Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

		GO to www.iis.gov/FoiliissoFF	ior instructions and t	ne rates	Limormatic	TI. Oper	to Public Inspection
Fo	r calen	ndar year 2019 or tax year beginning `		, and	ending		
Na	me of fou	undation			A Employer	r identification number	
		R & EVELYN M SCHULTZ FAMILY FOUNDATION					
Νu	mber and	d street (or PO box number if mail is not delivered to street address)	Roor	n/suite		23-2902342	
_		ESTNUT STREET			B Telephone	number (see instruction	ns)
Cıt	y or town	, state or province, country, and ZIP or foreign postal code					
ΕM	<u>IMAUS</u>	<u>PA</u> PA	18049-04	49		610-967-214	1
Fo	reign cou	intry name Foreign province/state/county	Foreign post	tal code	C If exempt	ion application is pendin	ig, check here 🕨 🗌
G	Check	call that apply 🔲 Initial return 🔲 Initial retur	rn of a former public o	charity	D 1. Foreig	n organizations, check h	nere ►
		☐ Final return ☐ Amended		•	2. Foreig	n organizations meeting	the 85% test,
		☐ Address change ☐ Name cha	inge	Ji	1 -	here and attach comput	
Н	Check	type of organization X Section 501(c)(3) exempt	private foundation)4		foundation status was te	rminated under
	Section	on 4947(a)(1) nonexempt charitable trust		tion	section 50	07(b)(1)(A), check here	▶∟
$\overline{}$		narket value of all assets at J Accounting metho		Accrual			
•		f year (from Part II, col (c), Other (specify		100: 00:		ndation is in a 60-month	
		6) ► \$ 1,004,375 (Part I, column (d), mus			under sec	ction 507(b)(1)(B), check	. Here
Б	art I	Analysis of Revenue and Expenses (The total of	T Cash basis j	I			(d) Dishumaments
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	(d) Disbursements for charitable
	`	equal the amounts in column (a) (see instructions))	expenses per books	' "	ncome	ıncome	purposes
				800 8 A W	NOW SHEET A	TARTA OF STATE OF STATE	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		20023			
	2	Check ► if the foundation is not required to attach Sch B					3744 TARK 39 VATE 100
	3	Interest on savings and temporary cash investments	44.700	<u> </u>	07.040		NATIONAL PROPERTY.
	4 5-	Dividends and interest from securities	41,706	<u> </u>	27,012		
	5a	Gross rents	64794xxxxxxxxxxxxxxxxxxx	5 × 22 × 74%	BOT "Parrilabāt. ""	200000 11 (20000 11 0 0	- 10 COM - 10 COM
•	b	Net rental income or (loss)	0.005	Marin San San San San San San San San San Sa			FIVED
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-2,885		FACTOR STATE	7-16-16 15 RELIGIONS	20 20 20 20 CO
ě	_b	Gross sales price for all assets on line 6a 107,9	10 (29/2012) \(\frac{1}{2} \)	**************************************	44.000	<u> SI JUN</u>	1 5 2020 17
é	7	Capital gain net income (from Part IV, line 2)	**************************************	1555435200	11,809		<u> </u>
ш,	8 9	Net short-term capital gain		1 (3-25) (30) 1 2 25) (30) (30)	et 2000 to selective Kal ^a uut et betade	 OG□	ENUT
	10a	Income modifications	\$16.08 (in 100 b) 1.79 A			Life of the state	Charles Assessed
	b	Gross sales less returns and allowances	2012 St. 100 St	1444			20, 2013 (20) 22, 13, 2007 (10) (20)
	C	Less Cost of goods sold Gross profit or (loss) (attach schedule)	\$644.600.000.000.000.000.000				STOCK STATE OF THE
	11	Other income (attach schedule)	1,257	30000	1,257		
	12	Total. Add lines 1 through 11	40,078		40,078	0	
	13	Compensation of officers, directors, trustees, etc	40,070	<u>' </u>	40,070		77 S 20 S
nses	14	Other employee salaries and wages		 			
Ë	15	Pension plans, employee benefits		1			
ğ	16a	Legal fees (attach schedule)		1			l —
Ш	b	Accounting fees (attach schedule)		1			 -
<u>×</u>	c	Other professional fees (attach schedule)					
at	17	Interest					
St	18	Taxes (attach schedule) (see instructions)	566				
Ξ	19	Depreciation (attach schedule) and depletion		1			17.5
토	20	Occupancy		1			100 7425 602 F-0 4 505 Jan
and Administrative Expe	21	Travel, conferences, and meetings		1			-
פ	22	Printing and publications		1			
	23	Other expenses (attach schedule)		1	-		
Operating	24	Total operating and administrative expenses.		<u> </u>			
ati	_ ′	Add lines 13 through 23	566		0	0	l o
ě	25	Contributions, gifts, grants paid	45,000				45,000
ŏ	26	Total expenses and disbursements. Add lines 24 and 25	45,566		0	0	45,000
	27	Subtract line 26 from line 12	40,000	250	U C	U CONTRACTOR OF THE CONTRACTOR	40,000
	a a	Excess of revenue over expenses and disbursements	-5,488				
		Net investment income (if penative, enter -0.)	-5,400	155 - SAME AN	40 070		

