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

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending , 20							, 20
- 1	iame of	foundation			A Employer	identification number	
16	ILLI	AM AND HELEN SCHWAB FOUNDATION INC			27-4235214		
	lumber	and street (or PO box number if mail is not delivered to street address)		Room/suile	B Telephone number (see instructions)		
1	.039	E HARRISON STREET			(765) 34	12-5569	
	ity or to	wn, state or province, country, and ZIP or foreign postal code			C If exempl	ion application is pending,	check here
M	ARTI	NSVILLE, IN 46151				.э. арриозион го роношу,	
_			of a former public cha	rity	D 1. Foreig	n organizations, check he	re · · · . ▶ 🗍
		Final return Amended re		•	2 Foreign	n organizations meeting th	ne 85% test
		Address change Name chan	ge			here and attach computat	
H	Check	type of organization: X Section 501(c)(3) exempt priv	vate foundation	011	F If private	foundation status was terr	ninated under
ſ	Sect		taxable private founda	ution O_4		07(b)(1)(A), check here	
ī		rket value of all assets at J Accounting method	X Cash	Accrual	E If the four	ndation is in a 60-month te	
	end of	year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), check h	
	line 16)	·	e on cash basis.)				
P	art la	Analysis of Revenue and Expenses (The total of			·		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		nvestment	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instructions))	books	l in	come	Income	(cash basis only) `
	1	Contributions, qifts, grants, etc , received (attach schedule)		13. 36 17. 36	STATE OF THE PARTY	"你是我们就不够办	
2	2	Check ► X if the foundation is not required to attach Sch B	新生活的现在分词	2 经经营股票	Waster Miles	"是是我们的现在分别的	AUTOMOTIVE
<u> </u>	3	Interest on savings and temporary cash investments	1	8	18		
ł	4	Dividends and interest from securities					型等等的人们们
•	5a	Gross rents	60,29	2			。常常觉锋多周
	b	Net rental income or (loss)	海岛加州	中海影響	這時間的計劃		"然如你的说法是是一个
q)	6a	Net gain or (loss) from sale of assets not on line 10 · · · · ·		经验	操作的制		沒格於政策。除於
뎚	b	Gross sales price for all assets on line 6a	建筑设置,但是建筑	到重要特定		是"自然的",但是"	经营业的
ڇڃ	7	Capital gain net income (from Part IV, line 2)	The State of the S			在一个人的人,不是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	
Revenus	8	Net short-term capital gain	學的原则的原因				是的心理主题的影響
	9	Income modifications	不是一种的一种,				和新疆中国国际
z	10a	Gross sales less returns and allowances		S TOTOL S	THE PARTY.	東京の東京は東京では、	高层的分类运用
JAN	Ь	Less Cost of goods sold · · · · · · ·	Designation of the second			Charles Controller	26年3月6月1日
_	С	Gross profit or (loss) (attac) schedule)					· · · · · · · · · · · · · · · · · · ·
ᇤ	11	Other income (attach schedule) STM106	4,31	6		4,316	多名的意思
Z	12	Total. Add lines 1 through 11	64,62		18		是過過中心的學的
Sesamin	13	Compensation of officers diffectors trusteds etc					
Ç	14	Other employee salaries and wages					
G	15	Pension plans, employee benefits U.T					
훘	16a	Legal fees (attach scheddler					
Operating and Administrative Expe	b	Accounting fees (attach schedule) STM108	1,40	0		1,400	
Ę	С	Other professional fees (attach schedule)					
tra	17	Interest	1,92	3		1,923	
nis	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion $~\cdot~\cdot~\cdot~\text{STM126}$	19,06	4			不得对外的 是是
Ad	20	Occupancy					
nd	21	Travel, conferences, and meetings		ļ			
j al	22	Printing and publications		<u> </u>			
ing	23	Other expenses (attach schedule) · · · STM103 · · · ·	12,75	2		12,752	
rat	24	Total operating and administrative expenses.					
be	_	Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·	35,139		o	16,075	0
O	25	Contributions, gifts, grants paid	54,136	5年,經濟		法对抗性行政。從下等結	54,136
	26	Total expenses and disbursements. Add lines 24 and 25	89,275		0	16,075	54,136
	27	Subtract line 26 from line 12.		TO SERVE	MARKET THE STATE OF THE STATE O		THE PROPERTY OF THE PARTY.
	a	Excess of revenue over expenses and disbursements	(24,649	从 带领域。	色的原料	。随场建设的影影的	BURNALSAM
- [b	Net investment income (If negative, enter -0-)			T 01:	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	原理等以为政党
	C	Adjusted net income (if negative, enter -0-)	THE PERSON NAMED IN	CARREST OF	新聞語展		Walt Bridge Box

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2018)

