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SCANNED OCT 2 2 2014

'Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. OMB No 1545-0052

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of

For	cale	ndar year 2013 or tax year beginning	<u> </u>	, and ending						
	Name of foundation KARL AND KAREN SCHMIDT FAMILY FOUNDATION A Employer identification number									
	NC				46-1555395	;				
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number					
_2	08	5 SANDALWOOD CT	920-490-03							
		own, state or province, country, and ZIP or foreign p EN BAY, WI 54304		C if exemption application is p	pending, check here					
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization:	s, check here				
		Final return	Amended return							
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, emputation				
H (_	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated				
느			Other taxable private founda		under section 507(b)(1))(A), check here				
		arket value of all assets at end of year J Accounti	-	Accrual	F If the foundation is in a					
			her (specify)	hoore \	under section 507(b)(1))(B), check here				
_	·\$ art l	700,655. (Part I, colu.) Analysis of Revenue and Expenses	"1							
LF	art I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)				
	1	Contributions, gifts, grants, etc., received	108,865.		N/A	(ozon zaolo omy)				
	2	Check If the foundation is not required to attach Sch. 8								
	3	Interest on savings and temporary cash investments								
	4	Dividends and interest from securities	6,285.	6,584.		STATEMENT 2				
	5a	Gross rents								
Revenue	b	Net rental income or (loss)								
	6a	Net gain or (loss) from sale of assets not on line 10	141,438.			STATEMENT 1				
	b	Gross sales price for all assets on line 6a 552,675.								
	7	Capital gain net income (from Part IV, line 2)		190,848.						
	8	Net short-term capital gain								
	9	Income modifications Gross sales less returns			ļ. <u></u>					
	10a	The discount of the second of								
		Less Cost of goods sold Gross profit or (loss)								
	11	Other income								
	12	Total. Add lines 1 through 11	256,588.	197,432.						
_	13	Compensation of officers, directors, trustees, etc	0.	0		0.				
	14	Other employee salaries and wages	-		0 191					
	15	Pension plans, employee benefits	-		2 101					
ses	16a	Legal fees		15	المال في					
ë	Ь	Accounting fees STMT 3	5,612.	2,806	0 5	2,806.				
X	C	Other professional fees		1 (
ĕ.	17	Interest		1						
trat	18	Taxes STMT 4	229.	0 /		0.				
nis	19	Depreciation and depletion			1000					
Ē	20	Occupancy			1 1:35					
ΨÞ	21	Travel, conferences, and meetings								
a	22	Printing and publications	2 262	2 261						
Operating and Administrative Expenses	23	Other expenses STMT 5	2,262.	2,261.		1.				
era	24	Total operating and administrative	8,103.	5,067.		2 907				
ô	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	21,270.	3,007.		2,807.				
		Total expenses and disbursements.	21,210		-	21,270				
	_	Add lines 24 and 25	29,373.	5,067.	1	24,077.				
_	27		,	2,001						
		Excess of revenue over expenses and disbursements	227,215.							
		Net investment income (if negative, enter -0-)		192,365.						
		Adjusted net income (if negative, enter -0-)			N/A					
3235 10-10	01)-13	LHA For Paperwork Reduction Act Notice, see	instructions.		0.11	Form 990-PF (2013)				

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INC.

F	-	art II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	End of year		
٢	Column should be for end-or-year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing .	43,000.	116,116.	116,116.		
		Savings and temporary cash investments	<u> </u>		_		
		Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶	1				
	4	Pledges receivable ▶					
		Less; allowance for doubtful accounts ▶	*	1			
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other					
	ľ	disqualified persons					
	١,	· · · · · · · · · · · · · · · · · · ·					
	7	Other notes and loans receivable	-	1			
	١.	Less: allowance for doubtful accounts					
Assets		Inventories for sale or use	-				
SS		Prepaid expenses and deferred charges					
4	10a	Investments - U.S. and state government obligations		207 200	100 051		
	b	Investments - corporate stock STMT 6	330,790.	397,289.	498,954.		
	C	Investments - corporate bonds STMT 7	0.	87,600.	85,585.		
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis ▶			""		
		Less accumulated depreciation	-				
	15	Other assets (describe ▶					
		Total assets (to be completed by all filers - see the					
	'`	instructions. Also, see page 1, item 1)	373,790.	601,005.	700,655.		
_	17	Accounts payable and accrued expenses	373,7300	001,003.	70070331		
	Į.	, , , , , , , , , , , , , , , , , , ,					
	18	Grants payable	-				
Liabilities	19	Deferred revenue					
寰	20	Loans from officers, directors, trustees, and other disqualified persons					
ē	21	Mortgages and other notes payable					
_	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
	1	Foundations that follow SFAS 117, check here					
,a		and complete lines 24 through 26 and lines 30 and 31.					
ë	24	Unrestricted		. <u>. </u>			
Fund Balances	25	Temporarily restricted					
Ва	26	Permanently restricted [
Ē		Foundations that do not follow SFAS 117, check here					
Ī	1	and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	0.	0.			
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	373,790.	601,005.			
e	30	Total net assets or fund balances	373,790.	601,005.			
Z	"	Total net assets of fand balances	3,3,7,300		1		
	١,,	Total liabilities and net assets/fund balances	373,790.	601,005.			
_	31			001,0051			
P	art	Analysis of Changes in Net Assets or Fund B	alances				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	373,790.		
2	•	r amount from Part I, line 27a		2	227,215.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	601,005.		
		eases not included in line 2 (itemize)		5	0.		
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		601,005.		
•		accord or raine behavious at one or your time a minus into of 1 art his ou		.1_~1			