Adjusted net income (if negative, enter -0-)

, V. &

Form 990-PF (2019)

P	art II	Balance Sheets	Attached schedules and amounts in the description column		End o	of year
			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			
	2	Savings and tempo	rary cash investments	3,023	67,219	67,219
	3	Accounts receivable	e ▶			
		Less allowance for	doubtful accounts			
	4	Pledges receivable	>			
		Less allowance for	doubtful accounts ▶			
	5	Grants receivable				
	6	Receivables due fro	om officers, directors, trustees, and other		ĺ	
		disqualified persons	s (attach schedule) (see instructions)			
	7		receivable (attach schedule)			33.5
		Less allowance for dou				
S	8	Inventories for sale				
Assets	9		and deferred charges			
As	10a		state government obligations (attach schedule)	24,953	24,953	25,900
	b		prate stock (attach schedule)	488,542	 	
	c	•	prate block (attach schedule)	241,585		•
	11	•	Idings, and equipment basis	241,505	200,410	7.57.75.75.75.75.75
	l		reciation (attach schedule)			
	12	Investments—mort	, , , , , , , , , , , , , , , , , , , ,	 		
	13	Investments—other	•			
	14	Land, buildings, and eq			PARTY CONTRACTOR	
	'-	•	registran (attach achadula)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6532444444	27. FACUS - WAS - 12 . WAS -
	15	Other assets (descr		 		
	16	•	completed by all filers—see the			
	١.٠	instructions Also, s		758,103	752,615	1,004,375
	17		and accrued expenses	7 30, 103	732,013	1,004,373
	18	Grants payable	ind accided expenses			
Liabilities	19	Deferred revenue				
≣	20		brooters trustees and ether described servers			
ap	21		lirectors, trustees, and other disqualified persons		1	
Ĭ	22	Other liabilities (des	er notes payable (attach schedule)	-		2000 5 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	23	•	d lines 17 through 22)	1 0	 	23867 - FRANCISCO - 230823
	23	· · · · · · · · · · · · · · · · · · ·		' U	<u>۱</u>	20000000000000000000000000000000000000
Balances			follow FASB ASC 958, check here S 24, 25, 29, and 30.			
a	24	Net assets without				
32	25	Net assets with don				FEEL VIIINELKIS (NE
_	23					
Net Assets or Fund	1	and complete lines	o not follow FASB ASC 958, check here ►X			
Ē	26	-				
ō	26 27		principal, or current funds			
ş			irplus, or land, bldg , and equipment fund	750 400	750.045	THE THE TANK AND THE
93	28	_	ccumulated income, endowment, or other funds	758,103		
₹	29		fund balances (see instructions)	758,103	752,615	
Ě	30		I net assets/fund balances (see	750 400	750.045	
	- 1111	instructions)	anne in Not Appets on Friend Bolomes	758,103	752,615	1845-50 minimum of the
	rt III		langes in Net Assets or Fund Balances	\ lmp 20 /		<u> </u>
ı			alances at beginning of year—Part II, column (a)	, inte 29 (must agree	_	750 400
2		•	d on prior year's return)		1	758,103
_		amount from Part I,			2	-5,488
3		r increases not includ	ied in line 2 (itemize)		3	
_		ines 1, 2, and 3	has O (dames)		4	752,615
5		eases not included in		+ II - ani: 0 > 1	5	
0	iotal	het assets of fund ba	alances at end of year (line 4 minus line 5)—Par	t ii, column (b), line 2	29 6	752,615

