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## CHANGE OF ACCOUNTING PERIOD

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **DEC 1, 2012** and ending **DEC 31, 2012**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE MARVIN M. SCHWAN CHARITABLE FOUNDATION</b>		<b>D</b> Employer identification number  <b>36-3918630</b>
	Doing Business As		<b>E</b> Telephone number  <b>(314) 739-2116</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>514 EARTH CITY EXPRESSWAY 233</b>	<b>G</b> Gross receipts \$ <b>8,541,698.</b>	
	City, town, or post office, state, and ZIP code <b>EARTH CITY, MO 63045</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>REV. KEITH BOHEIM SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>N/A</b>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>SD</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE FINANCIAL SUPPORT TO SPECIFIC RELIGIOUS ORGANIZATIONS AS SPECIFIED (CON'T ON SCHEDULE O)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 11d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>218,265,025.</b>	<b>-1,846,004.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-218,265,025.</b>	<b>-1,846,004.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>16,054,825.</b>	<b>1,989,345.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>962,490.</b>	<b>120,874.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>9,550,134.</b>	<b>1,118,266.</b>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>26,567,449.</b>	<b>3,228,485.</b>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>-244,832,474.</b>	<b>-5,074,489.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>470,393,060.</b>	<b>465,318,571.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>9,915,000.</b>	<b>9,915,000.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>460,478,060.</b>	<b>455,403,571.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Keith D. Bohem</i>	<b>Date</b> <b>10-28-13</b>
	<b>REV. KEITH BOHEIM, EXECUTIVE DIRECTOR</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARIE N. CARLIE, CPA</b>	Preparer's signature <i>Marie Carlie CPA</i>
	Firm's name <b>STONE CARLIE AND COMPANY, LLC</b>	Date <b>11/5/13</b>
	Firm's address <b>101 S HANLEY ROAD, SUITE 800 ST LOUIS, MO 63105</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00084927</b>
		Firm's EIN <b>43-0642511</b>
		Phone no. <b>314-889-1100</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

**TO PROVIDE FINANCIAL SUPPORT TO SPECIFIC RELIGIOUS ORGANIZATIONS AS  
SPECIFIED BY THE MARVIN M. SCHWAN CHARITABLE FOUNDATION'S TRUST  
GOVERNING DOCUMENTS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code \_\_\_\_\_) (Expenses \$ 2,088,299. including grants of \$ 1,989,345.) (Revenue \$ \_\_\_\_\_)  
**TO PROVIDE FINANCIAL SUPPORT TO SPECIFIC RELIGIOUS ORGANIZATIONS AS  
SPECIFIED BY THE MARVIN M. SCHWAN CHARITABLE FOUNDATION'S TRUST  
GOVERNING DOCUMENTS.**

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,088,299.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	14	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country. <b>SEE SCHEDULE O</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	X	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
REV. KEITH BOHEIM - 314-739-2116  
514 EARTH CITY EXPRESSWAY, STE 233, EARTH CITY, MO 63045





**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Form 990 (2012)

36-3918630 Page **8**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>								704,366.	0.	150,822.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								704,366.	0.	150,822.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>	<b>X</b>	
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SEATON BENKOWSKI & PARTNERS, NORTH AMERICA 7475 WISCONSIN AVE, SUITE 500, BETHESDA, MD	REAL ESTATE MANAGEMENT FEES	2,661,510.
HOGAN LOVELLS US LLP, COLUMBIA SQUARE, 555 THIRTEENTH STREET, WASHINGTON, DC 20004	LEGAL SERVICES	2,011,107.
REH CAPITAL PARTNERS, LLC, 401 E LAS OLAS BLVD, FT LAUDERDALE, FL 33301	CONSULTING SERVICES	503,679.
STONE CARLIE & COMPANY LLC, 101 SOUTH HANLEY ROAD, SUITE 800, ST. LOUIS, MO	ACCOUNTING AND TAX SERVICES	310,551.
SEI INVESTMENTS ONE FREEDOM VALLEY DRIVE, OAKS, PA 19456	INVESTMENT MANAGEMENT	253,854.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>					
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total. Add lines 1a-1f</b>						
	<b>Program Service Revenue</b>	<b>2</b>			<b>Business Code</b>			
<b>a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue						
<b>g</b>	<b>Total. Add lines 2a-2f</b>							
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)...			2,638,885.		2,638,885.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents		(i) Real	(ii) Personal			
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	<b>8 a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising events						
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities						
	<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold						
Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b>								
	All other revenue							
<b>e</b>	<b>Total. Add lines 11a-11d</b>							
<b>12</b>	<b>Total revenue. See instructions.</b>				-1,846,004.	0.	0.	
						-1,846,004.		