KARL AND KAREN SCHMIDT FAMILY FOUNDATION Form 990-PF (2013) INC. 46-1555395 Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mó., day, yr.) VARIOUS 18 PUBLICLY TRADED SECURITIES P VARIOUS h PUBLICLY TRADED SECURITIES $\overline{\mathbf{D}}$ VARIOUS VARIOUS c CAPITAL GAINS DIVIDENDS d е (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 431,093. 302,372. 128,721. a 109,834. 59,455 50,379. b 11,748. 11,748. C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (I) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 128,721. 50,379. b 11,748. C d If gain, also enter in Part I, line 7 190,848. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year, see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 0. 495,017 .000000 2012 2011 2010 2009 2008 .000000 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .000000 the foundation has been in existence if less than 5 years 3 548,589. 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 4 5 Multiply line 4 by line 3 5 0. 1,924.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

6 Enter 1% of net investment income (1% of Part I, line 27b)

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1,924.

24,077.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

7 Add lines 5 and 6

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6

7

8

KARL AND KAREN SCHMIDT FAMILY FOUNDATION

Form 990-PF (2013) INC.		-1555 <u>:</u>			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	ıstrı	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	_ 1			1,9	24.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2_				0.
3 Add lines 1 and 2	3			1,9	24.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			-	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,9	24.
6 Credits/Payments:			_		
a 2013 estimated tax payments and 2012 overpayment credited to 2013		Ì			
b Exempt foreign organizations - tax withheld at source 6b]				
c Tax paid with application for extension of time to file (Form 8868) 6c 2,500.	1				
d Backup withholding erroneously withheld 6d	1				
7 Total credits and payments. Add lines 6a through 6d	7	1		2,5	00.
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached	8				43.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			5	33.
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax > 533. Refunded	11	<u> </u>			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın .			Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	Ī	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish		ľ			
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •					ĺ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				ĺ
managers. ► \$					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		į	2		х
If "Yes," attach a detailed description of the activities.		ľ			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				l
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		· [5		Х
If "Yes," attach the statement required by General Instruction T					\Box
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ĺ
By language in the governing instrument, or					1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.	law				1
remain in the governing instrument?			6	X	-
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XX	,	Ī	7	X	$\overline{}$
		Ī			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					1
WI	-				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation			8b -	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	ľ			
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		ŀ	10		X
		Form		-PF	2013)

KARL AND KAREN SCHMIDT FAMILY FOUNDATION

orm 990-PF (2013) INC.	46-155	<u> 5395</u>		Page 5
Part VII-A Statements Regarding Activities (continued)				
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had a	dvisory privileges?			
If "Yes," attach statement (see instructions)		12		_X_
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
Website address ► N/A				
14 The books are in care of ► KARL SCHMIDT Teleph	ione no. $\triangleright 920-4$			
Located at ▶ 2085 SANDALWOOD COURT, GREEN BAY, WI	ZIP+4 ▶5	<u>4304</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bar	nk,		Yes	No
securities, or other financial account in a foreign country?		16		_X_
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	l			
country		<u> </u>		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	3			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?	Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	1 :		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	1		
(5) Transfer any income or assets to a disqualified person (or make any of either available		1 1		
for the benefit or use of a disqualified person)?	Yes X No	1		
(6) Agree to pay money or property to a government official? (Exception. Check "No"				
if the foundation agreed to make a grant to or to employ the official for a period after				
termination of government service, if terminating within 90 days.)	Yes X No	1 1		
b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/	1		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
Organizations relying on a current notice regarding disaster assistance check here	▶∟			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not correct to the control of the contro	ected	1.1		77
before the first day of the tax year beginning in 2013?		1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating for defined in section 4942(j)(3) or 4942(j)(5)):	Indation			
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s)				
before 2013?	Yes X No			
If "Yes," list the years ▶				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to				
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" a				
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?	Yes 🗶 No			
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified pe				
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c				
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sci				
Form 4720, to determine if the foundation had excess business holdings in 2013.)	N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	e purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2013?		4b	لـــــا	<u>X</u>
	Fo	rm 99 0)-PF	(2013)