Part	V Capital Gains and	<u>d Losses</u> for Tax on Investn	nent Inco	ome				
		ind(s) of property sold (for example, real est use, or common stock, 200 shs MLC Co)	tate,		(b) How acquired P—Purchase D—Donation		Date acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a	See Attached Statement							
b								
<u>_</u>						-		
<u>d</u>						 		
е		(D. Donneston allaward				<u> </u>	(h) O	(1000)
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)			other basis use of sale			n or (loss) (f) minus (g))
а								
b								
С								
<u>d</u>							·	
е	Complete anly for accets at	house and a solumn (h) and average	l bu tha fau	- d - t	12/21/60			
_	Complete only for assets si	howing gain in column (h) and owned	Γ					l (h) gain minus t less than -0-) or
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any			rom col (h))
a	· -							
b								
С								
d								
е				- 0		 -		
2	Capital gain net income or	rinet canital ineel (also enter), enter -0-		•	2		11,809
3	· · ·	n or (loss) as defined in sections 1						
		, line 8, column (c) See instructio	ns If (loss), entei	r-0- in }	_		
Part	Part I, line 8	der Section 4940(e) for Redu	and Tou	an N	J -4 lm	3		0
Was t		ve this part blank section 4942 tax on the distributal Jalify under section 4940(e) Do n				e perio	od?	☐ Yes ☒ No
1		ount in each column for each year				na anv	entries	
•	(a)	(b)	, 300 110 11	13ti deti		ig any	Citities	(d)
Cal	Base period years endar year (or tax year beginning in	Adjusted qualifying distributions	s Ne	t value o	(c) f nonchantable-use a:	ssets		tribution ratio divided by col. (c))
	2018		5,453		92	4,712	1 1-7	0 049154
	2017	4:	2,000		90	7,292		0 046292
	2016		1,449			8,983		0 048822
	2015		9,391			0,586		0 045772
	2014] 31	9,710		84	5,795		0 046950
2	Total of line 1, column (d)						2	0 236990
3		for the 5-year base period—divide	the total o	on line	2 by 5 0. or by	ŀ		0 200000
		oundation has been in existence if					3	0 047398
4	Enter the net value of non-	charitable-use assets for 2019 fro	om Part X,	line 5			4	940,593
5	Multiply line 4 by line 3						5	44,582
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)					6	401
7	Add lines 5 and 6						7	44,983
8		ns from Part XII, line 4 ter than line 7, check the box in P	art VI, line	1b, an	nd complete that	part us	8 sing a 1% tax	45,000 crate See the
	If line 8 is equal to or great Part VI instructions	ter than line 7, check the box in P	art VI, line	1b, an	id complete that	part us	sing a 1% tax	rate See the

Page **4**

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instr	ructio	ns)		
1ą b	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check				401
b					701
С	here \blacktriangleright X and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of 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	3			401
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			401
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6a				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			401
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded	10 11			0
11 Part	VII-A Statements Regarding Activities				0
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?	•	1a	1.00	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
_	instructions for the definition		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	Is		37.83%. \$200	1/5 TOWN
	published or distributed by the foundation in connection with the activities			6	151
С	Did the foundation file Form 1120-POL for this year?		1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \$\sim \\$ \square (2) On foundation managers \$\sim \\$		🔯		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	sed			
	on foundation managers > \$			18.33°	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		22		
	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? If "Yes," has it filed a tax return on Form 990-T for this year?		4a 4b	N/A	<u> </u>
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	I W/A	X
3	If "Yes," attach the statement required by General Instruction T			700	NAME OF THE PERSON OF THE PERS
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 the state of th	at			
	conflict with the state law remain in the governing instrument?		6	X	***************************************
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			178	
	PA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	- inch
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	•			
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV	lf			
40	"Yes," complete Part XIV		9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	neir	10		X