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,989,345.	1,989,345.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	55,364.		55,364.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,564.		2,564.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,109.		57,109.	
9 Other employee benefits	4,838.		4,838.	
10 Payroll taxes	999.		999.	
11 Fees for services (non-employees):				
a Management	263,683.		263,683.	
b Legal	736,443.		736,443.	
c Accounting	9,692.		9,692.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,126.	67,126.		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,375.	12,365.	10.	
12 Advertising and promotion				
13 Office expenses	5,412.		5,412.	
14 Information technology				
15 Royalties				
16 Occupancy	2,605.		2,605.	
17 Travel	1,181.		1,181.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,417.	19,417.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	286.		286.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRUSTEE EXPENSES	46.	46.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,228,485.	2,088,299.	1,140,186.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	256,048.	1	2,068,428.
	2 Savings and temporary cash investments	280,045.	2	21,206.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	114,021,920.	7	114,682,166.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,491.		
	b Less: accumulated depreciation	10b 31,395.	3,383.	10c 3,096.
	11 Investments - publicly traded securities	141,481,264.	11	135,526,028.
	12 Investments - other securities. See Part IV, line 11	214,350,400.	12	213,017,647.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	470,393,060.	16	465,318,571.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,915,000.	23	9,915,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	9,915,000.	26	9,915,000.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	460,478,060.	27	455,403,571.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	460,478,060.	33	455,403,571.
34 <b>Total liabilities and net assets/fund balances</b>	470,393,060.	34	465,318,571.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	-1,846,004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,228,485.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,074,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	460,478,060.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	455,403,571.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2012)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Employer identification number  
**36-3918630**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☒ Type III - Non-functionally integrated
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
BETHANY LUTHERAN COL	41-0747165	2	X		X		X		0.
EVANGELICAL LUTHERAN SYN	23-7181739	1	X		X		X		0.
INTERNATIONAL LUTHERAN L	43-1631485	9	X		X		X		0.
LUTHERAN CHURCH MISSO	43-0658188	1	X		X		X		335,000.
WISCONSIN EVANGELICAL	39-1656073	1	X		X		X		0.
<b>Total</b>	<b>8</b>								<b>1,989,345.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

SEE PART IV FOR LINE 11 CONTINUATION

232021  
12-04-12

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



THE MARVIN M. SCHWAN

Schedule A (Form 990 or 990-EZ) 2012 CHARITABLE FOUNDATION

36-3918630 Page 4

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

EFFECTIVE FOR THE FISCAL YEAR BEGINNING DECEMBER 1, 2012 THE FOUNDATION  
CHANGED ITS FISCAL YEAR END FROM NOVEMBER 30 TO DECEMBER 31.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Employer identification number  
**36-3918630**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment  %

b Permanent endowment  %

c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment		10,513.	8,527.	1,986.
1e Other		23,978.	22,868.	1,110.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,096.

Schedule D (Form 990) 2012

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Schedule D (Form 990) 2012

36-3918630 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	213,017,647.	COST
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	213,017,647.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SEE SCHEDULE O REGARDING FIN 48 REPORTING BY THE ORGANIZATION.**

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

Employer identification number

36-3918630

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS IN HOTEL & REAL ESTATE ACTIVITIES AS REVENUE GENERATOR & FUND CORPUS INVESTMENT VEHICLE.		185,693,000.
CENTRAL AMERICA AND THE CARIBBEAN			EXPENSES IN HOTEL & REAL ESTATE ACTIVITIES AS REVENUE GENERATOR & FUND CORPUS INVESTMENT VEHICLE.		128,000.
3 a Sub-total	0	0			185,821,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			185,821,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV** Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2012

