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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

	ne of fou	lar year 2015 or tax year beginning 12/18/15, indation	and ending 12/.	31/15	A Empl	oyer identification number	
C	~UT1	MMEL FAMILY FOUNDATION, INC.			01	-0877874	
		street (or P O box number if mail is not delivered to street address)		Room/suite		phone number (see instruction	9)
		OX 306	'	Companie	j -	6-354-4000	•,
		, state or province, country, and ZIP or foreign postal code					, check here
L;	EXI	NGTON GA 30648			C If exe	mption application is pending	, check here
G C	heck a	all that apply 🔀 Initial return 🔲 Initial retu	irn of a former public o	charity	D 1 F	oreign organizations, check he	ere 🕨 📗
		Final return Amended	return		2. Fo	oreign organizations meeting	the
		Address change Name cha	ange		85	5% test, check here and attacl	n computation
H C	heck t	ype of organization X Section 501(c)(3) exempt private	e foundation		E If priv	ate foundation status was ten	minated under
	Section	1 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		section	on 507(b)(1)(A), check here	▶ ∐
_		ket value of all assets at J Accounting method	X Cash Ac	crual	F If the	foundation is in a 60-month te	ermination
er	d of ye	ear (from Part II, col (c), Other (specify)			under	r section 507(b)(1)(B), check h	nere 🕨 📗
lin	e 16) l	\$ 2,900,000 (Part I, column (d) must	be on cash basis)			<u>,</u>	,
Pa	ırt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	estment/	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	inco		income	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	2,900,000				(cash basis only)
	2	Check ► If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments		<u> </u>			
	4	Dividends and interest from securities			. —		
_	5a	Gross rents	·				
55	ь	Net rental income or (loss)					
Ž,	6a	Net gain or (loss) from sale of assets not on line 10					
JUNRevenuels	b	Gross sales price for all assets on line 6a					
స్త	7	Capital gain net income (from Part IV, line 2)			0		
3	8	Net short-term capital gain				0	
•	9	Income modifications					
Q	10a	Gross sales less returns and allowances					
¥	b	Less Cost of goods sold					
≩	С	Gross profit or (loss) (attach schedule)		ļ			
CANNED	11	Other income (attach schedule)					
)	12	Total. Add lines 1 through 11	2,900,000	+	0	0	
es	13	Compensation of officers, directors, trustees, etc		<u>'</u>			_
penses	14	Other employee salaries and wages	10 . 18 2 - 30 + 1				
þe	15	Pension plans, employee benefits				<u> </u>	
Ä	16a b	Legal fees (attach schedule) Accounting fees (attach schedule)	13	1-			
۷e	C	Other professional fees (attach schedule)	B MAY 19 20	18			/
Operating and Administrative	17	Interest		1 1			
str	18	Taxes (attach schedule) (see instructions)	00000	F			
Ē	19	Depreciation (attach schedule) and depletion	المنطقة المارية العالمة	1 -			
E	20	Occupancy					
Ž	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
9	23	Other expenses (att. sch)					
Ë	24	Total operating and administrative expenses.					
era		Add lines 13 through 23		0	0	0	
ğ	25	Contributions, gifts, grants paid)		,	0
_	26	Total expenses and disbursements. Add lines 24 and 25			0	0))
_	27	Subtract line 26 from line 12					,
	а	Excess of revenue over expenses and disbursements	2,900,000				
	b	Net investment income (if negative, enter -0-)		<u> </u>	0	·	
	С	Adjusted net income (if negative, enter -0-)	l	l		0	·