10		Rajance Shoots Attached schedules and amounts in the description column	Beginning of year	J	Ena c	i yeai
8.6	art I	Balance Sheets Attached schedules and amounts in the description column 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	71,133	67,5	521	67,521
	2	Savings and temporary cash investments				
		*Accounts receivable	The state of the s	1500 mile de 1500 (150)	e de la	Pill in the Pill of the California is a second
	"	Less, allowance for doubtful accounts	Land to have rated the distribution	The Emperior Stronger But de la Charle	12/37/24	ار الله و الدوار عادله على المنظمة الله من المنظمة ال
•	۱.		28 1682 Buckey 1 3 7 6 1	58 6 3 40 185 1 6 37 .		ر المراجعة المراجعة المراجعة المراجعة ال
	4	Pledges receivable	Wal and Linker and Lake States about a moral of the	Militarish was a will a the said of	man i	و بر المراجعة المراجعة المنظمة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة
	1 _	Less. allowance for doubtful accounts	ļ			
	5	Grants receivable	<u> </u>	 		
	6	Receivables due from officers, directors, trustees, and other				
	1	disqualified persons (attach schedule) (see instructions)		 		1 15 7 1
	7	Other notes and loans receivable (attach schedule)	LATE WAS AMERICAN TO LATE THE CARE	ASSESSMENT OF THE PARTY OF THE)	
		Less: allowance for doubtful accounts				
Assets	8	Inventories for sale or use				
SSE	9	Prepaid expenses and deferred charges				
Ä	10a	Investments - U S. and state government obligations (attach schedule)	,			
	Ь					
	C					
	11	Investments - land, buildings, and equipment, basis ▶	e of the second second		, , , , v	Miller Market Land
	1	Less accumulated depreciation (attach schedule)	Control of the Contro	Bally White a shill out had that the fac	air ii ii	[] ([] ([] ([] ([] ([] ([] ([] (
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·		 		
	13			 		
	1	Investments - other (attach schedule)	19 38 0 6 4 6 5 6 0 1 1 1 4 5 16 5 1 1 1 1 1	1970 - North Andrews (N. 1887) - 1882 - 1882	V au	193" xx1 x 1 1 1 xx
	14	Land, buildings, and equipment basis 1,191,972	Commence of the second			1
		Less accumulated depreciation (attach schedule) 122,815	1,088,221	1,069,1	.57	1,069,157
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
***	Į	instructions. Also, see page 1, item I)	1,159,354	1,136,6	78	1,136,678
	17	Accounts payable and accrued expenses	7,700	9,6	23	
(Δ	18	Grants payable		<u></u>		
Liabilities	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·				· 等性。金融等,不分
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons				of the book of the
iab	21	Mortgages and other notes payable (attach schedule) . STM123	54,950	55,0	00	State of the state
_	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	62,650	64,6	23	
es		Foundations that follow SFAS 117, check here · · · · · · • X and complete lines 24 through 26, and lines 30 and 31.				
ances	24	Unrestricted	1,096,704	1,072,0	55	The state of the s
		Temporarily restricted	2/050/.04			
or Fund Ba	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·		
nd		Foundations that do not follow SFAS 117, check here		·		
교	1	and complete lines 27 through 31.				
þ	27	Capital stock, trust principal, or current funds				[2][A][A][A][A][A][A][A][A][A][A][A][A][A]
		Paid-in or capital surplus, or land, bldg., and equipment fund				
Assets	29					
As	20	Retained earnings, accumulated income, endowment, or other funds				The second second
Net	30	Total net assets or fund balances (see instructions)	1,096,704	1,072,0	<u>55</u>	18 18 18 18 18 18 18 18 18 18 18 18 18 1
Z	31	Total liabilities and net assets/fund balances (see				The state of the s
8-	 - 	instructions)	1,159,354	1,136,6	78	
1111111111	14 [[es			
		net assets or fund balances at beginning of year - Part II, column (a), line 3				· · · · · · · · · · · · · · · · · · ·
	end-o	f-year figure reported on prior year's return)			1	1,096,704
		amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·			2	(24,649)
		increases not included in line 2 (itemize)		F	3	(44,049)
4	Add Iı	nes 1, 2, and 3		· · · · · · · · · · ·	4	1 070 055
5	Decre	eases not included in line 2 (itemize)		+	5	1,072,055
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b) line 30	<u> </u>	6	1 070 077
		7 (r minuo imo 0/- 1 dit ii, 00i	στικί το <i>γ</i> , πίο σο · · · · ·		٠	1,072,055