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 3: THE EXPENSES REPORTED IN COLUMN F WERE BASED  
ON CASH METHOD ACCOUNTING, THE SAME METHOD USED ON PART IX OF FORM 990.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Employer identification number  
**36-3918630**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN CHURCH MISSOURI SYNOD 1333 SOUTH KIRKWOOD ROAD ST LOUIS, MO 63122	43-0658188	501(C)(3)	335,000.	0.			RELIGIOUS FOREIGN MISSIONS
WISCONSIN EVANGELICAL LUTHERAN SYNOD - 2929 N MAYFAIR ROAD - MILWAUKEE, WI 53222	39-0842084	501(C)(3)	154,345.	0.			CHURCH AND FAMILIES
WISCONSIN LUTHERAN COLLEGE 8800 WEST BLUEMOUND ROAD MILWAUKEE, WI 53226	23-7179639	501(C)(3)	1,500,000.	0.			RELIGIOUS LAND AND BUILDINGS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

36-3918630

Page 2

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: KEY EMPLOYEES AND/OR TRUSTEES OF THE FOUNDATION

MAINTAIN CLOSE AND CONTINUOUS RELATIONSHIPS WITH EACH OF THE FOUNDATION'S

SUPPORTED ORGANIZATIONS BY SERVING ON THE ORGANIZATIONS' GOVERNING BODY

AND/OR MAINTAINING A WORKING RELATIONSHIP WITH THE BENEFICIARY

ORGANIZATIONS' BOARD MEMBERS. THESE RELATIONSHIPS ALLOW THE FOUNDATION TO

REMAIN RESPONSIVE TO THE NEEDS OF ITS SUPPORTED ORGANIZATIONS AS WELL AS

OVERSEE THE USE OF THE GRANT FUNDS. FURTHER, THESE RELATIONSHIPS PROVIDE

THE SUPPORTED ORGANIZATIONS WITH A WAY TO EXERCISE A VOICE IN THE

INVESTMENT AND GRANTMAKING ACTIVITIES OF THE FOUNDATION. THE MAJORITY OF

**Part IV** Supplemental Information

THE GRANTS ARE NOT DESIGNATED FOR A SPECIFIC PURPOSE; HOWEVER, BY THE  
BENEFICIARY ORGANIZATIONS ADHERING TO THEIR STATED MISSIONS, THE FOUNDATION  
IS SATISFIED THAT PROPER STEWARDSHIP OF THE GRANT FUNDS HAVE BEEN ATTAINED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Employer identification number

**36-3918630**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  
establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

THE MARVIN M. SCHWAN

CHARITABLE FOUNDATION

Schedule J (Form 990) 2012

36-3918630

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REV. KEITH BOHEIM	(i) 391,745.	0.	0.	54,450.	22,005.	468,200.	0.
EXEC DIRECTOR/TRUSTEE	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) ERIK BURGDORF	(i) 237,621.	0.	0.	51,579.	22,788.	311,988.	0.
ASSOCIATE DIRECTOR	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2012

**Open To Public Inspection**

Employer identification number  
36-3918630

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

► \$

► \$

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

**Total**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

Schedule L (Form 990 or 990-EZ) 2012



**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PENINSULA PAPAGAYO VENTURES	SEE DESCRIPTION OF	810,000.	LOAN TO PEN		X

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PENINSULA PAPAGAYO VENTURES, LTD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE DESCRIPTION OF TRANSACTION

(D) DESCRIPTION OF TRANSACTION: LOAN TO PENINSULA PAPAGAYO VENTURES, LTD

ORGANIZATION TRUSTEES KEITH BOHEIM, ERIC BURGDORF AND LAWRENCE BURGDORF

SERVE AS BOARD MEMBERS OF PENINSULA PAPAGAYO VENTURES, LTD

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

Employer identification number

36-3918630

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY THE TRUST'S GOVERNING DOCUMENTS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAYMAN ISLANDS, BAHAMAS, PANAMA, COSTA RICA,

IRELAND

FORM 990, PART VI, SECTION A, LINE 2: REV. LAWRENCE BURGDORF AND ERIK

BURGDORF ARE FATHER AND SON, RESPECTIVELY.

