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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.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 2015

Open to Public Inspection

For calendar year 2015 or tax year beginning 2015, and ending 20 Name of foundation A Employer identification number WILLIAM AND HELEN SCHWAB FOUNDATION INC 27-4235214 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 1039 E HARRISON STREET (765)342-5569City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MARTINSVILLE, IN 46151 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test. Address change Name change check here and attach computation H Check type of organization |X| Section 501(c)(3) exempt private foundation E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash Accrual If the foundation is in a 60-month termination end of year (from Part II, col (c). Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 1,183,941 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal éxpenses per (c) Adjusted net purposes (cash basis only) books income the amounts in column (a) (see instructions)) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► |X| if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 15 15 4 Dividends and interest from securities 5a Gross rents 71,704 b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances ь Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) STM106 2,313 2,313 12 Total. Add lines 1 through 11 74,032 2,313 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . . Accounting fees (attach schedule) b STM108 975 975 Administrative C Other professional fees (attach schedule) 17 interest 1,925 1,925 18 Taxes (attach schedule) (see instructions) . . STM110 10,177 10,177 19 Depreciation (attach schedule) and depletion 23,327 20 Occupancy 21 and Travel, conferences, and meetings 22 Printing and publications . perating 23 Other expenses (attach schedule) . 10,514 10,514 SCAPINED AUG 24 Total operating and administrative expenses. Add lines 13 through 23 46,918 23,591 25 Contributions, gifts, grants paid 60,840 60,840 26 Total expenses and disbursements. Add lines 24 and 25 107,758 23,591 60,840 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements (33,726)Net investment income (if negative, enter -0-) 15 Adjusted net income (if negative, enter -0-)

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P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning or year	Ena or	year
	T 4	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	64,344	55,870	55,870
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	İ _	Less allowance for doubtful accounts	711		
	4	Pledges receivable	+		
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
(A	1	Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
ASS.	9	Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis	,-		
	1	Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ► 1,191,972			
		Less accumulated depreciation (attach schedule) 63,901	1,151,398	1,128,071	1,128,071
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
	ļ _	instructions Also, see page 1, item I) .	1,215,742	1,183,941	1,183,941
	17	Accounts payable and accrued expenses	1,925	3,850	
(A	18	Grants payable			
ţį	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.a</u>	21	Mortgages and other notes payable (attach schedule) STM123	55,000	55,000	
_	22	Other liabilities (describe)		_	
	23	Total liabilities (add lines 17 through 22)	56,925	58,850	
Se		Foundations that follow SFAS 117, check here		į	
alances	24	Unrestricted	1,158,817	1,125,091	
<u>ala</u>	25	Temporarily restricted			
8	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here . •			
正		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund .			
15S	29	Retained earnings, accumulated income, endowment, or other funds			
Net /	30	Total net assets or fund balances (see instructions)	1,158,817	1,125,091	
ž	31	Total liabilities and net assets/fund balances (see			
_		instructions)	1,215,742	1,183,941	
_	art III		es		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3			
		f-year figure reported on prior year's return)	•	1	1,158,817
		amount from Part I, line 27a		2	(33,726)
3	Other	increases not included in line 2 (itemize)		3	
		nes 1, 2, and 3	•	. 4	1,125,091
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	. 6	1,125,091