Traiting Capital Gams	and Losses for Tax Off file	Sunem moon			· · · · · · · · · · · · · · · · · · ·
(a) List and describ 2-story brick ware	e the kind(s) of property sold (for example, house, or common stock, 200 shs MLC (, real estate, Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)
1a .		****			
b					
· c					
d					
е		,			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus exper	other basis nse of sale		ain or (loss) s (f) minus (g))
а					
b					
C					
d				· · · · · · · · · · · · · · · · · · ·	
9				·	
	ing gain in column (h) and owned by	the foundation on 1	2/31/69		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess	of col. (i)	col (k), but no	col (h) gain minus ot less than -0-) or (from col (h))
	40 0, 120 110		,,,,		
a b					
				····	
d					
·····					
Capital gain net income or (net		so enter in Part I, lin			
, ,	If (loss), e	nter -0- in Part I, lin	e7 ,	2	
3 Net short-term capital gain or (li	oss) as defined in sections 1222(5) a	and (6):		İ	
-	8, column (c). See instructions. If (los	•	3		
	· · · · · · · · · · · · · · · · · · ·		,	3	
Part V Qualification Un	ider Section 4940(e) for Re	duced Tax on	Net Investme	nt Income	
(For optional use by domestic prival	te foundations subject to the section	4940(a) tax on net	nvestment income)	
If neeting 4040/d\/2\ applies leave	this nort blank				
If section 4940(d)(2) applies, leave	ins part blank				<u></u>
Was the foundation liable for the se-	ction 4942 tax on the distributable an	mount of any year in	the base period?		Yes No
If "Yes," the foundation doesn't qual	ify under section 4940(e). Do not cor	mplete this part.			
	each column for each year; see the	instructions before	making any entrie	s	
(a) Base period years	(b)		(c)	Dis	(d) tribution ratio
Calendar year (or tax year beginning	in) Adjusted qualifying distributions	s Net value of r	noncharitable-use as		divided by col (c))
2017			1,158,0	78 0	.0
2016					
2015					
2014					
2013					
2 Total of line 1, column (d) · ·				. 2 0	. 0
3 Average distribution ratio for the	5-year base period - divide the total	l on line 2 by 5.0, or	by		
	tion has been in existence if less that	-		. 3 0	. 0
4 Enter the net value of noncharita	able-use assets for 2018 from Part X	(, line 5 · · · · ·		. 4	1,136,882
5 Multiply line 4 by line 3 · · · ·				5	0
6 Enter 1% of net investment inco	me (1% of Part I, line 27b) · · · ·			. 6	
7 Add lines 5 and 6				. 7	0
	m Part XII, line 4				
	in line 7, check the box in Part VI, line			- L	54,136

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	ructions)
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)	أرك ومساكرة المعدود والمدارية
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	0
•	here ► X and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·	a see a lind
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	السمدة المراسد أداري
	Part I, line 12, col (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) · · · 2	0
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) · · · 4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0
6	Credits/Payments	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a	
b	Exempt foreign organizations - tax withheld at source	
C	Tax paid with application for extension of time to file (Form 8868) 6c	191 1 18
d	Backup withholding erroneously withheld	
7	Total credits and payments Add lines 6a through 6d	الاستام والمستقد والسيديد ومداليهم
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax	
	Enter the difficult of the Folding to Editated to 2010 estimated tax	
	VII-A Statements Regarding Activities	Yes No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a X
	participate or intervene in any political campaign?	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1b X
	instructions for the definition	10 1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1. () [4
	published or 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 > \$ (2) On foundation managers	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
_	on foundation managers \$	- 1 2 2
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
_	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	المرشداء فأمانيها
	of incorporation, or 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?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	By language in the governing instrument, or	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 	and all being the
	conflict with the state law remain in the governing instrument?	6
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV-	7 X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions▶	
	IN	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ain a sin house
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1 2 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See instructions for Part XIV)? If "Yes,"	1
	complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
	names and addresses	10 X

For	1990-PF (2018) WILLIAM AND HELEN SCHWAB FOUNDATION INC 27-42	35214	F	age 5
Pa	rt 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	6.6.7	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	. 11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	. 12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? • • •	. 13	X	<u> </u>
	Website address N/A			
14	The books are in care of ► WILLIAM L SCHWAB Telephone no. ► 765	5-342-5	569	
	Located at ► 1039 E HARRISON STREET, MARTINSVILLE, IN ZIP+4 ► 461	.51		
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	<u> </u>		,
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	• 16	-32	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			Sir
المحاد	the foreign country	最高組織	(1945). S	<i>新教派</i> 公
Pa	rt VILB. Statements Regarding Activities for Which Form 4720 May Be Required	1,633		
	File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.	100	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	187 . 347 S		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1000
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	100		37.4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1956-33		2.5
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? · · · · · · L Yes X No	235		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1000		
	the benefit or use of a disqualified person)?		1340	17.1
	foundation agreed to make a grant to or to employ the official for a period after	Section 1		105 M
	termination of government service, if terminating within 90 days.)		1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		表级	
-	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	· 1b	£ 14(4)	: Til Til
	Organizations relying on a current notice regarding disaster assistance, check here	1255 / 17 136 y.c.	Y 3715	V.3-13
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	Hotel Control		
	were not corrected before the first day of the tax year beginning in 2018?	. 1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	重要处	150B	性に対
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	44,475		2012/36 14(Cal)
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	3,334		
	6e, Part XIII) for tax year(s) beginning before 2018?		337	
	If "Yes," list the years 2012			22.5
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	500 T. J.	30,00	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	100	法经	
	all years listed, answer "No" and attach statement - see instructions)	· 2b		1.0 6
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	<u> </u>		13 m	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		態等	
h	at any time during the year?		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	232	10 (P)	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1 3 3	13. 13. 13. 13. 13. 13. 13. 13. 13. 13.
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		27.4	
	foundation had excess business holdings in 2018)	EN DESE	izai.	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	3b 4a	-+	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		4575 516	<u> </u>
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	<u> </u>	X
EA		Form 990	_PF /2	
		. 5 330	(2	.010)