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KARL AND KAREN SCHMIDT FAMILY FOUNDATION 46-1555395 Form 990-PF (2013) INC Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes expenditure responsibility for the grant? If "Yes." attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? X 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred (e) Expense account, other (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address allowances compensation KARL SCHMIDT PRESIDENT 2085 SANDALWOOD COURT 0. 0 GREEN BAY, WI 0.10 0 KAREN SCHMIDT SECRETARY/TREASURER 2085 SANDALWOOD COURT 0. 0. 0. GREEN BAY, WI 54304 0.10

		7			
2	Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		!
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
_	NONE				
_					
_					
_		_			
_		_			
=	Catal number of other employees hald over \$50,000		.1		. (

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KARL AND KAREN SCHMIDT FAMILY FO INC.		1555395 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
	_	
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	lical information such as the fluced, etc.	Expenses
1 N/A		
2		
3		
· · · · · · · · · · · · · · · · · · ·		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

KARL AND KAREN SCHMIDT FAMILY FOUNDATION INC. 46-1555395 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 522,167. a Average monthly fair market value of securities 1a 34,776. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 556,943. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 0. 2 Acquisition indebtedness applicable to line 1 assets 556,943. Subtract line 2 from line 1d 3 8,354. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 548,589. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 6 27,429. 6 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 27,429. Minimum investment return from Part X, line 6 1,924. 2a Tax on investment income for 2013 from Part VI, line 5 2a b Income tax for 2013. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 2c 1,924 25,505. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 4 505. 5 5 Add lines 3 and 4 0. 6 Deduction from distributable amount (see instructions) 6 505. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 24,077 a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3ь 24,077. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

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

Form **990-PF** (2013)

<u>1,</u>924.

22,153.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions, Subtract line 5 from line 4

4940(e) reduction of tax in those years.

INC.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				25,505.
2 Undistributed income, if any, as of the end of 2013				20,000
a Enter amount for 2012 only			1,336.	
b Total for prior years:			2,5501	
g rounter prior years.		0.		
3 Excess distributions carryover, if any, to 2013:		<u> </u>		
a From 2008				
b From 2009				
c From 2010				
dFrom 2011				
eFrom 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from	<u> </u>			
Part XII, line 4: ►\$ 24,077.				
a Applied to 2012, but not more than line 2a			1,336.	
			1,330+	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.	-		
(Election required - see instructions)	0.			22,741.
d Applied to 2013 distributable amount	0.			22,/41.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<u> </u>		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				2,764.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
dExcess from 2012				
e Excess from 2013				
7 EAGUSO II O III E O I O		L	L	5 - 000 PE (0048)

Z	Information F	Regarding (Contribution, (Grant, Gift, I	Loan, Sc	cholarship, c	etc., Prograr	ns:

Check here \(\sum \) If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds, if the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2013)

Part XV

INC.

46-1555395

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year SPRING LAKE CHURCH NONE TO FUND CHARITABLE 2240 KLONDIKE ROAD OBJECTIVES OF THE GREEN BAY, WI 54311 DONEE 5,000. SOUTHWEST DECA NONE TO FUND CHARITABLE 1331 PACKERLAND DRIVE DBJECTIVES OF THE 200. GREEN BAY, WI 54304 DONEE EVANS SCHOLARSHIP FOUNDATION NONE TO FUND CHARITABLE ONE BRIAR ROAD OBJECTIVES OF THE DONEE GOLF, IL 60029 250. TO FUND CHARITABLE CRU NONE 105 GARFIELD AVENUE OBJECTIVES OF THE EAU CLAIRE, WI 54702 DONEE 200. SOUTHWEST HIGH SCHOOL TO FUND CHARITABLE NONE DBJECTIVES OF THE 1331 PACKERLAND DRIVE GREEN BAY, WI 54304 DONEE 450. SEE CONTINUATION SHEET(S) ➤ 3a 21,270. Total b Approved for future payment NONE Total