Page 3

(a) List and describe 2-story brick wareh	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)					
1a								
b								
С								
d		_						
е								
(e) Gross sales price	(f) Depreciation allo (or allowable)	owed	(g) Cost or of plus expens		(h) Ga (e) plus	in or (loss) (f) minus (g)		
a			<u> </u>					
b								
С								
d								
e						····		
Complete only for assets show	ng gain in column (h) ai	nd owned by the f	oundation on 1	2/31/69	(I) Gains (C	ol (h) gain minus		
(i) F M V as of 12/31/69	(j) Adjusted basi as of 12/31/69	as of 12/31/69 (k) Excess of col (i) over col (j), if any			t less than -0-) or from col (h))			
а								
b								
С								
d			· · · · · · · · · · · · · · · · · · ·					
е								
2 Capital gain net income or (net	capital loss)	If gain, also ent If (loss), enter -	•	· · · · · · · · · · · · · · · · · · ·	2			
3 Net short-term capital gain or (k	oss) as defined in sectio	ons 1222(5) and (6)					
If gain, also enter in Part I, line 8	3, column (c) (see instru	ictions) If (loss),	enter -0- ın	. 1				
Part I, line 8				J	3			
Part V Qualification Un	der Section 4940	(e) for Reduc	ed Tax on I	Vet Investme	nt Income			
(For optional use by domestic private	e foundations subject to	the section 4940	O(a) tax on net i	nvestment incom	e)			
16 and the 10 (0)	har arad blank							
If section 4940(d)(2) applies, leave t	nis part biank							
Was the foundation liable for the sec	ction 4942 tax on the dis	stributable amoun	t of any year in	the base period?	•	Yes No		
If "Yes," the foundation does not qua	alify under section 4940	(e) Do not compl	lete this part					
1 Enter the appropriate amount in	each column for each	year, see the insti	ructions before	making any entri	es			
(a) Base period years Calendar year (or tax year beginning	(b n) Adjusted qualifyi) ng distributions	Net value of n	(c) oncharitable-use as		(d) Distribution ratio sets (col (b) divided by col (c))		
2014								
2013								
2012								
2011								
2010								
2 Total of line 1, column (d)					2			
3 Average distribution ratio for the	5-year base period - d	ıvıde the total on I	ine 2 by 5, or b	y the				
number of years the foundation			•	•	3			
4 Enter the net value of noncharit	able-use assets for 201	5 from Part X, line	e 5		4			
5 Multiply line 4 by line 3					5	0		
6 Enter 1% of net investment inco	ome (1% of Part I. line 2	7b)			6			
7 Add lines 5 and 6	,,				. 7	0		
					' '			
8 Enter qualifying distributions fro If line 8 is equal to or greater that		ın Part VI, line 1b	o, and complete	that part using a	. 8 1% tax rate See the	· · · · · · · · · · · · · · · · · · ·		
Part VI instructions			•					

EEA

2b

3b

4a

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	t VII-B Statements Regarding Activitie		Which Forn	1 4/20	мау ве і	Requir	ea (continuea)	- 	
5a	During the year did the foundation pay or incur any an					ſ			
	(1) Carry on propaganda, or otherwise attempt to influ		•			Į	Yes X No		
	(2) Influence the outcome of any specific public electrons	on (see	section 4955),	or to ca	rry on,	r			
	directly or indirectly, any voter registration drive?	•	•				Yes X No		
	(3) Provide a grant to an individual for travel, study, o	r other s	imilar purposes	۶۹.			Yes X No		
	(4) Provide a grant to an organization other than a ch	arıtable,	etc , organizati	ion desc	ribed in	r			
	section 4945(d)(4)(A)? (see instructions)					Į	Yes X No		
	(5) Provide for any purpose other than religious, char	ıtable, so	cientific, literary	, or edu	cational				
	purposes, or for the prevention of cruelty to children	en or anı	mals?			. [Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	sactions	fail to qualify u	nder the	exceptions	describe	d in		
	Regulations section 53.4945 or in a current notice regulations	ardıng dı	ısaster assıstar	nce (see	instructions)	?		5b	
	Organizations relying on a current notice regarding dis	saster as	ssistance check	k here			▶ 📙		
С	If the answer is "Yes" to question 5a(4), does the foun	dation c	laım exemption	from th	e tax		_		
	because it maintained expenditure responsibility for th	e grant?	•			[Yes No		
	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 pre	emiums				
	on a personal benefit contract?						Yes X No		
b	Did the foundation, during the year, pay premiums, dir	ectly or	indirectly, on a	persona	al benefit con	ract? '		6b	ĺχ
	If "Yes" to 6b, file Form 8870	•	•	•					- "
7a	At any time during the tax year, was the foundation a	party to a	a prohibited tax	shelter	transaction?	[Yes X No		
b	If "Yes," did the foundation receive any proceeds or ha					ction?		7b	
Pai	t VIII Information About Officers, Dire						. Highly Paid		vees.
ч.	and Contractors	- · ,	,			3	, g ,		,,
1 L	ist all officers, directors, trustees, foundation mana	agers an	nd their compe	nsation	(see instru	ctions).			·· · · · · · · · · · · · · · · · · · ·
		7	le, and average		ompensation		Contributions to	(e) Expe	ense account,
	(a) Name and address		rs per week ed to position		not paid, nter -0-)		oyee benefit plans ferred compensation		allowances
WIL	LIAM L SCHWAB	PRESI			1161 -0-7	and de	erred compensation		
	9 E HARRISON STREET, IN 46151	, KODI	1.00		0		0		0
	EN L SCHWAB	DIREC			<u>_</u>				
	9 E HARRISON STREET, IN 46151	PIREC	1.00		0		0		0
	J Z MMAIDON BINEDI, IN 40131	-	1.00						
	· · · · · · · · · · · · · · · · · · ·								
	Componentian of five highest said amplement (ather	. Als a.s. Als			d!				
2 (Compensation of five highest-paid employees (other	r tnan tr	iose incluaea	on line	1 - see instr	uctions	. It none, enter		
	NONE."		r					•	
	(a) Name and address of each employee paid more than \$50	000	(b) Title, and	average			(d) Contributions to employee benefit	(e) Expe	nse account,
	(a) Name and address of each employee paid more than \$50	,000	hours per w devoted to po		(c) Comper	sation	plans and deferred		allowances
					 		compensation		
NON	š		İ						
			1						
			ļ						
									_
			<u> </u>						
			<u></u>]				
Total	number of other employees paid over \$50,000						•		0
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WILLIAM AND HELEN SCHWAB FOUNDATION INC