Form	1990-PF (2018) WILLIAM AND HELEN S	CHWAB	FOUNDATIO	N INC	!			<u> 27-423:</u>	3214	ray	ge 6
Pa	rt VII-B Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	Requir	ed (cor	ntınued)			
5a	During the year, did the foundation pay or incur any ar								<i>l</i> ₁ = 1	Yes	No
	(1) Carry on propaganda, or otherwise attempt to infli			n 4945(e))? · · ·		Yes	X No			4
•	' (2) Influence the outcome of any specific public election (see section 4955); or to carry on,								<u> </u>	ار - `	
	directly or indirectly, any voter registration drive? Yes X No									, -1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No							1			
	(4) 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								-3.	1	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	[7] [44]								1.35		- 1
	section 4945(d)(4)(A)? See instructions										, ' ' . ' ,
	purposes, or for the prevention of cruelty to children						Yes	X No	73	11)	1,1
h	If any answer is "Yes" to 5a(1)-(5), did any of the trans							<u></u>			,
•	in Regulations section 53 4945 or in a current notice r								5b	تتنا شاعدا	
	Organizations relying on a current notice regarding dis							. • 🗆	14	1, 1	
_								٠, ١	7.17		ا بدِيد
·	If the answer is "Yes" to question 5a(4), does the foun						Yes	□No	37		1.50
	because it maintained expenditure responsibility for the	_				• • •					· '., '}
60	If "Yes," attach the statement required by Regulations			nou pro	miumn					10. 2	•
6a	Did the foundation, during the year, receive any funds		•				Yes	X No			ά, <i>λ</i>
h	on a personal benefit contract?						165	<u>M</u>		and the	ιώ. Χ
þ	Did the foundation, during the year, pay premiums, dir	ectly or I	ndirectly, on a p	ersonai	benefit conti	actr			00		<u>^</u>
	If "Yes" to 6b, file Form 8870.				0		T Vac	X No			
7a	At any time during the tax year, was the foundation a						168	V MO	7b	31/4 /2	4314 °1
Ь	If "Yes," did the foundation receive any proceeds or ha	•				Ction?			76		e 2 (2
8	Is the foundation subject to the section 4960 tax on pa		•				7 v.s	X No	: 'Y	T로스타스	آت با أح با
30.4	remuneration or excess parachute payment(s) during Information About Officers, Direction	the year	Tructoon	Eound	lation Ma	nagar	. High	ly Paid	Emple		
		ectors,	, irustees,	round	iation ivia	nayer	s, myı	ily Falu	Linpi	Јусса,	
	and Contractors				4! 0	!	tions			· · ·	
7	List all officers, directors, trustees, and foundatio	n manag	jors and wieir	comper	15auvii. 300	เมรินเน	LIUIIS.				
		(b) Title						ions to	(a) Evn	onco acco	sunt
	(a) Name and address	` hou	e, and average rs per week	(c) Co	ompensation not paid,	(d) emp	Contribut oyee beni	efit plans		ense acco allowance	
	(a) Name and address	` hou devot	e, and average rs per week ed to position	(c) Co	ompensation	(d) emp	Contribut oyee beni				
	(a) Name and address	` hou	e, and average rs per week ed to position DENT	(c) Co	ompensation not paid, nter -0-)	(d) emp	Contribut oyee beni	efit plans npensation		allowance	es
103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151	hou devot	e, and average rs per week ed to position DENT 1.00	(c) Co	ompensation not paid,	(d) emp	Contribut oyee beni	efit plans		allowance	
103 HEL	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB	` hou devot	e, and average rs per week ed to position DENT 1.00 TOR	(c) Co	ompensation not paid, iter -0-)	(d) emp	Contribut oyee beni	efit plans npensation 0		allowance	o O
103 HEL	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151	hou devot	e, and average rs per week ed to position DENT 1.00	(c) Co	ompensation not paid, nter -0-)	(d) emp	Contribut oyee beni	efit plans npensation		allowance	es
103 HEL	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB	hou devot	e, and average rs per week ed to position DENT 1.00 TOR	(c) Co	ompensation not paid, iter -0-)	(d) emp	Contribut oyee beni	efit plans npensation 0		allowance	o O
103 HEL	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB	hou devot	e, and average rs per week ed to position DENT 1.00 TOR	(c) Co	ompensation not paid, iter -0-)	(d) emp	Contribut oyee beni	efit plans npensation 0		allowance	o O
103 HEL	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB	hou devot	e, and average rs per week ed to position DENT 1.00 TOR	(c) Co	ompensation not paid, iter -0-)	(d) emp	Contribut oyee beni	efit plans npensation 0		allowance	o O
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151	PRESI	e, and average rs per week ed to position DENT 1.00 TOR 1.00	(c) CC (If i or	ompensation not paid, iter -0-)	(d) emp and de	Contribut oyee beni ferred cor	efit plans npensation 0		allowance	es O
103 HEL	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (ot	PRESI	e, and average rs per week ed to position DENT 1.00 TOR 1.00	(c) CC (If i or	ompensation not paid, iter -0-)	(d) emp and de	Contribut oyee beni ferred cor	efit plans npensation 0		allowance	o O
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151	PRESI	e, and average rs per week ed to position DENT 1.00 TOR 1.00	(c) CC (If i or	ompensation not paid, iter -0-)	(d) emp and de	Contribut oyee beni ferred cor	ofit plans npensation 0 0 one, enter		allowance	o O
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	Contribut oyee beni ferred cor	efit plans npensation 0	other	allowance	0
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (ot	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, iter -0-)	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	of t plans of the	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	hou devot PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w	d on lin	ompensation not paid, nter -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE." (a) Name and address of each employee paid more than \$50,0	PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w devoted to po	d on lin	ompensation not paid, ntor -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	O O O O O O O O O O O O O O O O O O O	(e) Expe	allowance	O O unt,
103 HEL 103	(a) Name and address LIAM L SCHWAB 9 E HARRISON STREET, IN 46151 EN L SCHWAB 9 E HARRISON STREET, IN 46151 Compensation of five highest-paid employees (oth "NONE."	PRESI DIREC	e, and average rs per week ed to position DENT 1.00 TOR 1.00 those include (b) Title, and a hours per w devoted to po	d on lin	ompensation not paid, ntor -0-) 0 0	(d) emp and de	contribut oyee beni ferred cor	of t plans needs to be plans to be benefit and deferred ensation	(e) Exproother	ense accor allowance	O O