Part	VII-A Statements Regarding Activities (continued)				·	3
				<i>*************************************</i>	Yes	No
11 `	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	the				
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disc	qualified				
	person had advisory privileges? If "Yes," attach statement See instructions			12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption appl	lication?		13	X	
4.4	Website address The backs are at the Will MED B. COUNTY BRESIDENT. Talebacks		(640) 06	7 24 4	 4	
14	The books are in care of ► WILMER R SCHULTZ, PRESIDENT Telephone Located at ► 1540 CHESTNUT STREET EMMAUS PA ZI	-	(610) 96 18049-1		.'	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check h	-	10045-1	310		
15	and enter the amount of tax-exempt interest received or accrued during the year		5			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or oth				Yes	No
	over a bank, securities, or other financial account in a foreign country?		•	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter th	е				
	name of the foreign country				WAR.	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		Timarete.		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			\$560H	Yes	No
1a	During the year, did the foundation (either directly or indirectly)		_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No		6.70°	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	X No	, , , , , , , , , , , , , , , , , , ,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	=	⊠ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	☐ 163	<u> </u>		430	
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		_			
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions describe					
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instruc	tions		1b	N/A	C-U-LOYSOL N
	Organizations relying on a current notice regarding disaster assistance, check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted a	icts, that			XIX.	
•	were not corrected before the first day of the tax year beginning in 2019?			1c	38.35°	X ************************************
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a operating foundation defined in section 4942(j)(3) or 4942(j)(5))	a private				
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				W. (1)	
-	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4	1942(a)(2))	-		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49)	942(a)(2)	to			
	all years listed, answer "No" and attach statement—see instructions)			2b	N/A	41.708.18
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year	ars here				
2-	► 20, 20, 20, 20					
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	X No			
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the found	_	∠ 110		数	
b	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro-		2			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	-				
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine					
	foundation had excess business holdings in 2019)	·- -		3b	N/A	التكافيد
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpo	ses?		4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize					
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	n 2019?		4b		Х