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Total, Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 1a O 72,879 Average of monthly cash balances . . 1b 1,128,071 Fair market value of all other assets (see instructions) 1c Total (add lines 1a, b, and c) 1d 1,200,950 Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 3 1,200,950 . . . Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 instructions) 18,014 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 1,182,936 5 Minimum investment return. Enter 5% of line 5 6 59,147 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here | and do not complete this part.) 1 Minimum investment return from Part X, line 6 59,147 2a Tax on investment income for 2015 from Part VI, line 5 2a 2b Income tax for 2015 (This does not include the tax from Part VI) b Add lines 2a and 2b 2c C 3 3 Distributable amount before adjustments Subtract line 2c from line 1 59,147 4 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 59,147 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 59,147 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 . 60,840 1a Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) За 3b b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 60,840 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 60,840 Adjusted qualifying distributions. Subtract line 5 from line 4 6

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 4940(e) reduction of tax in those years

Part XIII · Undistributed Income (see instructions) (a) Corpus (b) Years prior to 2014 (c) 2014 (d) 2015 Distributable amount for 2015 from Part XI, line 7 59,147 Undistributed income, if any, as of the end of 2015. 2 a Enter amount for 2014 only b Total for prior years 2012, 6,867 Excess distributions carryover, if any, to 2015 a From 2010 From 2011 From 2012 2,456 From 2013 From 2014 f Total of lines 3a through e 2,456 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 60,840 a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributable amount Remaining amount distributed out of corpus 1,693 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 4,149 **b** Prior years' undistributed income Subtract line 4b from line 2b 6,867 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 Subtract line 6c from line 6b Taxable amount - see instructions 6,867 Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount - see instructions Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 4,149 Analysis of line 9 a Excess from 2011 b Excess from 2012 . . 2,456 Excess from 2013 . Excess from 2014 Excess from 2015 1,693

Part	XIV Private Operating Four	ndations (see inst	ructions and Part	: VII-A, question 9)		
1a	If the foundation has received a ruling or	determination letter that	at it is a private operat	ing		<u> </u>
	foundation, and the ruling is effective for				•	
b	Check box to indicate whether the found	ation is a private opera	ting foundation descri	bed in section	4942(j)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 10 120/(0/ 01]	10 12()(0)
	income from Part I or the minimum	(a) 2015	(b) 2014		(d) 2010	(e) Total
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	•			 		
Ь	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
	"Assets" alternative test - enter. (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)	-				
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
art				ne foundation had	\$5,000 or more i	n assets at
	any time during the yea	r - see instructio	ns.)			
1	Information Regarding Foundation M	lanagers:				
а	List any managers of the foundation who before the close of any tax year (but on	o have contributed moi ly if they have contribut	re than 2% of the total ted more than \$5,000)	contributions received to (See section 507(d)(2)	by the foundation)	
	WILLIAM L SCHWAB					
b	List any managers of the foundation wh	n own 10% or more of	the stock of a cornora	tion (or an equally large	nortion of the	
	ownership of a partnership or other enti				portion or the	
		·				
2	Information Regarding Contribution,					
	Check here ► X if the foundation onl	y makes contributions	to preselected charita	ble organizations and do	es not accept	
	unsolicited requests for funds. If the fou	ndation makes gifts, gr	ants, etc (see instruc	tions) to individuals or o	rganizations under	
	other conditions, complete items 2a, b,					
а	The name, address, and telephone nun	nber or e-mail address	of the person to whon	n applications should be	addressed	
b	The form in which applications should be	e submitted and inform	nation and materials th	ney should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards factors.	s, such as by geograph	ical areas, charitable	fields, kinds of institution	ns, or other	
		_				