FORM 990, PART VI, SECTION A, LINE 7A: THE FOUNDATION HAS A TRUSTEE

SUCCESSION COMMITTEE. THIS COMMITTEE CAN'T INFLUENCE THE TRUSTEES OR MAKE

DECISIONS FOR THE TRUSTEES, BUT IF THE COMMITTEE FEELS THAT A TRUSTEE(S)

ACTED OUTSIDE THE BEST INTERESTS OF THE FOUNDATION THEY CAN REPLACE THAT

TRUSTEE.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH THE

AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: A PRELIMINARY FORM 990 WAS

PRESENTED TO THE TRUSTEES AT A TRUSTEE MEETING. COMMENTS WERE PROVIDED TO

THE TAX PREPARERS. AN UPDATED VERSION OF FORM 990 WAS SUBSEQUENTLY

REVIEWED BY THE TRUSTEES PRIOR TO THE FILING DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C: THE DISCLOSURE STATEMENT ON

CONFLICT OF INTEREST IS SUBMITTED ANNUALLY BY ALL INDIVIDUALS AT THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

Name of the organization THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

Employer identification number  
36-3918630

BEGINNING OF THE FISCAL YEAR OF THE FOUNDATION AND RETURNED TO THE BOARD OF TRUSTEES. AFTER REVIEW, COPIES ARE SUBMITTED TO THE LEGAL ADVISORS OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION HAS A COMPENSATION COMMITTEE COMPRISED OF THE THREE INDEPENDENT, NON-EMPLOYEE TRUSTEES. THE COMMITTEE ENGAGES INDEPENDENT FIRMS TO PERFORM COMPENSATION STUDIES AS NEEDED AND CONDUCTS A THOROUGH REVIEW OF THE SALARY SCALES ANNUALLY. THE COMPENSATION COMMITTEE SUBMITS THE PROPOSED SALARY ADJUSTMENTS TO THE GOVERNING BODY FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, COMPENSATION:

TWO MEMBERS OF THE TRUSTEE SUCCESSION COMMITTEE WERE COMPENSATED AS FOLLOWS. THE INDIVIDUALS RELATIONSHIP WITH THE FOUNDATION DOES NOT MEET THE REPORTING REQUIREMENTS FOR PART VII, SECTION A OR SECTION B BECAUSE OF REPORTING THRESHOLDS AND THE FACT THAT THE TRUSTEE SUCCESSION COMMITTEE DOES NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

NAME AND ADDRESS: PAUL TWEIT, 1126 ANDERSON DRIVE, MANKATO, MN 56001

DESCRIPTION OF SERVICES: MEMBER, TRUSTEE SUCCESSION COMMITTEE

COMPENSATION: \$30,000

NAME AND ADDRESS: DAVID EWERT, 2425 WINTER PARK STREET, LOVELAND, CO  
80538

DESCRIPTION OF SERVICES: MEMBER, TRUSTEE SUCCESSION COMMITTEE

Name of the organization THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

Employer identification number  
36-3918630

COMPENSATION: \$15,000

FORM 990, PART VII, COMPENSATION:

TRUSTEES OF THE FOUNDATION ARE NOT COMPENSATED FOR THEIR SERVICES;  
THEREFORE, THE AMOUNTS REPORTED AS COMPENSATION FOR KENT RAABE AND LYLE  
FANNING ON FORM 990, PART VII RELATES SOLELY TO THEIR SERVICE ON THE  
TRUSTEE SUCCESSION COMMITTEE, NOT IN THE CAPACITY AS A TRUSTEE OF THE  
FOUNDATION.

FORM 990, PART VIII, STATEMENT OF REVENUE:

THE ORGANIZATION IS REPORTING INVESTMENT INCOME, RENTAL INCOME AND  
GAIN/(LOSS) AMOUNTS IN COLUMN (D) BECAUSE SUCH AMOUNTS REPRESENT  
REVENUE WHICH IS EXCLUDABLE UNDER THE RULES PROVIDED IN IRC SECTIONS  
512, 513 AND 514. SUCH AMOUNTS ARE USED BY THE FOUNDATION TO OPERATE  
FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE  
PURPOSES OF ONE OR MORE OF ITS SPECIFIC RELIGIOUS SUPPORTED  
ORGANIZATIONS. THE EXPENSES REFLECTED ON PART IX RELATE TO THAT  
REVENUE AND THOSE USES. FOR PURPOSES OF FORM 990 REPORTING, BOTH  
SHORT-TERM AND LONG-TERM GAINS (AS APPLICABLE) ARE REPORTED TOGETHER.