Part	VII-B Statements Regarding Activities	tor Wi	hich Form	4720 N	lay Be Re	quire	1 (contin	uea) _			
5a	During the year, did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to			section	4945(e))?		☐ Yes	X No	97% 98%	Yes I	No.
	(2) Influence the outcome of any specific public ele- directly or indirectly, any voter registration drive		see section 49	955), or	to carry on	ı	Yes	X No	,		
	(3) Provide a grant to an individual for travel, study		er sımılar pur	poses?			Yes	X No	,		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions	charital	ble, etc , orga	nızatıor	n described	ın	☐ Yes	⊠ No	,		
	(5) Provide for any purpose other than religious, cl purposes, or for the prevention of cruelty to chi			terary, c	or education	nal	Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the tagging the section 53 4945 or in a current notice		•	-		-		d ın	5b	N/A	
С	Organizations relying on a current notice regarding if the answer is "Yes" to question 5a(4), does the forecause it maintained expenditure responsibility for its "Yes," attach the statement required by Regulation	oundation or the gr	on claim exen ant?		☐ Yes	► [) •				
6a	Did the foundation, during the year, receive any fur on a personal benefit contract?	ns	☐ Yes	X No	,						
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870										
7a b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b N/A										
8	Is the foundation subject to the section 4960 tax or remuneration or excess parachute payment(s) dur	ing the	year [?]	_			☐ Yes		7 m 3/4/ 3		
Pärt	VIII Information About Officers, Direct	ors, Tr	ustees, Fo	undati	on Manag	gers, F	lighly P	aid En	nploye	es,	
4	and Contractors	tion ma									
	I ISI Ali OTTICERS DIRECTORS TRISTEES AND TOURDA		naders and i	their co	mnensatic	n See	instructi	ons			
1	List all officers, directors, trustees, and founda (a) Name and address	(b) Title	e, and average rs per week	(c) Co (If r	mpensation not paid,	(d) emplo	Contribution byee benefit	s to plans		ense accor allowance	
See A		(b) Title	e, and average	(c) Co (If r	mpensation	(d) emplo	Contribution	s to plans			
See A	(a) Name and address	(b) Title	e, and average rs per week ed to position	(c) Co (If r	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit	s to plans			
See A	(a) Name and address	(b) Title	e, and average rs per week ed to position	(c) Co (If r	mpensation not paid, liter -0-)	(d) emplo	Contribution byee benefit	s to plans			
See A	(a) Name and address	(b) Title	e, and average rs per week ed to position 00 00	(c) Co (If r	mpensation not paid, liter -0-)	(d) emplo	Contribution byee benefit	s to plans			
See A	(a) Name and address	(b) Titli hou devot	e, and average rs per week ed to position 00 00 00 00	(c) Coi (If r en	mpensation not paid, iter -0-) 0 0	(d) emplo and def	Contribution of the control of the complete comp	s to plans ensation	other	allowance	
See A	(a) Name and address ttached Statement Compensation of five highest-paid employees ((b) Title hou devot	e, and average rs per week ed to position 00 00 00 00	(c) Col (lf r en	mpensation not paid, iter -0-) 0 0	(d) emplo and def	Contribution of the control of the complete comp	s to plans ensation	other	allowance	unt,
2	(a) Name and address ttached Statement Compensation of five highest-paid employees ((b) Title hou devot	e, and average rs per week ed to position 00 00 00 han those included the control of the con	(c) Col (lf r en	on line 1—	(d) emplo and def	contribution oyee benefit erred composition (d) Contrib employee plans and	s to plans ensation	other	erse accor	unt,
2	(a) Name and address ttached Statement Compensation of five highest-paid employees ("NONE."	(b) Title hou devot	e, and average rs per week ed to position 00 00 00 han those included the control of the con	cluded	on line 1—	(d) emplo and def	contribution oyee benefit erred composition (d) Contrib employee plans and	s to plans ensation	other	erse accor	unt,
2	(a) Name and address ttached Statement Compensation of five highest-paid employees ("NONE."	(b) Title hou devot	e, and average rs per week ed to position 00 00 00 han those included the control of the con	cluded cluded verage veek position	on line 1—	(d) emplo and def	contribution oyee benefit erred composition (d) Contrib employee plans and	s to plans ensation	other	erse accor	unt,
2	(a) Name and address ttached Statement Compensation of five highest-paid employees ("NONE."	(b) Title hou devot	e, and average rs per week ed to position 00 00 00 han those included the control of the con	cluded verage veek position 00	on line 1—	(d) emploand def	contribution oyee benefit erred composition (d) Contrib employee plans and	s to plans ensation	other	erse accor	unt,
2	(a) Name and address ttached Statement Compensation of five highest-paid employees ("NONE."	(b) Title hou devot	e, and average rs per week ed to position 00 00 00 han those included the control of the con	cluded verage //eek //sitton 00 00	on line 1—	see ins	contribution oyee benefit erred composition (d) Contrib employee plans and	s to plans ensation	other	erse accor	unt,

Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	y Paid Em	pioyees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, e	nter "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 chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	 -	_ -
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1		
2		
All other assessment related investments. Can instruction		
All other program-related investments See instructions		
3		
TALL Addings Advance O		
Total. Add lines 1 through 3	•	

Form 990-PF (2019)

Form 990-PF (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	68 38	
	purposes		
а	Average monthly fair market value of securities	1a	943,774
b	Average of monthly cash balances	1b	11,143
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	954,917
е	Reduction claimed for blockage or other factors reported on lines 1a and	7	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	954,917
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	14,324
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	940,593
6	Minimum investment return. Enter 5% of line 5	6	47,030
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation and certain foreign organizations, check here ☐ and do not complete this part)	itions	
1	Minimum investment return from Part X, line 6	1	47,030
2a	· · · · · · · · · · · · · · · · · · ·	101	
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	401
3	Distributable amount before adjustments Subtract line 2c from line 1	3	46,629
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	46,629
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	46,629
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	3	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	45,000
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	150	
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	45,000
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	401
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44,599
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years	hether the four	ndation