	Part I	Balance Sheets Attached schedules and amounts in the description column		Beginning of year		End o	f year
	rafti	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book V	alue	(c) Fair Market Value
	1	Cash – non-interest-bearing					
	2	Savings and temporary cash investments			2,90	0,000	2,900,000
i	3 `	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶					
	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 (att. schedule)					
		Less allowance for doubtful accounts ▶	0			ĺ	
rD:	8	Inventories for sale or use	•				
šet	9	Prepaid expenses and deferred charges					
Assets	10a	Investments – U.S. and state government obligations (attach schedule)					
`	b	Investments – corporate stock (attach schedule)					
	C	Investments – corporate stock (attach schedule)					
	11	Investments – land, buildings, and equipment basis					
	• •			•			
	42	Less accumulated depreciation (attach sch.)					
i	12 13	Investments – mortgage loans					
		Investments – other (attach schedule)	:				
	14	Land, buildings, and equipment basis	:	1			
	45	Less accumulated depreciation (attach sch.)	`				
	15 46	Other assets (describe >)				
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		o	2 90	0,000	2,900,000
\dashv	17	Accounts payable and accrued expenses			2,50	0,000	2,500,000
	18	Grants payable					
Š	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ġ	21	Mortgages and other notes payable (attach schedule)					
Ĕ	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	,	0		0	
ᅥ	2.5	Foundations that follow SFAS 117, check here	- [X]				
S		and complete lines 24 through 26 and lines 30 and 31.					
nces	24	Unrestricted			2.90	0,000	
ā	25	Temporarily restricted				,,,,,,,	
Net Assets or Fund Balar	26	Permanently restricted					
밉		Foundations that do not follow SFAS 117, check here	• 🗀				
교		and complete lines 27 through 31.	Ш				
ō	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
۲	30	Total net assets or fund balances (see instructions)		0	2,90	0,000	
ž	31	Total liabilities and net assets/fund balances (see				,	
1		instructions)		o	2,90	0,000	
_	Part I		es	· · · · · · · · · · · · · · · · · · ·			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line		st agree with			
		of-year figure reported on prior year's return)	-	-		1	0
2	Enter	amount from Part I, line 27a				2	2,900,000
3	Other	increases not included in line 2 (itemize)				3	
4	Add I	ines 1, 2, and 3				4	2,900,000
5	Decre	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, co	lumn (b), line 30		6	2,900,000
							r 990-DE (2045

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. See the

Part VI instructions

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	990-PF (2015) SCHIMMEL I			18/18/4				Pa	ige 6
		arding Activities for Which F	orm 4720 May Be R	equired (con	tinue	ed)	······		
5a	During the year did the foundation p					.			
	· · · · · · · · · · · · ·	ise attempt to influence legislation (se			Yes	X No			
		ecific public election (see section 495	55), or to carry on,			₹			
	directly or indirectly, any voter re		_		Yes	X No			
	• •	for travel, study, or other similar purpo			Yes	X No			
	· ·	on other than a charitable, etc , organ	ization described in			₹			
	section 4945(d)(4)(A)? (see insti	·			Yes	X No			
	• • • • • • • • • • • • • • • • • • • •	an religious, charitable, scientific, lite	rary, or educational			₹			
	purposes, or for the prevention of	•			Yes	X No			
D	If any answer is "Yes" to 5a(1)–(5), o					N/A		ŀ	
	-	current notice regarding disaster assi	,	•		N/A	5b	-+	
_	• •	otice regarding disaster assistance ch							
С	If the answer is "Yes" to question 5a	•	otion from the tax	n/a 🗍	V				
	because it maintained expenditure re	•	(J)	N/A	Yes	∐ No			
· _	•	ed by Regulations section 53 4945–5(• •						
5a	Did the foundation, during the year,	eceive any funds, directly or indirectly	y, to pay premiums		V	X No			
_	on a personal benefit contract?	navanamuma disastivas indisastivas	a a maraanal banafit aante		Yes	A NO	6.	ł	X
D	Did the foundation, during the year, If "Yes" to 6b, file Form 8870	bay premiums, directly or indirectly, o	m a personal benefit conti	act			6b		
7-2	At any time during the tax year, was	the foundation a party to a prohibited	tay shalter transaction?		Yes	X No			
	If "Yes," did the foundation receive a				163	N/A	7ь		
		: Officers, Directors, Trustee			Pai			<u> </u>	
2 W	and Contractors	omocio, photoloid, iradice	o, i odiladioli man	agoro, riigiiry	. u.	a Employ	· · · · ·		
1 L	ist all officers, directors, trustees,	foundation managers and their cor	mpensation (see instruc	tions).					
					(d)	Contributions to	\Box		
	(a) Name	and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	e	mployee benefit ans and deferred		ense aco	
			devoted to position	enter -0-)		compensation	Julei	allowall	ces
GI	JSBERTUS SCHIMMEL	LEXINGTON	PRESIDENT			•			
PO	BOX 306	GA 30648	1.00			()		0
LO	UISE SCHIMMEL	LEXINGTON	VICE PRESIDE		Ţ				
PO	вох 306	GA 30648	1.00	C	<u> </u>	(0
							<u> </u>		
							<u> </u>		
2	- ·	d employees (other than those incl	uded on line 1 - see inst	tructions). If nor	ne, er	iter			
	"NONE."				1				
			(b) Title, and average	_		Contributions to mployee benefit	(e) Ext	ense aco	count
	(a) Name and address of each emple	yee paid more than \$50,000	hours per week devoted to position	(c) Compensation	pia	ans and deferred		r allowan	
					- (compensation	┼		
NO	NE				1				
				-	+		 		
					-		┼		
					╂—		+-		
					1		-		
					+		+		
	number of other employees paid over	2.550.000	ı					1	