323611 10-10-13

46-1555395 Page 12

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business			(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a	- 3333		+ +	+	
b	-	·	+		
C	-		 		
d			1		
e			1 1		
f	-		+ -+		
g Fees and contracts from government agencies	-		1 1		
2 Membership dues and assessments			1 1	-	•
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	6,285.	·
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1 1		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			11		
8 Gain or (loss) from sales of assets other than inventory			18	141,438.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			1 1		
11 Other revenue:			1 -1		
a _			1 1		
b			1 1		
С					
d					
e			i i		
12 Subtotal. Add columns (b), (d), and (e)		0		147,723.	0
13 Total. Add line 12, columns (b), (d), and (e)	•			13	147,723
(See worksheet in line 13 instructions to verify calculations.)				· 	

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
1		
23621	Form QQO_DE	- (0.0

Form 990-PF (2								46-	1555.	395 F	Page 13
Part XVII	Information Re Exempt Organ		nsfers To	and Tra	ansactions	and	Relations	ships With No	ncharit		
1 Did the or	ganization directly or indi		of the follows	ng with an	v other organizati	ion de	scribed in sec	tion 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?											1
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
(1) Cash										1a(1)	x
1.1										1a(2)	X
b Other transactions:											+=-
(1) Sales of assets to a noncharitable exempt organization											x
(2) Purchases of assets from a noncharitable exempt organization											
i.i	al of facilities, equipment,	•			-	1b(2) 1b(3)	X				
1.1 =	bursement arrangements		- F	1b(4)	 						
(5) Loans or loan guarantees											$\frac{1}{x}$
	rmance of services or me	mhership or fundra	usina solicitatio	nns						1b(5) 1b(6)	
	f facilities, equipment, ma	•	-						⊢	1c	$+\frac{x}{x}$
_	wer to any of the above is				ımn (h) should ai	lwave	show the fair	market value of the	L doods oth		1 **
	s given by the reporting fo										
	d) the value of the goods,				an ian mande far	iuo iii ç	2119 11 411340110	ir or snaring arrange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	** ***	
	(b) Amount involved		of noncharitable		rganization		(d) Description	n of transfers, transaction	ons, and sha	ring arrangen	nents
			N/A				(-)				
			21,722		_	-					
						\dashv					
				•		\pm					
						-					
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		, <u> </u>				+					
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	-					\dashv					
											
-					 :	+					
				-		+					
	 .					\dashv					
						-					
						+					
2a Is the four	ndation directly or indirect	thy affiliated with or	related to one	or more t	av-evemnt organ	uzation	an described				
	501(c) of the Code (other				ax-exempt organ	الكفانانا	is described			Yes 2	∑ No
	omplete the following sch		//(U/) UI III 366	11011 021					لــــا	163 [2	7 140
<u> </u>	(a) Name of org			(b) Type	of organization	T		(c) Description of re	elationshin		
	N/A			(-).)	gameanon	+		(+) Dood phon of the	a.conomp		
				 		+					
	-	· -		<u> </u>		+					
		<u></u>				+					
-						╁				-	
Under	penalties of perjury, I declare t	that I have examined th	nis return, includir	ng accompai	nying schedules and	d staten	ments, and to the	best of my knowledge			
Sign and be	elief, it is true, correct, and con	nplete Declaration of p	reparer (other tha	in taxpayer) i	s based on all inform	mation	of which prepare	r has any knowledge	return v	e IRS discuss with the prepa	arer
Here	101		-11	1.	10-13-14	4	PRESI	רבאיתי	shown	below (see in	
<u> </u>	nature of officer or trustee	112	-/4		·		Title	DENI		Yes L	No
	Print/Type preparer's na		Preparer's s			Date	·····	Check If	PTIN		
	Transcripto propuror o na		Tropulor 5 5	gnataro			'	self- employed	' ' '''		
Paid BRIAN J. STRNAD BRIAN J. STRNAD 1							/03/14	5511 Omployou	חחת	35098	2
Preparer	Firm's name ► SCH		ъттъщ	<u> </u>	י יייאטע	<u> </u>	, 03/14	Firm's EIN ► 3			
Use Only	THIN S HAIRE P DCH	THOU BC						THINSEIN > 3	J-11/	7131	
- y	Firm's address ▶ P .	O. BOY 23	3819								
		EEN BAY,		05-39	R1 9			Dhono no / Q	20143	86-780	10
	ı GK	LUN DAI,	41 243	00-0	<u> </u>			Phone no. (9		990-PF	
									roill	ママひ-アト	(2013)

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 ·

OMB No 1545-0047

Name of the organization

KARL AND KAREN SCHMIDT FAMILY FOUNDATION INC.