Part	XIII Undistributed Income	(see instructions	5)			
		= 	(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from line 7	n Part XI,				46,629
2	Undistributed income, if any, as of the	end of 2019				
а	Enter amount for 2018 only				43,834	
b	Total for prior years 20,	20, 20				100
3	Excess distributions carryover, if a	ny, to 2019				
а	From 2014			100		
b	From 2015					
С	From 2016				17.5	
d	From 2017					
е	From 2018			anar essential		
f	Total of lines 3a through e	5	0			
4	Qualifying distributions for 2019 fro					
	line 4 ▶ \$ 45,000	•			40.004	
a	Applied to 2018, but not more than		7 (A)		43,834	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
р	Applied to undistributed income of					
	(Election required—see instruction	•				
С	Treated as distributions out of corprequired—see instructions)	ous (Election				
d	Applied to 2019 distributable amou	int			Late Late A Contract Contract	1,166
e	Remaining amount distributed out		**************************************			7,100
5	Excess distributions carryover app				V/(News) 6/3576444466357	2 02.9 884626.7 St 55-53 868 45 (\$ 50.00)
Ū	(If an amount appears in column (3		
	amount must be shown in column	·				4
6	Enter the net total of each colum					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e 5	Subtract line 5	0			
b	Prior years' undistributed income		2.00		74.55 C. (1)	
	line 4b from line 2b			0		Contract of
С	Enter the amount of prior years' ur	ndistributed				
	income for which a notice of defici	ency has				
	been issued, or on which the secti					
	tax has been previously assessed				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d	Subtract line 6c from line 6b Taxa	ble				
	amount—see instructions			_00740.768894588457.4828.48248578578886.48		\$1.00 (\$4.00)
е	Undistributed income for 2018 Su					
	4a from line 2a Taxable amount—	-see			,	
	Instructions Undistributed income for 2019 Su	htroat lines			U	
f	4d and 5 from line 1. This amount					
	distributed in 2020	must be				45,463
7	Amounts treated as distributions of	ut of cornus	THE COMPANY OF SHEET TO ASSESSED		Marian Company	10,700
•	to satisfy requirements imposed by	•	1			
	170(b)(1)(F) or 4942(g)(3) (Election	•				
	required—see instructions)	armay 20				
8	Excess distributions carryover from	n 2014 not				
-	applied on line 5 or line 7 (see inst					
9	Excess distributions carryover t	•			0.40°	
	Subtract lines 7 and 8 from line 6a					Mark Control
10	Analysis of line 9				Y 57 Y 57 S	
а	Excess from 2015				1971	1972
b	Excess from 2016					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
С	Excess from 2017			7.7		
d	Excess from 2018					
е	Excess from 2019			3		

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year PC PALM SCHWENKFELDER CHURCH GENERAL OPERATIONS, 8,500 **MAINTENANCE & MISSION** P O BOX 66 PALM, PA 18070-0066 SCHWENKFELDER LIBRARY & HERITAGE CENTER PC LIBRARY ADDITION 3.500 105 SEMINARY AVE PALM, PA 18073-0130 SHRINERS HOSPITAL FOR CHILDREN PC GENERAL OPERATING FUND 5,000 2900 ROCKY POINT DR **TAMPA, FL 33607** PC PROGRAM DEVELOPMENT BOY SCOUTS OF AMERICA - MINSI TRAIL COUNCIL 2,000 PO BOX 20624 **LEHIGH VALLEY, PA 18002-0624** PC CAMP COMPASS ACADEMY GENERAL OPERATING FUND 3,000 1221 SUMNER AVE ALLENTOWN, PA 18102 PERKIOMEN SCHOOL PC **ENTREPRENIORAL TECH &** 5,000 **GENERAL OPERATIONS** 200 SEMINARY ST PENNSBURG, PA 18073 THE OPEN LINK PC GENERAL OPERATING FUND 2,500 452 PENN ST PENNSBURG, PA 18073 PC GENERAL OPERATING FUND **VETS FOR VETS** 500 PO BOX 351 TELFORD, PA 18969 SPECIAL OPERATIONS WARRIOR FOUNDATION PC FINANCIAL ASSISTANCE 2,000 **SERVICES** PO BOX 89367 TAMPA, FL 33689 **EMMAUS FOOD BANK** PC **FOOD ASSISTANCE** 500 **418 ELM ST EMMAUS, PA 18049** PC GENERAL OPERATING FUND MAIN LINE ANIMAL RESCUE 1,500 **PO BOX 89** CHESTER SPRINGS, PA 19425 See Attached Statement 3a 45,000 Approved for future payment