FORM 990, PART IV, LINE 12, INDEPENDENT AUDITED FINANCIAL STATEMENTS:

THE MARVIN M. SCHWAN CHARITABLE FOUNDATION OBTAINED SEPARATE,  
INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR THE THIRTEEN-MONTH PERIOD  
ENDING 12/31/2012. THESE FINANCIAL STATEMENTS WERE PREPARED ON THE TAX  
BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER  
THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WHICH DOES NOT SATISFY

Name of the organization THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

Employer identification number  
36-3918630

THE REQUIREMENTS FOR A POSITIVE RESPONSE UNDER THE INSTRUCTIONS TO FORM  
990, PART IV, LINE 12.

SCHEDULE R:

THE SHARE OF TOTAL INCOME AND END OF YEAR ASSETS FOR CERTAIN ENTITIES  
ARE NOT INCLUDED BECAUSE THEY ARE NOT INCLUDED IN PART X OF FORM 990.

FOR ENTITIES WHICH REQUIRE FORM 5471 OR FORM 8858 REPORTING SEE  
ATTACHED FORMS FOR ENTITIES' ACTIVITY INCLUDING END OF YEAR ASSETS AND  
TOTAL INCOME.

FORM 990, SCHEDULE D, PART X, LINE 2, FIN 48 FOOTNOTE REPORTING:

THE MANAGEMENT OF THE ORGANIZATION BELIEVES THAT ALL POSITIONS WITH  
RESPECT TO INCOME TAXATION TAKEN ON ITS RETURNS ARE MORE LIKELY THAN  
NOT TO BE SUSTAINED AND NO TAX LIABILITY EXPOSURE EXISTS.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Name of the organization

**THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION**

Employer identification number  
**36-3918630**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE KINGS FOUNDATION INVESTMENT PAPAGAYO, LLC, 514 EARTH CITY EXPRESSWAY SUITE 233, EARTH CITY, MO 63045	REAL ESTATE INVESTMENT/OPERATION	MISSOURI	160,017	5,000,000	N/A
WINGS OF PAPAGAYO LLC 514 EARTH CITY EXPRESSWAY SUITE 233 EARTH CITY, MO 63045	REAL ESTATE INVESTMENT/OPERATION	MISSOURI	0	109,682,166	N/A
KINGS FOUNDATION INVESTMENT CAYMAN LTD, 514 EARTH CITY EXPRESSWAY SUITE 233 EARTH CITY, MO 63045	REAL ESTATE INVESTMENT/OPERATION	CAYMAN ISLANDS	14	13,815,392	N/A
TKF INDEMNITY COMPANY, L.L.C., - 52-2358835 514 EARTH CITY EXPRESSWAY SUITE 233 EARTH CITY, MO 63045	REAL ESTATE INVESTMENT/OPERATION	DISTRICT OF COLUMBIA	0	0	N/A

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BETHANY LUTHERAN COLLEGE - 41-0747165 700 LUTHER DRIVE MANKATO, MN 56001	EDUCATIONAL FACILITY	MINNESOTA	501(C)(3)	2	EVANGELICAL LUTHERAN SYNOD		X
EVANGELICAL LUTHERAN SYNOD - 23-7181739 6 BROWNS COURT MANKATO, MN 56001	RELIGIOUS TEACHING AND PRACTICE	MINNESOTA	501(C)(3)	1	N/A		X
INTERNATIONAL LUTHERAN LAYMEN'S LEAGUE - 43-1631485, 660 MASON RIDGE CENTER, ST, LOUIS, MO 63141	RELIGIOUS TEACHING AND ADVANCEMENT	MISSOURI	501(C)(3)	9	N/A		X
LUTHERAN CHURCH MISSOURI SYNOD - 43-0658188 1333 S. KIRKWOOD RD ST. LOUIS, MO 63122	RELIGIOUS TEACHING AND PRACTICE	MISSOURI	501(C)(3)	1	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

## Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
THE KING'S FUNDS HOLDING COMPANY, L.L.C. - 30-0132279	REAL ESTATE	DC	N/A	EXCLUDED SEC	1,290,484	27,324,999			N/A	X	100.00%
7475 WISCONSIN AVENUE, SUITE 500, BETHESDA, MD 20814	INVESTMENT	DC	THE KING'S FUNDS HOLDING COMPANY, L.L.C.	EXCLUDED SEC	0	0	X		N/A	X	99.00%
TKF/SBP 800K/801 EYE, L.L.C., - 80-0019638, 7475 WISCONSIN AVENUE, SUITE 500, BETHESDA, MD 20814	INVESTMENT	DC	TKF/SBP 800K/801 EYE, L.L.C.	EXCLUDED SEC	0	0	X		N/A	X	53.46%
800K/801 EYE JV, L.L.C. - 74-3027763, 800 K STREET, NW, WASHINGTON, DC 20001	REAL ESTATE	DC	TKF/SBP 800K/801 EYE, L.L.C.	EXCLUDED SEC	0	0	X		N/A	X	53.46%

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MARINA PAPAGAYO HOLDING LIMITED AKARA BLG, 24 DE CASTRO ST, WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH PENINSULA PAPAGAYO VENTURES, LTD.	REAL ESTATE INVESTMENT/OPERATION	BRITISH VIRGIN ISLANDS	WINGS OF PAPAGAYO LLC	C CORP	0	0	100.00%		X
AKARA BLG, 24 DE CASTRO ST, WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH HOBART MANAGEMENT LTD.	REAL ESTATE INVESTMENT/OPERATION	BRITISH VIRGIN ISLANDS	WINGS OF PAPAGAYO LLC	C CORP	0	0	100.00%		X
SAFFREY SQUARE, SUITE 205 BANK LANE P.O. BOX N-8188, NASSAU, BAHAMAS PENINSULA PAPAGAYO CLUBS INC.	REAL ESTATE INVESTMENT/OPERATION	BAHAMAS	WINGS OF PAPAGAYO LLC	C CORP	0	0	100.00%		X
AKARA BLG, 24 DE CASTRO ST, WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH PENINSULA PAPAGAYO HOLDINGS LIMITED	REAL ESTATE INVESTMENT/OPERATION	BRITISH VIRGIN ISLANDS	WINGS OF PAPAGAYO LLC	C CORP	0	0	100.00%		X
SAFFREY SQUARE, SUITE 205 BANK LANE P.O. BOX N-8188, NASSAU, BAHAMAS	REAL ESTATE INVESTMENT/OPERATION	BAHAMAS	WINGS OF PAPAGAYO LLC	C CORP	0	0	100.00%		X