Employer identification number

46-1555395

Organization type (check one):											
Filers of:		Section	on:								
Form 990	or 990-EZ	501(c)() (enter number) organization									
			4947(a)(1) r	nonexempt chantal	ole trust not	treated as a	ı prıvate fo	undation			
			527 politica	ll organization							
Form 990-	PF	X	501(c)(3) ex	cempt private found	dation						
			4947(a)(1) r	nonexempt charital	ole trust trea	ted as a priv	ate found	ation			
			501(c)(3) ta	xable private found	lation						
Note. Only	y a section 501(c)(7	7), (8),	or (10) orga	eneral Rule or a S nization can check 90-EZ, or 990-PF th	boxes for be	oth the Gen		·			any one
	ontributor. Comple			,	,		,,,	,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Special R	ules										
5	09(a)(1) and 170(b)(1)(A)((vi) and rece	ing Form 990 or 99 ived from any one II, line 1h, or (ii) Foi	contributor,	during the y	ear, a con	tribution of the g			
t	otal contributions o	of more	e than \$1,00	anization filing Fon 00 for use exclusive r animals Complet	ly for religiou	us, chantabl		•			
o II P	ontributions for us this box is checke ourpose Do not co	se <i>exclu</i> ed, ente mplete	usively for re er here the e any of the	anization filing Fon eligious, charitable, total contributions parts unless the G s of \$5,000 or mor	etc., purpos that were re eneral Rule	es, but thes ceived dunn applies to tl	e contribu g the year	tions did not tot for an exclusivel	al to more t	than \$1,000. , chantable, e nonexclusivel	etc,
but it mus	t answer "No" on I	Part IV	, line 2, of it	by the General Rule s Form 990, or che ents of Schedule B	ck the box o	on line H of it	ts Form 99		•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

KARL AND KAREN SCHMIDT FAMILY FOUNDATION

Employer identification number

INC

46-1555395

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KARL & KAREN SCHMIDT 2085 SANDALWOOD COURT GREEN BAY, WI 54304	\$108,865.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
323452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

KARL AND KAREN SCHMIDT FAMILY FOUNDATION

46-1555395

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
		108,865.	11/22/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
123453 10-2	1.12		00 990-F7 or 990-PF) (2013

Name of organization **Employer identification number** KARL AND KAREN SCHMIDT FAMILY FOUNDATION 46-1555395 INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year (Continuation) If recipient is an individual,		- 	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DAVID'S REFUGE	NONE		TO FUND CHARITABLE	
4440 BRICKYARD FALLS ROAD			OBJECTIVES OF THE	
MANLIUS, NY 13104			DONEE	500.
CRU	NONE		TO FUND CHARITABLE	
116-1/2 E. CHURCH ST, SUITE #101 OXFORD, OH 45056			OBJECTIVES OF THE	2,500.
OXFORD, OR 43036			DONEE	2,300.
ACTS 1:8 MINISTRY	NONE		TO FUND CHARITABLE	
2145 SOUTH ONEIDA STREET	1012		OBJECTIVES OF THE	
GREEN BAY, WI 54304			DONEE	200.
BOY SCOUT TROOP 1042	NONE		TO FUND CHARITABLE	
P.O. BOX 141		1	OBJECTIVES OF THE	
LUXEMBURG, WI 54217			DONEE	100
BOYS AND GIRLS CLUB	NONE		TO FUND CHARITABLE	
311 SOUTH ONEIDA STREETQ			OBJECTIVES OF THE	
GREEN BAY, WI 54303			DONEE	250.
AMERICAN RED CROSS	NONE		TO FUND CHARITABLE	
2131 DECKNER AVENUE			OBJECTIVES OF THE	
GREEN BAY, WI 54301	1		DONEE	2,500.
JUNIOR ACHIEVEMENT	NONE		TO FUND CHARITABLE	
416 GEORGE ST #B03			OBJECTIVES OF THE DONEE	1 500
DE PERE, WI 54115			DONEE	1,500
GPS EDUCATION PARTNERS	NONE		TO FUND CHARITABLE	
13000 WEST SILVER SPRING DR.	NAME:		OBJECTIVES OF THE	1
BUTLER WI 53007			DONEE	4,500
-				,
NATIONAL DOWN SYNDROME	NONE		TO FUND CHARITABLE	
666 BROADWAY			OBJECTIVES OF THE	
NEW YORK, NY 10012			DONEE	250
NATIONAL FIRE SAFETY COUNCIL, INC.	NONE		TO FUND CHARITABLE	
P.O. BOX 378			OBJECTIVES OF THE	
MICHIGAN CENTER, MI 49254-0378			DONEE	120
Total from continuation sheets				15,170,

INC.

