а | Average monthly fair market value of securities | 1a | 0 |
| þ | Average of monthly cash balances | 1b | 1,879 |
| С | Fair market value of all other assets (see instructions) | 1c | 500,000 |
| d | Total (add lines 1a, b, and c) | 1d | 501,879 |
| 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 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 501,879 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 7,528 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 494,351 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 24,718 |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating | • | · |
| | foundations and certain foreign organizations check here and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 24,718 |
| 2a | Tax on investment income for 2011 from Part VI, line 5 2a | ; | |
| b | Income tax for 2011 (This does not include the tax from Part VI) 2b |] | |
| С | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 24,718 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 24,718 |
| 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 | 24,718 |
| | | | |
| Pa | rt 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 | 25,000 |
| 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 | 25,000 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | $ ^{-}$ | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 25,000 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether | the found | dation |
| | qualifies for the section 4940(a) reduction of tay in those years | | |

Part XIII Undistributed Income (see instructions) (a) Corpus (b) Years prior to 2010 (c) 2010 Distributable amount for 2011 from Part XI, 24,718 line 7 Undistributed income, if any, as of the end of 2011 2 a Enter amount for 2010 only Total for prior years Excess distributions carryover, if any, to 2011 a From 2006 From 2007 From 2008 From 2009 From 2010 Total of lines 3a through e Qualifying distributions for 2011 from Part XII. line 4 ▶ \$ 25,000 a Applied to 2010, 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 2011 distributable amount e Remaining amount distributed out of corpus... F 7 (.. Excess distributions carryover applied to 2011 . (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5. 282 b Prior years' undistributed income Subtract 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 - see instructions e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . 9 Excess distributions carryover to 2012. 282 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 Excess from 2007 b Excess from 2008 Excess from 2009 d Excess from 2010 Excess from 2011 282

| <u>Part</u> | XIV Private Operating Four | 1dations (see instru | actions and Part VII-A, | question 9) | _ | | | | | |
|-------------|--|---------------------------|---------------------------|---|-----------------------|---------------|--|--|--|--|
| 1a | If the foundation has received a ruling | or determination letter | that it is a private oper | rating | | | | | | |
| | foundation, and the ruling is effective for 2011, enter the date of the ruling | | | | | | | | | |
| b | Check box to indicate whether the four | ndation is a private ope | erating foundation desc | cribed in section | 4942(J)(3) or 4 | 1942(j)(5) | | | | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | | | | |
| | income from Part I or the minimum | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total | | | | |
| | investment return from Part X for | | (0) 2010 | (0, 2000 | (5) 2555 | | | | | |
| | each year listed | | · | | | - | | | | |
| ь | 85% of line 2a | | - | | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | , | | | | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | | | | | |
| а | "Assets" alternative test - enter (1) Value of all assets | | | | | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | | | | |
| С | "Support" alternative test - enter (1) Total support other than gross | | | | | | | | | |
| | investment income (interest, dividends, rents, payments on securities loans (section | | | | | | | | | |
| | 512(a)(5)), or royalties) (2) Support from general public | | | | | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | | | | | |
| | section 4942(j)(3)(B)(iii) (3) Largest amount of support from | | | | | | | | | |
| | an exempt organization (4) Gross investment income | | | | | *** | | | | |
| Dart | • • | tion (Complete t | nia nart anly if th | o foundation had | ¢5 000 or more in | n constant | | | | |
| Part | | | | e iounuation nau | \$5,000 or more in | i assets at | | | | |
| | any time during the yea | | ns.) | | | | | | | |
| 1 | Information Regarding Foundation | | 50/ (| | | | | | | |
| а | List any managers of the foundation w before the close of any tax year (but o | The have contributed m | ore than 2% of the tota | al contributions receive N (See section 507(d) | ed by the foundation | | | | | |
| | before the close of any tax year (but o | iny ii tiley have contrib | atea more than \$5,000 |) (See Section 507 (d) | (2)) | | | | | |
| | | | | | | | | | | |
| | WILLIAM L SCHWAB, | | | | | | | | | |
| b | List any managers of the foundation w | ho own 10% or more c | of the stock of a corpor | ation (or an equally lar | ge portion of the | | | | | |
| | ownership of a partnership or other en | | | | • . | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 | Information Regarding Contribution | Grant Gift Loan S | cholarship etc. Pro- | rame. | - | | | | | |
| 4 | | | | - | | | | | | |
| | Check here ► X if the foundation or | | | | | | | | | |
| | unsolicited requests for funds. If the fo | | grants, etc (see instru | ictions) to individuals o | r organizations under | | | | | |
| _ | other conditions, complete items 2a, b | | | | | | | | | |
| а | The name, address, and telephone nu | imper of the person to | wnom applications sho | ould be addressed | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| b | The form in which applications should | be submitted and infor | rmation and materials | they should include | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| С | Any submission deadlines | | | | | | | | | |
| d | Any restrictions or limitations on award | ds, such as by geograp | hical areas, charitable | fields, kinds of institut | tions, or other | | | | | |
| | factors | | | | | | | | | |