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27-4235214

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Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Pa	na Employees,
3 Five highest-paid independent contractors for professional services. See i	nstructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE,		
		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s		Expenses
organizations and other beneficiaries served, conferences convened, research papers produced	1, etc.	· · · · · · · · · · · · · · · · · · ·
1 NONE		
		0
2	•	
3		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 NONE		***
		0
2		
All other program-related investments See instructions		
3	_ [
	-	

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	ations,
2327,2	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1.	
	purposes.	7 100 -12	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	85,038
C	Fair market value of all other assets (see instructions)	1c	1,069,157
d	Total (add lines 1a, b, and c)	1d	1,154,195
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	ا آمنی آئی ہو۔ الاور تا آم	
2	Acquisition indebtedness applicable to line 1 assets	2	00
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3_	1,154,195
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions) · · · · · · · · · · · · · · · · · · ·	4	17,313
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · · · ·	5	1,136,882
6	Minimum investment return. Enter 5% of line 5	6	56,844
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fo	undati	ons
	and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	(33.2)	56,844
2a	Tax on investment income for 2018 from Part VI, line 5 · · · · · · · · · 2a		
þ	Income tax for 2018 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	ZC	*******
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	56,844
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	56,844
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	56,844
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	54,136
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.	2 () ()	
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	54,136
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,136
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	founda	ation
	qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions) (b) Years prior to 2017 (d) 2018 Distributable amount for 2018 from Part XI, 2 _ Undistributed income, if any, as of the end of 2018 Enter amount for 2017 only **b** Total for prior years 2012, Excess distributions carryover, if any, to 2018. a From 2013 2,456 From 2014 c From 2015 1,693 d From 2016 4,946 From 2017 5,822 Total of lines 3a through e Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 54,136 a Applied to 2017, 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 d Applied to 2018 distributable amount Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2018 (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 . b Pnor 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 d Subtract line 6c from line 6b. Taxable amount - see instructions 6,86 e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instructions Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 12,209 10 Analysis of line 9: Excess from 2014 Excess from 2015 1,441 Excess from 2016 4,946 Excess from 2017 5,822 Excess from 2018