0

ે Páι	t XVI-A Analysis of Income-Producing Ac	tivities				
Ente	r gross amounts unless otherwise indicated	· -	Isiness income	Excluded by sect	ion 512, 513, or 514	4-3
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•	•					
	h					
	d					
	е					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	27,012	
5	Net rental income or (loss) from real estate		在發展的學術			
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income			14	1,257	
8	Gain or (loss) from sales of assets other than inventory			18	11,809	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory			<u></u>		
11	Other revenue a					
	b					
	<u> </u>					
	d					
4.0	e	Marko Co. C. Chadan		Series of the se		
12	Subtotal Add columns (b), (d), and (e)		U		40,078	
13	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations				13	40,078
_	t XVI-B Relationship of Activities to the A		ent of Evern	Purnoses		
	Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ne is reported in c poses (other than	column (e) of Part A by providing fund	(VI-A contributed s for such purpos	I importantly to the ses) (See instruction	ons)
						·
			· · · · · · · · · · · · · · · · · · ·			
		·				

Part	XVII	Information	Regarding Trans	fers to and Transa	ctions and Re	elationship	s With No	ncharitabl	e e	<u> </u>
		Exempt Org				•				
1`	Did tl	he organization d	lirectly or indirectly eng	gage in any of the follo	owing with any o	ther organiza	tion describ	ed	Yes	No
	ın se	ction 501(c) (othe	er than section 501(c)((3) organizations) or ir	section 527, rel	ating to politic	cal			
	orgar	nizations?						:		
а	Trans	sfers from the rep	orting foundation to a	noncharitable exemp	t organization of			ļ <u>. </u>	_	.
	(1) C	ash						1a(1)	<u> </u>
	(2) C	ther assets						1a(2)	X
b	Othe	r transactions						ļ		.
			a noncharitable exem	· -				1b(<u> </u>
			ets from a noncharitab		n			1b(X
	(3) Rental of facilities, equipment, or other assets									
		teimbursement ar	-					1b(<u> </u>
		oans or loan gua						1b(<u> </u>
			rvices or membership					1b(<u> </u>
С			quipment, mailing lists						:	<u> </u>
d			he above is "Yes," comp							
			er assets, or services gives a services							
			or sharing arrangemen							
(a) Line	no	(b) Amount involved	(c) Name of nonch	antable exempt organization	(d) De	scnption of transf	ers, transaction	ns, and sharing a	rrangeme	ents
	-+									
	-						• • •			
	+	· · · · · · · · · · · · · · · · · · ·				<u> </u>				
		•								
2a	Is the	e foundation direc	ctly or indirectly affiliate	ed with, or related to,	one or more tax-	exempt orgai	nizations			
	desc	ribed in section 5	01(c) (other than sect	ion 501(c)(3)) or in se	ction 527?			☐ Ye	X 1	No
b	If "Ye	s," complete the	following schedule							
		(a) Name of organ	nization	(b) Type of orga	anization		(c) Description	n of relationship		
		· · - · · · · · · · · · · · · · · ·		-· · ·· · · ·	· · · · · · · · · · · · · · · · · · ·	•				
-	112.1		does that I have seen that I	in individual	dulas and -t-t-: t	dia the base of the		af 14 to 4-14		
0:	1	. , , ,	clare that I have examined this retu ion of preparer (other than taxpaye		•	•	nowledge and bel			
Sign		Wilmer	PA PA	7/10/2010	L	-		May the IRS disc with the preparer		
Here	Sign	nature of officer or trus	too remit	Date	PRESIDENT			See instructions	Ye	
	I	Print/Type preparer's		Preparer's signature	riue	Date		PTIN		
Paid			oame	Alana 1	/		Chec	k ∐ ff	252020	
Prepa	ITER ALAN S SIWY Firm's name ► SEE ATTACHED STATEMENT				kay	5/11/20	T	mployed P02	253936)
Use O		Firm's name	SEE ALIAURED SIA	TI CIVICIN I	J		Firm's EIN			
		Firm's address	<u> </u>				Phone no			

STATEMENT OF PREPARER RELATING TO TAX RETURN

Preparer is employed as Vice President/Controller of a group of family-owned businesses. As part of the normal duties of preparer's employment, various personal, corporate, and trust returns are prepared. No additional compensation or fees are received for these preparer compliance responsibilities.