Part XV Supplementary Information (continued)

3. Grants and Contributions Paid During the Year or

| Recipient Interest to retrievable to community to the part of the | 3 Grants and Contributions Paid During the | Year or Approved | for Future Pa | ayment | |
|---|--|--|--|---------------------|--------|
| a Paid dump the year WELL SPRINGS CONTRIBUTION 5,000 DESERT ROSE CONTRIBUTION 5,000 INCA CONTRIBUTION 5,000 RED BARN CONTRIBUTION 5,000 NSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total D Approved for Muture payment | Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or | Amount |
| MELL SPRINGS CONTRIBUTION 5,000 TMCA CONTRIBUTION 5,000 RED BARN CONTRIBUTION 5,000 MSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total Total Approved for future payment | | or substantial contributor | <u>-</u> | | ··· |
| DESERT ROSE CONTRIBUTION 5,000 TMCA CONTRIBUTION 5,000 MSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total D Approved for future payment | a Paid during the year | | | | |
| DESERT ROSE CONTRIBUTION 5,000 RED BARN CONTRIBUTION 5,000 MSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total Total Approved for future payment | WELL SPRINGS | | | CONTRIBUTION | |
| DESERT ROSE CONTRIBUTION 5,000 RED BARN CONTRIBUTION 5,000 MSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total Total Approved for future payment | | | | | |
| YMCA CONTRIBUTION 5,000 RED BARN CONTRIBUTION 5,000 MSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total Approved for future payment | | | | 1 | 5,000 |
| YMCA CONTRIBUTION 5,000 RED BARN CONTRIBUTION 5,000 MSD OF MARTINSVILLE SCHOLARSHIP 5,000 Total Approved for future payment | | | , | | |
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| Total Approved for future payment 5,000 5,000 CONTRIBUTION 5,000 SCHOLARSHIP 5,000 | | | | | 5,000 |
| Total Approved for future payment 5,000 5,000 CONTRIBUTION 5,000 SCHOLARSHIP 5,000 | | | | | |
| Total Approved for future payment 5,000 5,000 CONTRIBUTION 5,000 SCHOLARSHIP 5,000 | YMCA | | | CONTRIBUTION | |
| Total | | | | | |
| Total | | | | | 5 000 |
| Total | | | | | 3,000 |
| Total | | | | GOVERN TRYING OV | |
| Total Scholarship 5,000 Total 3a 25,000 | RED BARN | | | CONTRIBUTION | |
| Total Scholarship 5,000 Total 3a 25,000 | | | | | |
| Total | | | | | 5,000 |
| Total | | | | | |
| Total | MSD OF MARTINSVILLE | | † | SCHOLARSHIP | |
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| | Total | | | b 3b | |