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	Private Operating Found	dations (see ins	structions and Par	t VII-A, question 9)		
1a	If the foundation has received a ruling or o			ating		
	foundation, and the ruling is effective for 2				1042()(5)	<i></i>
b	Check box to indicate whether the founda		ating foundation descr		12(j)(3) or 4942(j)(5)	
2a	Ehter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
•	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d),2015	
_	each year listed				 /	
b	85% of line 2a • • • • • • • • • • • • • • • • • •			- 	4	
С	Qualifying distributions from Part XII, line 4 for each year listed					·
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities •				 	
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter.					
	(1) Value of all assets		 			
h	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
•	(1) Total support other than gross					
	investment income (ınterest,					
	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 · · ·					
Part				the foundation ha	d \$5,000 or more in	assets at
	any time during the year	- see instructi	ons.)			
1	Information Regarding Foundation Ma	_			ha dan Carandahan	
а	List any managers of the foundation who before the close of any tax year (but only					
	teres are steed of any tax year (see only	ii iioy navo oonaibe	Acc more man person	,, (a.e. 600).e., (e., (e.,	,	
	TITLE TAME I COUNTAIN					
b	WILLIAM L SCHWAB List any managers of the foundation who	04/0 10% or more o	f the stock of a corner	ation (or an equally large	nortion of the	
~	ownership of a partnership or other entity				portion of the	
		,				
2	Information Regarding Contribution, C	Grant, Gift, Loan, So	cholarship, etc., Prog	grams:		
	Check here ► X if the foundation only		• • • • • • • • • • • • • • • • • • • •	=	nes not accent	
	unsolicited requests for funds. If the found	dation makes gifts, g	rants, etc. to individua	als or organizations unde	er other conditions.	
	complete items 2a, b, c, and d See instru		,,, ,			
а	The name, address, and telephone numb	er or email address	of the person to whom	applications should be	addressed.	
	The form in which and the				······································	
b	The form in which applications should be	submitted and inforr	nation and materials th	ney should include		
C	Any submission deadlines.					
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, chantable t	fields, kinds of institution	s or other	
	factors:	, 300grapi		midd o'i mantalloll	o, or other	

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Form 990-PF (2018) WILLIAM AND HELEN SCHWAB FOUNDATION INC

Part XX. Supplementary Information (continued)

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	Tecipierit					
a Paid during the year		!					
ALZHEIMERS ASSOCIATION							
			CONTRIBUTION	200			
			CONTRADORACION				
BOYS TOWN							
	1		CONTRIBUTION	200			
DAV		ı					
			CONTRIBUTIN	200			
			CONTRIBOTIN	200			
MSD OF MVILL EDUCATION FOUNDATION							
	1		CONTRIBUTION	5,000			
FALL FOLLIAGE FESTIVAL							
			COMPREDIMENT	F 000			
			CONTRIBUTION	5,000			
GIBAULT							
31D1041		:					
			CONTRIBUTION	200			
HOOSIER TRAILS							
			401100000000000000000000000000000000000				
			CONTRIBUTION	1,000			
INDIANA SHERIFF ASSOCIATION							
			CONTRIBUTION	35			
							
Total			▶ 3a				
b Approved for future payment							
		}					
	ļ	}	1				
Total · · · · · · · · · · · · · · · · · · ·							

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Part XV Supplementary Information (continued)

Recipient	If recipient is an Individual, show any retationship to	Foundation status of	Purpose of grant or	Amount .
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, ,
a Paid during the year				
INDIANA UNIVERSITY				
				4 07
			CONTRIBUTION	4,87
LIBERTY CHRISTIAN CHURCH				
			CONTRIBUTION	1,00
LIL ARTES				
	i			
			CONTRIBUTION	50
AMEDICAN CANCED				
AMERICAN CANCER				
			CONTRIBUTION	1,00
LITTLE SISTERS OF THE POOR				
			CONTRIBUTION	20
MARTINSVILLE MADMEN				
			CONTRIBUTION	20
AVAS RAY OF SUNSHINE				
			CONTRIBUTION	10
, Wanning of the control of the cont				
MARTINSVILLE ELKS CLUB	,			
			CONTRIBUTION	1,00
T-4-1			3a	
Total	· · · · · · · · · · · · · · · · · · ·		34	······································
,,				
Total · · · · · · · · · · · · · · · · · · ·	4			

Part XV Supplementary Information (continued)