46-1555395

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient KYLE BRUNNER FUND NONE TO FUND CHARITABLE 7205 HAMILTON DR OBJECTIVES OF THE 250. DONEE WABENO, WI 54566 TO FUND CHARITABLE VERITAS SOCIETY NONE OBJECTIVES OF THE 9730 W. BLUEMOUND RD, SUITE 200 MILWAUKEE, WI 53226 DONEE 1,500. TO FUND CHARITABLE NONE APPLETON MEDICAL CENTER OBJECTIVES OF THE 122 E COLLEGE AVENUE 500. DONEE APPLETON, WI 54912 NONE TO FUND CHARITABLE GOLF FORE AFRICA OBJECTIVES OF THE 32531 NORTH SCOTTSDALE ROAD, STE 105 DONEE 500. SCOTTSDALE, AZ 85266 Total from continuation sheets

FORM 990-PF		GAIN OR	(LOSS) I	FROM SA	ALE (OF A	SSETS		STA	TEMENT	1
(A) DESCRIPTION (7					IANNER QUIREI		ATE UIRED	DATE :	SOLD
PUBLICLY TRAI	DED SECURIT	TIES				PUR	CHASEI	VAR:	ious	VARIO	ous
	(B)	(C)		(1	-		(E	Ξ)		(F)	
	ROSS S PRICE	COST OTHER I		EXPEN SA	NSE (OF	DEPF	REC.	GAIN	OR LO	SS
	431,093.	3(02,372.			0.		0.		128,	721.
(A) DESCRIPTION (7					IANNER QUIREI		ATE UIRED	DATE :	SOLD
PUBLICLY TRAI	DED SECURIT	 TIES				DC	NATED	VAR	IOUS	VARIO	ous
	(B) SROSS	(C) VALUE	E AT	(I EXPEN	ISE (OF	(E		G3 T3	(F)	2.0
	109,834.	TIME OF	08,865.		ALE	0.	DEPF	0.	GAIN	OR LO	969.
CAPITAL GAINS	S DIVIDENDS	FROM P	ART IV							11,	748.
TOTAL TO FORM	1 990-PF, I	PART I, I	LINE 6A							141,	438.
FORM 990-PF	Di	VIDENDS	AND IN	PEREST	FROI	M SE	CURITI	ES	STA	TEMENT	2
SOURCE		ROSS MOUNT	CAPIT GAIN DIVIDE	1S		(A) VENU BOC	E NE	(B) T INVI T INC	EST-	(C) ADJUS' NET INC	ΓED
ASSOCIATED TR	RUST	18,033.	11,	748.		6,2	85.	6,	584.		
TO PART I, L	NE 4	18,033.	11,	748.		6,2	85.	6,	584.		
			=	=						•	_

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES	
TAX RETURN PREPARATION LEGAL	1,300. 4,312.	650. 2,156.		650. 2,156.	
TO FORM 990-PF, PG 1, LN 16B	5,612.	2,806.		2,806.	
FORM 990-PF	TAX	ES	·	STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES	
FEDERAL TAX FOREIGN TAX	88. 141.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	229.	0.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT MANAGEMENT FEES BANK SERVICE CHARGES	2,259.	2,259.		0.	
TO FORM 990-PF, PG 1, LN 23	2,262.	2,261.		1.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
DODGE AND COX GLOBAL STOCK FU AM FDS EUROPACIFIC GROWTH FD PERKINS MID CAP VALUE FUND AM FDS NEW WORLD FD T ROWE PRICE MID CAP GROWTH I			93,585. 18,698. 10,557. 13,324. 19,705.	123,954. 24,344. 11,054. 16,430. 32,648.	