| Part XVI- | A Analysis of Income-Producing A | ctivities | | | | |
|--|---|-------------------------|------------------------|--------------------------|---------------------------------------|---------------------------------------|
| | amounts unless otherwise indicated | | 1 business income | Excluded by se | ection 512, 513, or 514 | (e) |
| | | | | , | | Related or exempt |
| 1 Program | n service revenue | (a) Business code | (b) Amount | (C) Exclusion code | (d) Amount | function income (See instructions) |
| a | | | | | | <u> </u> |
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| f | | | | | | |
| a Fees | and contracts from government agencies | | | | | |
| _ | ship dues and assessments | | | | | |
| | on savings and temporary cash investments . | | 1 | 14 | <u>-</u> : | |
| | ds and interest from securities | | | | | |
| | al income or (loss) from real estate | - | <u> </u> | | | |
| | -financed property | | | | | |
| | lebt-financed property | - | | | | |
| | al income or (loss) from personal property | | | | | |
| | vestment income | | | | · · · · · · · · · · · · · · · · · · · | |
| | (loss) from sales of assets other than inventory | | | | | · |
| | ome or (loss) from special events | - | | | | |
| | rofit or (loss) from sales of inventory | | | | | |
| | | | | | | |
| L. | evenue a | - | | | | |
| | | | | | | |
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| d | | - | | | | |
| e | I Add columns (b), (d), and (e) | | 1 | | | |
| 12 Subtota | Add columns (b), (d), and (e) | _ | 1 | 1 | l | |
| | Add line 12 columns (b) (d) and (e) | | | | 13 | 1 |
| 13 Total. | Add line 12, columns (b), (d), and (e) | | | | 13 | 1 |
| 13 Total. A | neet in line 13 instructions to verify calculations) | | | | | 1 |
| 13 Total. A | neet in line 13 instructions to verify calculations) -B Relationship of Activities to the | Accomp | ishment of Exe | mpt Purpo | ses | |
| 13 Total. A | neet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which in | Accomp | ishment of Exe | mpt Purpo | ses | to the |
| 13 Total. A (See worksh Part XVI | neet in line 13 instructions to verify calculations) -B Relationship of Activities to the | Accomp | ishment of Exe | mpt Purpo | ses | to the |
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Preparer

Use Only

Firm's address

PO BOX 565

Nashville IN 47448

| | 90-PF (20 | | | EN SCHWAB FOUND | | | | 4235214 | | Page 13 |
|------------|-------------|----------------------|--------------------------------|--|-------------------------|-------------------------------|-------------|--------------------------------|---------------|------------|
| Part 2 | | | n Regarding Tra ganizations | nsfers To and Tr | ansactions a | ınd Relationship | s With | Noncha | itable | ! |
| 1 D | | | | age in any of the follow | ing with any othe | er organization descri | hed | | Ye | s No |
| • | | | | ion 501(c)(3) organizat | | | | Ĩ | | , , |
| | rganizatio | | | | | | | | . · | _ |
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| • | • | | | e exempt organization | | | | | 0(2) | _ X |
| • | | | | ssets | | | | <u> </u> | 0(3) | X |
| • | • | | | | | | | | 0(4) | X |
| | | | | | | | | <u> </u> | 0(5) | X |
| | | | | or fundraising solicitation | | | | _ | 0(6) | X |
| • | • | | | other assets, or paid e | | | | | 1c | X |
| | • | • | | mplete the following so | | | | <u> </u> | I | |
| | | | | given by the reporting t | | • • | | | | |
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| (a) Line r | | mount involved | | haritable exempt organization | | Description of transfers, tra | | | | |
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| d | escribed | in section 501 | • | d with, or related to, on er than section 501(c)(3 | | • • | | |] Yes | X No |
| | (| a) Name of organi | zation | (b) Type of org | anization | (c) | Description | of relationship | | |
| | | | | | *** | | | | | |
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| | | | | | | | | | | _ |
| | 1 Under oc | mailties of negiting | declare that I have evamine | ed this return including accom | panying schedules X | statements & to the hest of | my knowled | ge & belief | | |
| . . | it is true, | correct, & complet | e Declaration of preparer (c | ed this return, including accomplisher than taxpayer) is based o | n all information of wh | nich preparer has any knowl | adge | go a bonor, | | |
| Sign | | 11/- | | 1. A - | c- Abpro | TDENM | | May the IRS d | | |
| Here | Signi | ature of officer of | TW J WWN | Wal- J -/ | Title | IDENT | | with the prepa (see inst)? | er shown | |
| | Signi | Print/Type prepa | reds name | Preparer's signature | | Date | | ıf PT | | |
| Paid | | BRUCE S L | | 1 17 | 10-10 | # 08-14-2012 | Check | — ∣ | 13088. 114 | 76 |
| Prep | 2505 | | | ASSOCIATES I | INC | Firm's | self-em | iproyed PU | 13000 | |
| rieb | aiti | Firm's name | - mind menony | WOOCCTUING I | | l riim: | , L114 | | | |