3 Grants and Contributions Paid During the	real of Approved	TO FULLIE F	ayınenı	· · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, 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		
a Paid during the year AMERICAN LEGION				
			CONTRIBUTION	100
BOYS TOWN				
			CONTRIBUTION	100
CLOTHE A CHILD				
DESERT ROSE			CONTRIBUTION	1,000
DEDIKI KOSE			CONTRIBUTION	5,000
FIRST BAPTIST CHURCH				
			CONTRIBUTION	50
GIBAULT INC				
			CONTRIBUTION	500
HOOSIER TRAILS			CONTRIBUTION	250
MANNA MISSION			CONTRIBUTION	230
			CONTRIBUTION	1,000
Total		<u>. </u>	▶ 3a	
b Approved for future payment	T		Ja	
Total			▶ 3b	

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Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
MARYKNOLL				
			CONTRIBUTION	100
MHS BPA				
			CONTRIBUTION	1,000
MOORESVILLE JR FOOTBALL LEAGUE				
			CONTRIBUTION	5,000
			CONTRIBUTION	5,000
MORGAN COUNTY PUBLIC LIBRARY				
			CONTRIBUTION	500
RED BARN				
KED BARN				
			CONTRIBUTION	5,000
				·
SALVATION ARMY				
			CONTRIBUTION	500
ST MEINRAD				
			CONTRIBUTION	2,000
1100				
USO				
			CONTRIBUTION	100
				100
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3a	
b Approved for future payment				
Total .		1	. ► 3b	

Recipient	If recipient is an individual, 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		
a Paid during the year				
WELLSPRING				
			CONTRIBUTION	5,000
WINTER IN THE PARK				•
			CONTRIBUTION	1,000
			CONTRIBUTION	1,000
YMCA				
			CONTRIBUTION	5,000
BARR REEVE SCHOLARSHIP FOUNDATION				
			CONTRIBUTION	50
CANCER SOCIETY				
CANCER SOCIETI				
			CONTRIBUTION	200
CYSTIC FIBROSIS FOUNDATION				
			CONTRIBUTION	50
FALL FOLLIAGE FESTIVAL				
			CONTRIBUTION	5,000
FOURTH OF JULY				
			CONTRIBUTION	1,000
Total			<u> </u>	
b Approved for future payment		`		
				<u> </u>
•				
Total			. ► 3b	

· Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
GLENMARY SISTERS MISSION				
			CONTRIBUTION	100
LITTLE SISTERS OF THE POOR				
			CONTRIBUTION	100
			CONTRIBUTION	100
MARTINSVILLE HIGH SCHOOL				
			CONTRIBUTION	1,000
			CONTRIBUTION	1,000
MHS ATHLETICS				
			CONTRIBUTION	50
MHS QUARTERBACK CLUB				
			CONTRIBUTION	2,000
MORGAN COUNTY 4H LIVE STOCK				
			CONTRIBUTION	4,690
MORGANTOWN YOUTH SPORTS				
			CONTRIBUTION	5,000
RILEY KIDS				
N222 N225				
			CONTRIBUTION	500
Total		<u> </u>	. > 3a	
b Approved for future payment				
Total			. > 3b	