**Part IV**

**Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) - Section 512(b)(13) controlled entity?	
								Yes	No
PENINSULA PAPAGAYO GROUP CORP.									
AKARA BLDG, 24 DE CASTRO ST.	REAL ESTATE	BRITISH	WINGS OF						
WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH	INVESTMENT/OPERATION	VIRGIN IS	PAPAGAYO LLC	C CORP	0.	0.	100.00%		X
DESARROLLO PAPAGAYO CORPORATION									
AKARA BLDG, 24 DE CASTRO ST.	REAL ESTATE	BRITISH	THE KINGS						
WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH	INVESTMENT/OPERATION	VIRGIN IS	FOUNDATION	C CORP	0.	0.	87.09%		X
THE KINGS FOUNDATION LTD.									
514 EARTH CITY EXPRESSWAY, SUITE 233	REAL ESTATE								
EARTH CITY, MO 63045	INVESTMENT/OPERATION	MO	N/A	C CORP	0.	17,099,010.	100.00%		X
CORPORATE OVERSEAS INVESTMENT MANAGEMENT									
LIMITED, AKARA BLDG, 24 DE CASTRO ST.	REAL ESTATE	BRITISH	THE KINGS						
WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH	INVESTMENT/OPERATION	VIRGIN IS	FOUNDATION	C CORP	0.	0.	100.00%		X
MARINA PAPAGAYO, S.A.									
21ST STREET, 6TH AND 8TH AVE., #630	REAL ESTATE	COSTA	MARINA						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO	C CORP	0.	0.	100.00%		X
ECODESARROLLO PAPAGAYO									
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA	PENINSULA						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO	C CORP	0.	0.	100.00%		X
ALTURAS DE PRIETA SA (FXA LA PULPERIA DE									
NACASCOLO), ESCAZU, TERRAFORTE BLDG 3RD	REAL ESTATE	COSTA	VENTURES, LTD.	C CORP	0.	0.	100.00%		X
FLOOR, SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	CLUBS, INC.	C CORP	0.	0.	100.00%		X
RESIDENTIA TURISTICA CASA DEL CELAJE E-IV,									
S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR,	REAL ESTATE	COSTA	PENINSULA						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO	C CORP	0.	0.	100.00%		X
SETECIENTOS VEINTE S.A.									
SABANA NORTE	REAL ESTATE	COSTA	HOLDINGS	C CORP	0.	0.	100.00%		X
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	CORPORATE						
SOCIETA AGRICOLA AURISTELA S.A.									
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA	OVERSEAS						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	INVESTMENT	C CORP	0.	0.	100.00%		X
SOCIETA AGRICOLA TRANERO S.A.									
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA	ECODESARROLLO						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO	C CORP	0.	0.	70.00%		X
PAPAGAYO SERVICIOS GENERALES PSG S.A.									
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA	ECODESARROLLO						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO	C CORP	0.	0.	100.00%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA	CORPORATION						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO	C CORP	0.	0.	100.00%		X
PAPAGAYO SERVICIOS GENERALES PSG S.A.									
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA	PAPAGAYO						
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	NACASCOLO	C CORP	0.	0.	100.00%		X

THE MARVIN M. SCHWAN  
CHARITABLE FOUNDATION

Schedule R (Form 990)

36-3918630

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GRUPO ISTMO DE PAPAGAYO S.A.	REAL ESTATE	COSTA RICA	DESARROLLO PAPAGAYO	C CORP	0.	0.	87.09%		X
SABANA NORTE	INVESTMENT/OPERATION	RICA	CORPORATION	C CORP	0.	0.	87.09%		X
SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6011 I EL TREBOL, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6031 I EL ALCARAVAN, SRL	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6111 BAHIAS Y DELFINES, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6121 PEZ ANGEL, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6131 MAPACHES DEL JOBO, SRL	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6311 CARIBLANCO DE SOLEY, SRL	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6331 I EL CORRELIMO, SRL	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6411 OCELOTE DE JUNQUILLAL, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6421 TIGRILLO DE MANCHAS, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6431 JAGUAR DE MONTANA, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6621 TIBURON MARTILLO, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X
RESIDENCE CLUB STE 6621 TIBURON MARTILLO, SRL	INVESTMENT/OPERATION	RICA	PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE	COSTA RICA	GRUPO ISTMO DE	C CORP	0.	0.	87.09%		X

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Schedule R (Form 990)

36-3918630

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
RESIDENCE CLUB STE 6631 I EL HORMIGUERO, SRL ESCAZU, TERRAFORTE BLDG 3RD FLOOR SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	GRUPO ISTMO DE PAPAGAYO S.A.	C CORP	0.	0.	87.09%		X
RESIDENCIA TURISTICA ARBOL DE MANGO, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA CANGREJO PINZA CORTA, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA CARABOLO COSTERO, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA CASA DE LA PLANICIE, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA CORRIENTES INSULARES, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA ESTERO PEDREGOSO, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA FIESTAS DEL PALENQUE, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA HALCONES Y GORRIONES, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA MANGO Y SAL, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA MANTA RAYADA, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA OLEAJE CONSTANTE, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X

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Schedule R (Form 990)

36-3918630

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
RESIDENCIA TURISTICA PAISAJE DE LA SABANA, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA PALMA COCOTERA, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA PELICANOS Y PAVONES, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA SARGO DE LAS ROCAS, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA SILBIDOS DEL VIENTO, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA SILUETA DEL CARDUMEN, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA SOMBRAS FRESCAS, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA TARDES DE ARENISCAS, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA TRILLO HACIA EL MAR, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA VENTISCA DEL CABO, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA VERDOR INTENSO, SRL ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X
RESIDENCIA TURISTICA VIENTO DE BAJAMAR, S.R.L., ESCAZU, TERRAFORTE BLDG 3RD FLOOR, SAN JOSE, COSTA RICA	REAL ESTATE INVESTMENT/OPERATION	COSTA RICA	ECODESARROLLO PAPAGAYO	C CORP	0.	0.	100.00%		X