Phone no

812-988-2865

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

| lame of the organization Employer identification number | | | | | | | |
|--|---|---|---------------------------|--|--|--|--|
| WILLIAM AND HELEN SCHWAB FOUNDATION INC 27-4235214 | | | | | | | |
| Organization type (check or | ne) | | | | | | |
| Filers of: | rs of: Section: | | | | | | |
| Form 990 or 990-EZ | orm 990 or 990-EZ | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political of | organization | | | | | |
| Form 990-PF | ∑ 501(c)(3) exer | mpt private foundation | | | | | |
| | 4947(a)(1) noi | nexempt charitable trust treated as a private found | lation | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | | | | | | | |
| Check if your organization is Note . Only a section 501(c)(instructions | · | il Rule or a Special Rule. tion can check boxes for both the General Rule and | d a Special Rule See | | | | |
| General Rule | | | | | | | |
| • | filing Form 990, 990-EZ, ne contributor Complete | , or 990-PF that received, during the year, \$5,000 or e Parts I and II | or more (in money or | | | | |
| Special Rules | | | | | | | |
| For a section 501(c) under sections 509(a | a)(1) and 170(b)(1)(A)(vi .000 or (2) 2% of the am | orm 990 or 990-EZ that met the 33 1/3% support te i) and received from any one contributor, during the nount on (i) Form 990, Part VIII, line 1h or (ii) Form | e year, a contribution of | | | | |
| during the year, tota | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | | |
| Caution. An organization the | at is not covered by the | General Rule and/or the Special Rules does not fil | e Schedule B (Form 990. | | | | |

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF),

| 30/1640/16 / 10/1/1935 335-E2, or 335-F1 / (25/1) | raye |
|---|--------------------------------|
| Name of organization | Employer identification number |
| WILLIAM AND HELEN SCHWAB FOUNDATION INC | 27-4235214 |

| rainis. | Contributors (see instructions) use duplicate copies of Par | t i ii additional space is needed | |
|------------|--|-----------------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1 | WILLIAM L SCHWAB 1039 E HARRISON STREET Martinsville, IN 46151 | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Name of organization

WILLIAM AND HELEN SCHWAB FOUNDATION INC

Employer identification number
27-4235214

| Part II | Noncash Property (see instructions) Use duplicate copies of Pa | irt II if additional space is needed | |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _1_ | BUILDING | | 12-31-2011 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
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| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (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 |
| — | | \$ | |

Federal Supporting Statements

Name(s) as shown on return

WILLIAM AND HELEN SCHWAB FOUNDATION INC

2011 PG 01

FEIN

27-4235214

Form 990PF, Part VII-A, Line 10 Substantial Contributors Schedule

Statement #114

Name WILLIAM L SCHWAB Address 1039 E HARRISON STREET MARTINSVILLE

IN 46151

PG 01 Statement #123

Form 990PF, Part II, Line 21 Mortgages and Notes Payable Schedule

Lender's name SCHWAB FOODS INC

Lender's title

Relationship to insider CLOSELY HELD CO
Original amount of loan \$ 55,000
Balance due \$ 55,000
Date of note 2011-09
Maturity date 2012-09
Repayment terms ON DEMAND
Interest rate 3.5

Security by borrower

Purpose of loan ADV SEED AND CONTRIBUTION PMTS

Lender consideration

Consideration FMV \$

| | | Federal Su | Federal Supporting Statements | | 2011 PG 01 | |
|---|-------------------------|-------------------|---|-----------------------|-----------------------------------|--------|
| WILLIAM AND HELEN SCHWAB FOUNDATION INC | TION INC | | | | Your Social Security 27 – 4235214 | Number |
| | Form 990PF | , Part I, Line 23 | Form 990PF, Part I, Line 23 - Other Expenses Schedule | chedule | Statement #103 | 103 |
| Description | Revenue and expenses | Net investment | Adjusted net income | Charıtable purpose | | |
| SEED | 23,670 | 0 | 23,670 | 0 | : | |
| Totals | 23,670 | 0 | 23,670 | 0 | | |
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Form **8868**