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
ST MARTINS					
			CONTRIBUTION	4,000	
			CONTRIBUTION	4,000	
TAYLOR WORLD OUTREACH					
			CONTRIBUTION	100	
VARSITY CLUB					
VANOTTI CHOB					
			CONTRIBUTION	3,50	
				·	
WILLIAMS DCS CHRISTMAS					
			CONTRIBUTION	10	
WOUNDED WARRIOR PROJECT					
			CONTRIBUTION	20	
			:		
Total		<u>.</u>	▶ 3a	60,84	
b Approved for future payment					
		,			
Total .			▶ 3b		

Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income	Excluded by s	ection 512, 513, or 514	(e)
4. December 2011	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue	code				
ab	· · · · · · · · · · · · · · · · · · ·				<u> </u>
•					
c					
d					
e					
T					
g Fees and contracts from government agencies				·	
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments .		15	14		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property	531120	71,704	16		
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			_		-
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a CROP PRODUCTION	111000	313			
b ROYALTY INCOME	211110	2,000			
c				···	
d		**			
e				3°°,-	
12 Subtotal Add columns (b), (d), and (e)		74,032			
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		I	13	74,032
(See worksheet in line 13 instructions to verify calculations)					
accomplishment of the foundation's exempt p	ourposes (other	than by providing t	funds for such	ourposes) (See instruc	itions)

				http://www.	
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		_			

orm	<u>990-</u>	PF (2015) WI	ILLIAM AND HEL	EN SCH	VAB FOUNDAT	ION INC		27-4	2352	14	Pa	ge 13
Par	t X\		n Regarding Tra	nsfers T	o and Trans	actions and	Relationships	With I	Vonc	harital	ble	
			ganizations		£ 11							
1			ctly or indirectly engag		_						Yes	No
			Code (other than section	on 501(c)(3	s) organizations) o	or in section 527	relating to political					
_	•	inizations?										
а			ting foundation to a no	oncharitable	e exempt organiza	ation of				1]	37
		Cash		•	•		•			1a(1)		X
L		Other assets .			•		•	•		1a(2)		X
D		er transactions										7.7
			noncharitable exempt	-		•				1b(1)		X
			from a noncharitable	•	ganization .		• •	•	•	1b(2)		X
		•	quipment, or other ass	sets	•		•			1b(3)		X
		Reimbursement arra	•			• •	•	•		1b(4)		X
		Loans or loan guaran								1b(5)		X
			ices or membership o		•		•			1b(6)	<u> </u>	X
		- , , ,	pment, mailing lists, o							1c		X
d			e above is "Yes," con				· ·					
		·	assets, or services g									
			or sharing arrangeme									
a) Lir	ne no	(b) Amount involved	(c) Name of none	charitable ex	cempt organization	(d) Desc	cription of transfers, tra	nsactions	s, and si	haring arr	angem	ents
												
										<u>-</u>		
			-				· · · · · · · · · · · · · · · · · · ·					
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		s foundation dispetly	or radirectly officeted		otad ta ana ar m							
2a			or indirectly affiliated (c) of the Code (other				organizations			\Box \lor	. [v	No
b		es," complete the fol	• • • • • • • • • • • • • • • • • • • •	man secin	511 501 (C)(S)) OF III	Section 327	•	•			, <u> </u>] 140
		(a) Name of organ			(b) Type of organiz		(2) De		-5-100			
		(a) Name of organ	IIIZAGOII		(b) Type of organiz	allon	(c) De	escription	OI Telat	ionsnip		
				<u>-</u>								
					·							
												
				 	<u></u> -			-				
	11	Inder penalties of penury. I	I declare that I have examin	ed this return.	including accompanyi	ng schedules and st	tatements, and to the best	of my know	vledge a	nd belief it	t is true.	
Sig	n	correct, and complete Decl	I declare that I have examin laration of preparer (other th	an taxpayer)	s based on all informat	ion of which prepare	er has any knowledge	C. my Kilot	ouge a	outlet, II		
_	- 11	185/1/1/1	Minus Selvi	1111 1	8-44,	RESIDE	2Nm			IRS discus preparer sh		
Hei	ישי	Signature of officer or tr	rustee		Date	Title	2MT		(see inst		Yes	Ma
		Print/Type prepa		Prepad	er's signature		Date	Chask	1 .	PTIN		
Pai	d	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13	77	() COA	l	Check	ıf			

gnature	001	Date	
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16	self-e	mploy	ed	P01	3088	7
Firm's Ell	y ▶	27	- 3	016	527	_