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipiont	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	тестритк					
a Paid during the year							
MARTINSVILLE LIONS CLUB							
	1						
			CONTRIBUTION	75			
			1				
MARTINSVILLE HIGH SCHOOL							
TMENTENDO III III DONOOD							
	1	1	CONTRIBUTION	3,000			
			55111125512511	3,000			
CUDINEDO MOCENTA	}						
SHRINERS HOSPITAL							
			COMMUNICATION	200			
			CONTRIBUTION	200			
ST JUDES			i				
			1				
			CONTRIBUTION	200			
MORGAN COUNTY 4H AUCTION	[
			CONTRIBUTION	3,949			
ST LABRE INDIAN SCHOOL			!				
			CONTRIBUTION	200			
PARALYZED VETS OF AMERICA							
			CONTRIBUTION	200			
			00112112201201				
RED BARN							
KED DAKN			l				
			CONTRIBUTION	5,000			
			CONTRIBUTION	5,000			
Total			> 32				
Total							
b Approved for future payment							
•							
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Total · · · · · · · · · · · · · · · · · · ·		<u>-</u>	b 0b				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>· · · · · · · · · </u> 3b ∤				

Rank 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 status of Purpose of grant or Recipient Amount contribution recipient Name and address (home or business) or substantial contributor Paid during the year USO 200 CONTRIBUTION SALVATION ARMY 200 CONTRIBUTION ST MARTINS 7,400 CONTRIBUTION ST MEINRAD 200 CONTRIBUTION TOYS FOR TOTS 200 CONTRIBUTION UNITED WAY 1,000 CONTRIBUTION WELLSPRINGS CONTRIBUTION 5,000 WHEELER MISSION 200 CONTRIBUTION 3a Approved for future payment

Total

Form 990-PF (2018) WILLIAM AND HELEN SCHWAB FOUNDATION INC

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Fundamentary

5 Grants and Contributions Paid During the				T
Recipient	If recipient is an individual, show any relationship to any foundation manager or aubstantial contributor	Foundation status of reciplent	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Тоброт		
a Paid during the year WOUNDED WARRIOR PROJECT				
				}
			CONTRIBUTION	200
YMCA		li		
THER				
			CONTRIBUTION	6,000
		Til		
		•		
]
		ļ		
				}
,			•	
Total			▶ 3a	54,136
b Approved for future payment				
İ				
Total			▶ 3b	

2	7	_	4	2	3	5	2	1	4	
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Enter gross amounts unless otherwise indicated.	Unrelate	d business Income	Excluded by s	ection 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
d					
е					
f					
g Fees and contracts from government agencies · ·					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments •		18	14		
4 Dividends and interest from securities · · · · · · ·		A TOTAL AND STORY BY MADE BY	- 50 7 - 3 12 11 50 day 1 40 pt	to North Religion From the	S0144 - Va
5 Net rental income or (loss) from real estate:	E/AMSTATES	Control of the Control	经企业的企业	there was a series	1 1 6 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Debt-financed propertyb Not debt-financed property	F21100	60, 202	16		
6 Net rental income or (loss) from personal property · · ·	531120	60,292	10		
7 Other investment income			 	· · · · · · · · · · · · · · · · · · ·	
8 Gain or (loss) from sales of assets other than inventory					-
9 Net income or (loss) from special events · · · · ·					
O Gross profit or (loss) from sales of inventory					
1 Other revenue. a CROP PRODUCTION	111000				
b ROYALTY INCOME	211110	2,000			
c FSA INCOME	111000	2,316			
d					· · · · · · · · · · · · · · · · · · ·
•	\$500 MALL & F. 155		1,8 - 19 - 1 - S13,8 9		
Subtotal. Add columns (b), (d), and (e)Total. Add line 12, columns (b), (d), and (e)		64,626	海等原理		64,62
Line No. Explain below how each activity for which incomplishment of the foundation's exempt					
				· · · · · · · · · · · · · · · · · · ·	
			.'		
					
	·				
					
					

Form, 990-PF (2018) WILLIAM AND HELEN SCHWAB FOUNDATION INC 27-4235214

Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations**

1	Did the	organization dired	ctly or indirectly enga	age in any of the following wi	th any other org	janization de:	scribed		漢語	Yes	No
	in section	on 501(c) (other th	nan section 501(c)(3) organizations) or In section	1 527, relating to	o political			RES.	32.00	in the
	organiza	ations?							333		13.2
а	-		ing foundation to a r	noncharitable exempt organi	zation of.				1,75		25.
•									1a(1)	4-54-1	X
									1a(2)		Х
b		ansactions.							<u> </u>	100	in the same
-			oncharitable exempt	t organization					1b(1)	التعلقية) التعلقية	X
	• •			exempt organization					1b(2)		X
				sets					1b(3)		X
									1b(4)		X
									1b(5)		X
				or fundraising solicitations			• • • • • • •		1b(6)		X
C				other assets, or paid employ			• • • • • •		1c		X_
d				nplete the following schedule							
	value of	the goods, other	assets, or services	given by the reporting found	ation If the four	ndation receiv	ed less than fa	ır marke	at		
	value in	any transaction o	r sharing arrangeme	ent, show in column (d) the v	alue of the good	ds, other asse	ets, or services	received	<u>t</u>		
(a) Lin	e no (b)	Amount involved	(c) Name of non	chantable exempt organization	(d) Des	scription of tran	sfers, transaction	is, and sh	aring arran	gemen	ıts
-											
											