(Rev January 2012)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury

| Internal Revenue | Service | File a separate ar | oplication for each return. | | | l | |
|--|---|--|--|--|------------------------|------------------|-----------------|
| If you are | filing for an Automatic 3-Month Exter | nsion, complete only | Part I and check this box | | | | ▶ 🛛 |
| | filing for an <mark>Additional (Not Automati</mark> | | | | | | |
| Do not comp | olete Part II unless you have already i | been granted an auto | matic 3-month extension on | a previously filed Fo | orm 8 | 868 | |
| a corporation 8868 to requi Return for Tra | ling (e-file). You can electronically file required to file Form 990-T), or an ad- est an extension of time to file any of t ansfers Associated With Certain Perso For more details on the electronic filir | ditional (not automation he forms listed in Par onal Benefit Contracts | c) 3-month extension of time t I or Part II with the exceptio s, which must be sent to the I | You can electronic n of Form 8870, Info RS in paper format | ally f orma (see | ile Forr tion | m |
| Part | Automatic 3-Month Extension | | | | | | |
| | required to file Form 990-T and reque | | | | | | |
| | | | | box and complete | | | ▶ □ |
| | orations (including 1120-C filers), part | | | to request an exte | nsini | oftım | · · · · · · _ |
| to file income | | | | . to request an exte | | | Ü |
| | | | Ente | r filer's identifying | nun | ıber. s | ee instructions |
| Type or | Name of exempt organization or ot | ner filer, see instruction | | Employer iden | | | |
| print | WILLIAM AND HELEN SCHWA | * | | X 27-4235 | | | (=, =. |
| File by the | Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSI) | | | | | SN) | |
| due date for 1039 E HARRISON STREET | | | | | , | | |
| filing your return See | City, town or post office, state, and | ZIP code For a forei | gn address, see instructions | <u> </u> | | | |
| instructions | MARTINSVILLE, IN 46151 | | | | | | |
| Enter the Ret | turn code for the return that this applica | ation is for (file a sepa | arate application for each retu | ırn) | | | <u>d 4</u> |
| Applicatio | n | Return | ırn Application | | | | Return |
| Is For | | Code | is For | | | | Code |
| Form 990 | | | | | 07 | | |
| Form 990-E | orm 990-BL 02 Form 1041-A | | | | 08 | | |
| Form 990-E | Z | 01 | · · · · · · · · · · · · · · · · · · · | | | 09 | |
| Form 990-F | PF | 04 | Form 5227 | | | | 10 |
| Form 990-7 | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990-1 | (trust other than above) | 06 | Form 8870 | · · · · · · · · · · · · · · · · · · · | | | 12 |
| Telephone If the orga | nization does not have an office or pla | Face of business in the | AX No 812-988-1 United States, check this box | 3235 | | | ▶□ |
| | r a Group Return, enter the organization | | | If this | _ | | |
| | group, check this box | | of the group, check this box | ▶ 📋 and at | tach | | |
| | names and EINs of all members the e | | dte file Farm 000 T) autono | | | | |
| | st an automatic 3-month (6 months for 08-15, 20, 12, to file the | | • | | tonci | 00.10 | |
| until | organization's return for | exempt organization | return for the organization ha | ineu above The ex | lensi | OR IS | |
| | calendar year 20 11 or | | | | | | |
| י או | calendar year 20 or | | | | | | |
| ▶ □ | tax year beginning | , 20 | , and ending | | 20 | | |
| | x year entered in line 1 is for less than | | | Final return | | _ | |
| | nge in accounting period | · | | | | | |
| | pplication is for Form 990-BL, 990-PF | 990-T, 4720, or 6069 | 9, enter the tentative tax, less | any | | | |
| | indable credits. See instructions | | | | 3a | \$ | 0 |
| | pplication is for Form 990-PF, 990-T, | 4720, or 6069, enter a | any refundable credits and | | | | |
| | ed tax payments made Include any p | | | | 3b | \$ | 0 |
| | e due. Subtract line 3b from line 3a Ir | | | using | | | |
| EFTPS | (Electronic Federal Tax Payment Sys | tem) See instructions | <u> </u> | | 3c | \$ | 0 |
| Caution. If you a | are going to make an electronic fund withdrawal wit | h this Form 8868, see Form | 8453-EO and Form 8879-EO for paym | ent instructions | | | |