Nashville IN 47448

Phone no 812-988-2865

	Federal Supporting Statements	2015 PG01
Name(s) as shown on return		FEIN
WILLIAM AND	HELEN SCHWAB FOUNDATION INC	27-4235214

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

Statement #123

Lender's name

SCHWAB FOODS INC

Lender's title

Relationship to insider

CLOSELY HELD CO

Original amount of loan

\$ 55,000

Balance due

\$ 55,000

Date of note

2011-09

Maturity date

2012-09

ON DEMAND

Repayment terms

3.5

Interest rate Security by borrower

Purpose of loan

ADV SEED AND CONTRIBUTION PMTS

Lender consideration

Consideration FMV

\$

		Federal Su	Federal Supporting Statements	ments	2015 PG01	<u> </u>
Name(s) as shown on return WILLIAM AND HELEN SCHWAB FOUNDATION INC	N INC				Your Social Security Number 27–4235214	Number ' 5214
	Form 990PF - Part		I - Line 23 - Other Expenses Schedule	edule	Statement #103~	it #103~
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
SEED INSURANCE OFFICE EXPENSE REPAIRS AND MAINTENANCE UTILITIES	5,250 226 78 4,644	00000	5,250 226 78 4,644	0 0 0 0		
Totals	10,514	0	10,514	0		
	Form 990PF - Part	H	- Line 11 - Other Income Schedule	ule	PGO1 Statement #106~	it #106~
Description FSA INCOME ROYALTY INCOME Totals	Revenue and expenses 313 2,000 2,313	Net Thvestment 0 0	Adjusted net income 313 2,000 2,313			

3600	PG01 Security Number • 27–4235214	Statement #108~				PGO1 Statement #110~		
nents		hedule	Charitable purpose	0 0			Charitable purpose	
Federal Supporting Statements		Line 16(b) - Accounting Fees Schedule	Adjusted net income	975	710	18 - Taxes Schedule	Adjusted net income 10,177	71,01
Federal Su		1	Net investment	0		Form 990PF - Part I - Line 18 - Taxes Schedule	Net investment	0
	ON INC	Form 990PF - Part I	Revenue and expenses	975		Form 9	Revenue and expenses	70,177
	Name(s) as shown on return WILLIAM AND HELEN SCHWAB FOUNDATION INC		Description	ACCOUNTING			Description PROPERTY TAXES	Totals

Federal Supporting Statements 2015 Foundation Federal Supporting Statements Federal Supporting Statement Federal Supporting Statement Federal Supporting Statement Federal Supporting Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statement Federal Statemen							 	
Federal Supporting Statements Towassample Towassampl	PG01			Adjusted Net Income				
Form 990PF - Part I - Line 19 - Depreciation Schedule Cost on Prior year Computation Current V	2015 Your Socie		S	Net Investment Income	0			
Form 990PF - Part I - Line 19 - Depreciation Schedule Cost or Prior year Computation Other basis Depreciation Method Rate 185,100 14,040 SL 2.564 14 61,972 6,637 ALT 19.13 509,372 40,574				Current Year Depreciation	4,746 6,726 11,855	23,327		
Cost or P Other basis De 12 262,300 14 61,972 = 509,372 = 509,372	S			Lıfe	39 39 7			
Cost or P Other basis De 12 262,300 14 61,972 = 509,372 = 509,372	Statement		on Schedule	Rate	2.564 2.564 19.13			
Cost or P Other basis De 12 262,300 14 61,972 = 509,372 = 509,372	Supporting		9 – Depreciati	Computation Method	SL SL ALT	4		
	Federal S	į	H	Prior year Depreciation	14,040 19,897 6,637			
112		:	Form 990PF - P	Cost or Other basis	185,100 262,300 61,972	209,372		
ON SYSTEM DOWN ON CERUM ON SYSTEM ON SYSTEM		INDATION INC						
Name(s) as sh 41LLIAM ANI 1209 S M2 211 E MOI IRRIGATIO	Name(s) as shown on return	M AND HELEN SCHWAB FOU		Description	1209 S MAIN ST MARTINSVI) 211 E MORGAN STREET MARTI IRRIGATION SYSTEM	ø,		