Form 990	-PF (2015) SCHIMMEL FAMILY FOUNDATION, INC.	81-0877874	Page 7
Part V		on Managers, Highly Paid E	
	and Contractors (continued)		<u> </u>
3 Five	e highest-paid independent contractors for professional services (see instruction		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		-	
Total num	nber of others receiving over \$50,000 for professional services		•
Part D	K-A Summary of Direct Charitable Activities		
	undation's four largest direct chantable activities during the tax year. Include relevant statistical information such as one and other beneficiaries served, conferences convened, research papers produced, etc.	s the number of	Expenses
1 TF	IE FOUNDATION WAS FORMED FOR THE PURPOSE OF	F MAKING	
CE	MARITABLE CONTRIBUTIONS WITHIN THE MEANING	OF IRC	
SE	ECTION 501(C)(3) TO PUBLIC CHARITIES ON AN	ANNUAL BASIS.	
2			
3			
4	·		
•			
Part I)	Summary of Program-Related Investments (see instruction	ns)	
	he two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/	'A		
2			
	•		
All other a	rogram-related investments. See instructions		
3	rogram-paraco investinistis para instructions		
Ū			

Form 990-PF (2015)

Total. Add lines 1 through 3

Fom	1 990-PF (2015) SCHIMMEL FAMILY FOUNDATION, INC. 81-0877874		Page 8
Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın fou	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	828,571
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	828,571
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	828,571
4	Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	12,429
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	816,142
6	Minimum investment return. Enter 5% of line 5	6	1,565
Pá	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,565
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,565
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,565
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,565
-		··	
12	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	ΪΠ	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
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	0
6	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	ation	<u> </u>

qualifies for the section 4940(e) reduction of tax in those years

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Pa	rt XIII Undistributed Income (see instructions)				
	-	(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				1,565
2	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
С	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a				
þ	Applied to undistributed income of prior years				
	(Election required – see instructions)	,_ ,			
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2015 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract		•		
	line 4b from line 2b			***************************************	
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	·····			
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2016				1,565
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9	:			
а	Excess from 2011				
b	Excess from 2012	-		. ,	
С	Excess from 2013	· ·			
d	Excess from 2014	ļ			
е	Excess from 2015				

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the	<u> Year or Approved for F</u>	uture Payment		
· ·	If recipient is an individual,	Foundation	D	
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Sonaradion	
a Paid during the year				
N/A				
,				
,				
			1	
			1	
			1	
			1	
		<u> </u>	1	· · · · · · · · · · · · · · · · · · ·
Total			▶ 3a	
b Approved for future payment				
N/A				
		}		
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Ac	ctivities				
Enter gross am	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program se	ervice revenue			_		(See instructions)
a						1
		-		+		
		-		-		_
	- <u>-</u>	-		+		
f		- 		-		
=	nd contracts from government agencies			+		
	p dues and assessments					
	savings and temporary cash investments			+		
	and interest from securities			-		
	ncome or (loss) from real estate					
	nanced property ot-financed property			+		
	ncome or (loss) from personal property			1		
	stment income					
	s) from sales of assets other than inventory					
	e or (loss) from special events		<u> </u>			
	t or (loss) from sales of inventory					
	nue a					
		-				
е						
12 Subtotal A	dd columns (b), (d), and (e)			0	0	O
13 Total. Add	line 12, columns (b), (d), and (e)				13 _	0
	t in line 13 instructions to verify calculations)					
Part XVI-E	····					
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.					
N/A	accomplishment of the foundation's exempt purp	poses (other than	i by providing failes in	or such p	urposes) (See ilistruct	ions)
						-