							·				
			 -								
				······································							
	 										
											
											
						 					
											
				 		·					
							· · · · · · · · · · · · · · · · · · ·				
		•	•	with, or related to, one or m	•	organization	S		C1	_	ı
	describe	d in section 501(d	c) (other than section	n 501(c)(3)) or in section 52	7?	• • • • •	• • • • • • •	• • • •	Yes	: [X]	No
b	If "Yes,"	complete the follo	wing schedule	<u></u>							
		(a) Name of organi	zation	(b) Type of organiz	:ation		(c) Descriptio	n of relati	onship		
	<u>-</u> -					<u> </u>					
		-								_	
											
	Under	penalties of perjury, I d	eclare that I have examin	ed this return, including accompany	ing schedules and si	talements, and to	the best of my kno	wledge an	ıd belief, it is	true,	
Sigi	correct	and complete Declar	ation of preparer (other th	an taxpayer) is based on all informa	ition of which prepar	rer has any know	ledge				
der	, ,	Willen	1 Lohn	mb 1 115/19		100)		IRS discuss in preparer show		
ier		nature of officer or trus	stee 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	Tille				uctions X		No.
		Print/Type prepare		Prepager's signature.		Date	T		PTIN		=
² aid	f	1		Jun 17	KS CPA	4	Check				
		BRUCE S LE		yNW	, ,	11-01-20	T	nployed	P01308	876	
_	arer	Firm's name		& ASSOCIATES INC			Firm's EIN				
Jse	Only	Firm's address	PO BOX 565				Phone no.				
		<u> </u>	Nashville 1	N 47448			812	-988-	2865		

Federal Supporting Statements

2018 PG01

Tax ID Number

Name(s) as shown on return

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

CLOSELY HELD CO Relationship to insider

Original amount of loan

\$ 55,000

Balance due

\$ 55,000

Date of note

2011-09

Maturity date

2012-09

Repayment terms

ON DEMAND

Interest rate

3.5

Security by borrower

Purpose of loan

ADV SEED AND CONTRIBUTION PMTS

Lender consideration

Consideration FMV

2018 PG01	Tax ID Number 27-4235214	Statement #103~				PG01 Statement #106~		
	Tax ID	Schedule	Charitable purpose	0 0 0		chedule		
Federal Supporting Statements		- Line 23 - Other Expenses Schedule	Adjusted net income	13,643 (2,456) 79	263	1 - Other Income Sc	Adjusted net income 2,316 2,000	4,316
Federal St		Form 990PF - Part I - Line 2	Net investment	0000	0 0	Form 990PF - Part I - Line 11 - Other Income Schedule	Net investment 0 0	0
	DATION INC	Form 990P	Revenue and expenses	13,643 (2,456) 79	263 263 263	Form 990F	Revenue and expenses 2,316 2,000	4,316
	Name(s) as shown on return WILLIAM AND HELEN SCHWAB FOUNDATION INC		Description	SEED INSURANCE OFFICE EXPENSE	Totals		Description ESA INCOME ROYALTY INCOME CROP INCOME	Totals

		Federal St	Federal Supporting Statements	Statemen	ts		2040	1
Name(s) as shown on return							AU 10	PGU1
WILLIAM AND HELEN SCHWAB FOUNDATION INC	U							27-4235214
	Form 990PF - Part I	art I - Line 16(b)		- Accounting Fees Schedule	edule		st	Statement #108~
	Revenue	Net	Adjusted		Charitable			
ti.	and expenses	investment	net income	me	purpose			
ACCOUNTING	1,400	0	1,400		0			
Totals	1,400	0	1	1,400	0			
						,		
								PG01
	Form 990PF - Part I		- Line 19 - Depreciation Schedule	tion Schedul	G I		š	Statement #126
Date	Cost or	Prior year	Computation			Current Year	Net Investment Adjusted Net	Adjusted Net
Description Acquired	Other basis	Depreciation	Method	Rate	Life	Depreciation	Income	Income
1209 S MAIN ST MARTINSVILL 01-01-2012	185,100	28,278	SL	2.564	39	4,746	0	0
211 E MORGAN STREET MARTIN 01-01-2012	262,300	40,075	SI	2.564	39	6,726	0	0
IRRIGATION SYSTEM 06-05-2014	61,972	35,398	ALT	12.25	7	7,592	0	0
Totals	509,372	103,751				19,064		