KARL AND KAREN SCHMIDT FA	MILY FOUNDATION		46-155539
ROYCE FD SPECIAL EQUITY		0.	
WASATCH SMALL CAP GROWTH FD		13,350.	19,429
CONOCO PHILLIPS COM		0.	0
PHILLIPS 66 COM		0.	0
JOHNSON AND JOHNSON		0.	0
GOLDMAN SACHS FINANCIAL SQU	ARE PRIME OBLIGATIONS		
FD FUND 462		24,251.	24,251
GOLDMAN SACHS GROWTH OPPORT		15,376.	18,387
HARBOR CAPITAL APPRECIATION		93,123.	120,126
PERKINS SMALL CAP VALUE FUN	D CL I	15,680.	18,480
JENSEN PORTFOLIO INC. COM		41,489.	49,105
TEMPLETON INSTL FOREIGN EQU		20,808.	23,707
GOLDMAN SACHS SATELLITE CL	T	17,343.	17,039
FOTAL TO FORM 990-PF, PART	II, LINE 10B	397,289.	498,954
FORM 990-PF	CORPORATE BONDS		STATEMENT
FORM 990-PF	CORPORATE BONDS	******	STATEMENT FAIR MARKET
FORM 990-PF DESCRIPTION	CORPORATE BONDS	BOOK VALUE	
DESCRIPTION			FAIR MARKET VALUE
DESCRIPTION T ROWE PRICE SHORT TERM BON	D FD	14,650.	FAIR MARKET VALUE
DESCRIPTION TROWE PRICE SHORT TERM BONTEMPLETON GLOBAL BOND ADVISOR	D FD OR CL	14,650. 10,010.	FAIR MARKET VALUE 14,469 9,770
DESCRIPTION	D FD OR CL SINGAL	14,650.	FAIR MARKET VALUE
DESCRIPTION TROWE PRICE SHORT TERM BONI TEMPLETON GLOBAL BOND ADVISO VANGUARD TOT BOND MKT INDEX	D FD OR CL SINGAL	14,650. 10,010.	FAIR MARKET VALUE 14,469 9,770

PART XV - LINE 1A

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

KARL SCHMIDT KAREN SCHMIDT

FORM 990-PF

STATEMENT

· Form : **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

LHA 323841 12-31-13

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple					X
	are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted					
	ic filing (e-file). You can electronically file Form 8868 if					
	to file Form 990-T), or an additional (not automatic) 3-mo					
	of file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page		(see instructions). For more details	on the elec	ctronic filing of this	form,
0.700000	v.irs.gov/efile and click on e-file for Charlties & Nonprofits			1 1		
Part I						
_	ation required to file Form 990-T and requesting an autor			complete		
Part I onl	•					٠ ـــا
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques			
	1		· · · · · · · · · · · · · · · · · · ·		er's identifying nur	
Type or	Name of exempt organization or other filer, see instru		OUNDAMYON	Employe	r identification numi	ber (EIN) or
print	KARL AND KAREN SCHMIDT FAM:	TTX L	OUNDATION	i	AC 15550	\ F
File by the	INC.				46-155539	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2085 SANDALWOOD CT	ee instruc	tions.	Social se	curity number (SSN	1)
retum See						
iństructions.	Gty, town or post office, state, and ZIP code. For a following GREEN BAY, WI 54304	oreign add	iress, see instructions.	iled	1	
			Extension E-F		8-14-14	
Enter the	Return code for the return that this application is for (file		te application for page Accepte	ted:	<u>J.,</u>	0 4
Enter the	Heturn code for the return that this application is for the	a separa	te abblication tot each estribiliziti.		5-14-14 m	0 4
Applicati		Return	Accepte	.d:	<u> </u>	T
	ion		Application Date Accept		Return	
Is For	0 or Form 000 E7	Code	13 1 0/			Code
	or Form 990-EZ	01	Form 990-T (corporation)		· · · · · · · · · · · · · · · · · · ·	07
Form 990		02	Form 1041-A			08
Form 990	(Individual)	03	Form 4720 (other than individual)			09
	I-T (sec. 401(a) or 408(a) trust)	04	Form 5227 Form 6069			10
	-T (trust other than above)	05 06	Form 8870			11
i omi sac	KARL SCHMIDT] 00	FORTH 8870			12
■ The b	ooks are in the care of ▶ 2085 SANDALWOOI	ר מינו	PT - CPFFN BAV WI	5/30	Λ	
	none No. ► 920-490-0389	7 0001	Fax No. ►	3430	7	
•	organization does not have an office or place of business	ما ا مطه ما ام				
	is for a Group Return, enter the organization's four digit (
box ►	. If it is for part of the group, check this box	Gloup Exe	ch a list with the sames and Eible of	i tilis is ioi	r the whole group, c	neck this
	quest an automatic 3-month (6 months for a corporation				ers the extension is	ior.
1 116	AUGUST 15, 2014 , to file the exempt				The automore	
ie f	or the organization's return for:	i Organiza	non return for the organization harne	d above.	me extension	
	X calendar year 2013 or					
•	tax year beginning	20	d ending			
	tax year oeginining	, an	o enomy		- ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	hock reas	on: Initial return III	Final retur	n	
	Change in accounting period	IICCK ICAS		i mai retur	11	
3a If th	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
	refundable credits. See instructions.	0, 0000,	cites the ternative tax, less any	3a	s 2	2,500.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	- "		.,
	imated tax payments made. Include any prior year overp	-		3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			35	y	
	using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	s 2	2,500.
	If you are going to make an electronic funds withdrawal					
instructio		,		.00 EO al	1 01111 007 9-50 10	, payment