orm		5) SCHIMMEL					0//0/4			Pag	ge 13
Pa		Information Reg Exempt Organization	_	ansfers To an	d Transactio	ns and Relation	onships Wit	h Noncha	ritable		
1	Did the orga	inization directly or ind	irectly engag	ge in any of the fol	lowing with any o	other organization	described			Yes	No
	in section 50	01(c) of the Code (other	er than section	on 501(c)(3) organ	izations) or in se	ction 527, relating	to political				
	organization	s?									
а	Transfers fro	om the reporting found	dation to a no	oncharitable exemp	ot organization o	f					
	(1) Cash								1a(1)		X
	(2) Other as	ssets							1a(2)		X
b	Other transa										
	(1) Sales of	f assets to a noncharit	able exempt	organization					1b(1)		X
	(2) Purchas	ses of assets from a no	oncharitable	exempt organizati	on				1b(2)		X
	(3) Rental of	of facilities, equipment	, or other ass	sets					1b(3)		X
	• •	rsement arrangements							1b(4)		X
		r loan guarantees							1b(5)		X
		ance of services or m	embership o	r fundraising solici	tations				1b(6)		X
С	Sharing of fa	acilities, equipment, m	iailing lists, d	ther assets, or par	d employees				1c		X
	•	r to any of the above i	-			mn (b) should alwa	ys show the fa	ır market			
		goods, other assets, o		•							
		transaction or sharing									
	a) Line no	(b) Amount involved	Ĭ	e of noncharitable exem			otion of transfers, tra		haring arrangeme	ents	
N/Z	<u> </u>	i si	-	-							
	<u></u>			-				-			
				•							
			<u> </u>								
	_			·-							
					•	-					
											
			ļ								
			<u> </u>	<u> </u>							
2a	Is the found	ation directly or indirec	ctly affiliated	with, or related to,	one or more tax	c-exempt organizat	ions				
	described in	section 501(c) of the	Code (other	than section 501(c)(3)) or in section	on 527?			Y	es 🛚 🗶	No
b	If "Yes," cor	nplete the following so	hedule								
	(;	a) Name of organization		(b) Type of o	organization		(c) Descrip	tion of relationsh	ıp		
1	I/A						_				
	<u> </u>						-				
											
	Under per	nalties of perjury, I declare the	hat I have exam	ned this return, includin	g accompanying sch	edules and statements,	and to the best of	my knowledge a	nd belief, it is tru	e,	
		nd complete Declaration of							IRS discuss this		
e:			_						preparer shown b		_
Sigr		THIS:	//					(see ins	tructions)?	Yes	No
Here	*	MACOUNT	yen		15-	12 14	N DDEG	IDENT			
		atura of officer or to the			12-	<u> </u>	Title	TOPNI			
	y Sign	ature of officer or trustee			Date		, ille			I	_
	Print/Ty	pe preparer's name			Preparer's signatu				Date	Check	_
Paid			_		S.m.				ne /44 /44		nployed
Prep	SHAR	ON M. ELLIOTT			SHARON M.	ELLIOTT			05/11/16	<u> </u>	
	1 Firm'si	name TRIN			GROUP			PTIN			
Use (J1119	, D O	DAV 1	003							

30603

ATHENS, GA

706-546-1422

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

SCHIMMEL FAMIL	Y FOUNDATION, INC.	81-0877874
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	▼ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See
General Rule		
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 operty) from any one contributor. Complete Parts I and II. See instructions for determinabilitions.	
Special Rules		
regulations under section 13, 16a, or 16b, and the \$5,000 or (2) 2% of the	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part received from any one contributor, during the year, total contributions of the greater of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I	t II, line if (1) and II
contributor, during the y	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientificularity outposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	fic,
contributor, during the y contributions totaled me during the year for an e	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an ear, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received using the religious, charitable, etc., purpose. Do not complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contributioning the year.	ved he
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (F answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 9 ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

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

Name of organization

SCHIMMEL FAMILY FOUNDATION, INC.

Employer identification number 81-0877874

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GIJSBERTUS & LOUISE SCHIMMEL PO BOX 306 LEXINGTON GA 30648	\$ 2,900,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and zir + 4	\$	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 Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Adams Jacobs January 1	\$	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)

81-0877874	Federal	Federal Statements
	Statement 1 - Form 990-PF, Part VI	Statement 1 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors
Name		
	Address	City, State, Zip
GIJSBERTUS SCHIMMEL	PO BOX 306	LEXINGTON GA 30648
LOUISE SCHIMMEL	PO BOX 306	LEXINGTON GA 30648
-		
		1

81-0877874

Federal Statements

Statement 2 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
GIJSBERTUS SCHIMMEL LOUISE SCHIMMEL	\$ 1,450,000 1,450,000
TOTAL	\$ 2,900,000