[illegible]

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOBART MANAGEMENT LTD.	D	45,761,658.	SEE PART VII
(2) MARINA PAPAGAYO, S.A.	D	30,481,255.	SEE PART VII
(3) HOBART MANAGEMENT LTD.	A	358,611.	SEE PART VII
(4) MARINA PAPAGAYO, S.A.	A	307,667.	SEE PART VII
(5) PENINSULA PAPAGAYO VENTURES, LTD.	D	33,439,253.	SEE PART VII
(6) PENINSULA PAPAGAYO VENTURES, LTD.	A	241,472.	SEE PART VII

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Schedule R (Form 990)

36-3918630

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)DESARROLLO PAPAGAYO CORPORATION	D	5,000,000.	SEE PART VII
(8)DESARROLLO PAPAGAYO CORPORATION	A	41,279.	SEE PART VII
(9)ECODESARROLLO PAPAGAYO, S.A.	D	47,012,663.	SEE PART VII
(10)THE KINGS FUND HOLDING COMPANY, LLC	D	10,000,000.	SEE PART VII
(11)WISCONSIN LUTHERAN COLLEGE	D	48,850,000.	SEE PART VII
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:****NAME OF RELATED ORGANIZATION:**

TKF/SBP 800K/801 EYE, L.L.C.

DIRECT CONTROLLING ENTITY: THE KING'S FUNDS HOLDING COMPANY, L.L.C.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:****NAME AND ADDRESS OF RELATED ORGANIZATION:**

MARINA PAPAGAYO HOLDING LIMITED

AKARA BLG. 24 DE CASTRO ST.

WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

PENINSULA PAPAGAYO VENTURES, LTD.

AKARA BLG. 24 DE CASTRO ST.

WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

PENINSULA PAPAGAYO CLUBS INC.

AKARA BLG. 24 DE CASTRO ST.

WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

PENINSULA PAPAGAYO GROUP CORP.

AKARA BLG. 24 DE CASTRO ST.

WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

## NAME AND ADDRESS OF RELATED ORGANIZATION:

DESARROLLO PAPAGAYO CORPORATION

AKARA BLG. 24 DE CASTRO ST.

WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

DIRECT CONTROLLING ENTITY: THE KINGS FOUNDATION INVESTMENT PAPAGAYO, LLC

## NAME AND ADDRESS OF RELATED ORGANIZATION:

CORPORATE OVERSEAS INVESTMENT MANAGEMENT LIMITED

AKARA BLG. 24 DE CASTRO ST., WICKHAMS CAY 1

ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

DIRECT CONTROLLING ENTITY: THE KINGS FOUNDATION INVESTMENT PAPAGAYO, LLC

## NAME OF RELATED ORGANIZATION:

MARINA PAPAGAYO, S.A.

DIRECT CONTROLLING ENTITY: MARINA PAPAGAYO HOLDING LIMITED

## NAME OF RELATED ORGANIZATION:

RESIDENTIA TURISTICA CASA DEL CELAJE E-IV, S.R.L.

DIRECT CONTROLLING ENTITY: PENINSULA PAPAGAYO HOLDINGS LIMITED

## NAME OF RELATED ORGANIZATION:

SETECIENTOS VEINTE S.A.

DIRECT CONTROLLING ENTITY: CORPORATE OVERSEAS INVESTMENT MANAGEMENT  
LIMITED

## NAME AND ADDRESS OF RELATED ORGANIZATION:

PENINSULA PAPAGAYO PRINCIPAL HOLDINGS, LTD.

AKARA BLG. 24 DE CASTRO ST.

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

WICKHAMS CAY I, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

NAME OF RELATED ORGANIZATION:

THE KINGS FUND INVESTMENT PAPAGAYO S.A.

DIRECT CONTROLLING ENTITY: THE KINGS FOUNDATION INVESTMENT PAPAGAYO, LLC

## Schedule A (Form 990 or 990-EZ)

**Part IV** Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

**Continuation Total**

1,654,345.