Form 8868 (Rev. 1-2014)

• Form \$868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension. c	complete only Part II and check this	box			
Note. Only complete Part II if you have already been granted an					—	
If you are filing for an Automatic 3-Month Extension, complete						
Part Additional (Not Automatic) 3-Month E			al (no c	opies nee	eded).	
					see instructions	
Type or Name of exempt organization or other filer, see instru	ıctions				on number (EIN) or	
			Citipioyei	ide (tincati	on number (2114) or	
print KARL AND KAREN SCHMIDT FAMI	ы го	UNDATION		46_15	55395	
File by the due date for Number at cost and room or suite no. If a R O how s			0			
filing your Number, Suret, and room of Solle No. II a P.O. DOX, S	see instruc			curity numb	er (55N)	
return. See 2085 SANDALWOOD CT	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN BAY, WI 54304 Extension E-File ter the Return code for the return that this application is for (file a separate application for each fetum) Poice Accepted Return Application For Code Is For					
City, town or post office, state, and ZIP code. For a f	oreign add	tress, see instructions.	((O)	-14-1	سس	
GREEN BAY, WI 54304		Exterio	Hed:	4.4		
		Cate Transmi		14-14		
Enter the Return code for the return that this application is for (fil	e a separa	te application for each teturn)	بتكليدناه	••••••	04	
		Date Accept				
Application	Return	Application			Return	
ls For	Code					
Form 990 or Form 990-EZ	01		一大家种少		於第一次到了	
Form 990-BL	02	Form 1041-A			80	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069 1				
Form 990-T (trust other than above)	06	Form 8870				
STOPI Do not complete Part II if you were not already grantee	d an autor	natic 3-month extension on a prev	iously file	d Form 88	68.	
KARL SCHMIDT						
The books are in the care of ▶ 2085 SANDALWOO	D COU	RT - GREEN BAY. WI	5430	4		
Telephone No. ► 920-490-0389		Fax No 🕨				
If the organization does not have an office or place of busines	s in the Ur	•			▶ □	
If this is for a Group Return, enter the organization's four digit						
box . If it is for part of the group, check this box		ach a list with the names and EINs of				
		BER 15, 2014.	CONTINUE TO	Old till Cat	3.10.011.01.01.	
5 For calendar year 2013, or other tax year beginning	110 1 1111	, and ending	^			
6 If the tax year entered in line 5 is for less than 12 months,	phook rope		Final	eturn	·	
Change in accounting period	LITECK TEAS	onmataretan	rulari	etanı		
7 State in detail why you need the extension	DDEDA	DE A COMPLEME AND	A COULD	מת שתא	יא פודותים	
ADDITIONAL TIME IS NEEDED TO	PREFA	RE A COMPLETE AND	ACCUR	AIE KI	SIONN.	
			 			
				l	· · · · · · · · · · · · · · · · · · ·	
8a If this application is for Forms 990 BL, 990 PF, 990 T, 4720), or 6069,	enter the tentative tax, less any		_	2 500	
nonrefundable credits. See instructions.			8a	\$	2,500.	
b If this application is for Forms 990 PF, 990-T, 4720, or 6069						
tax payments made. Include any prior year overpayment a	liowed as	a credit and any amount paid			0 500	
previously with Form 8868.			8b	\$	2,500.	
C Balance due, Subtract line 8b from line 8a Include your p.	ayment wi	th this form, if required, by using			_	
EFTPS (Electronic Federal Tax Payment System) See insti			8c	\$	0.	
Signature and Verifica	tion mu	st be completed for Part II o	only.			
Under penalties of perjury, I declare that I have examined this form, inclu	ding accom	panying schedules and statements, and to	o the best o	f my knowle	dge and belief,	
it is true, correct, and complete, and that I am authorized to prepare this I	nrm					
	101 III.					
Signature Title	PRESI	DENT	Date	•		