Signed:

The Schultz Organization

1540 Chestnut Street

alan flug

Emmaus, PA 18049

610-965-3083

Continuation of Part XV, Lin Recipient(s) paid during the year	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	e Year
Name						
CONCERN					<u> </u>	
Street						
ONE WEST MAIN ST City		State	Zip Code	Foreign Count	·rv	
FLEETWOOD		PA	19522	i oreign oount	y	
Relationship	Foundation Status			-		~
	PC					
Purpose of grant/contribution GENERAL OPERATING FUND					Amount	1,500
					.1	1,300
Name						
SKILLS USA COUNCIL Street						
555 UNION BLVD						
City			Zip Code	Foreign Count	ry	
ALLENTOWN Relationship	Foundation Status	PA	18109			
Relationship	PC PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING FUND						1,500
Name						
ALEX'S LEMONADE STAND						
Street						
111 PRESIDENTIAL BLVD City	·	State	Zip Code	Foreign Count		
BALA CYNWYD		PA	19004	l Oreign Count	.ı y	
Relationship	Foundation Status			1		
	PC					
Purpose of grant/contribution CANCER RESEARCH					Amount	2,500
		<u>-</u>			<u> </u>	2,500
Name MILLER-KEYSTONE BOLLD CENTER						
Street						
1465 VALLEY CENTRE						
City		State	Zip Code	Foreign Count	ry	
BETHLEHEM Relationship	Foundation Status	PA	18017			
Relationship	PC PC					
Purpose of grant/contribution	1				Amount	
GENERAL OPERATING FUND						1,500
Name						
CAMELOT FOR CHILDREN						
Street 2354 W EMMAUS AVE						
City		State	Zip Code	Foreign Count	irv	· · · · · · · · · · · · · · · · · · ·
ALLENTOWN		PA	18103			
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amazint	
GENERAL OPERATING FUND					Amount	1,500
					1	1,000
Name PHILADELPHIA RONALD MCDONALD	HOUSE					
Street	110002					
3925 CHESTNUT ST						
City			Zip Code	Foreign Count	ry	· ·
PHILADELPHIA Relationship	Foundation Status	PA	19104			
. Colationalip	PC PC					
Purpose of grant/contribution	1		-		Amount	
GENERAL OPERATING FUND					1	1,500

Continuation of Part XV, L Recipient(s) paid during the year	_ine 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the Year	
Name HUNTERS SHARING THE HARVES'	т					
Street	·			·		
6780 HICKORY LN						
City		State	Zip Code	Foreign Count	try	
HARRISBURG		PA	17101		·	
Relationship	Foundation Status					
Purpose of grant/contribution FOOD ASSISTANCE					Amount 1,000	
Name						
Street						
City	ity		Zip Code	Foreign Count	try	
Relationship	Foundation Status	1		l		
Purpose of grant/contribution				· · · · · ·	Amount	
Name						
Street						
City			Zip Code	Foreign Coun	try	
Relationship	Foundation Status					
Purpose of grant/contribution	I				Amount	
Name						
Street						
City		State	Zip Code	Foreign Country		
Relationship	Foundation Status	 	# 			
Purpose of grant/contribution	,				Amount	
Name						
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		1			
Purpose of grant/contribution			- <u>-</u>	-	Amount	
Name						
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	1	1	<u> </u>		
Purpose of grant/contribution					Amount	

Form **4720**

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

2019

OMB No 1545-0052

Department of the Treasury Internal Revenue Service (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

For ca	endar year 2019 or other tax year beginning	, 2	2019, and ending	, 20		
Name o	f organization or entity			Employer identification	numbe	
WILM	ER R & EVELYN M SCHULTZ FAM	MILY FOUNDATION		23-290234	4 2	
Number	, street, and room or suite no (or PO box if m	ail is not delivered to street address)		Check box for type of a	nnual ret	turn
1540	CHESTNUT STREET			Form 990	Form 9	90-EZ
City or t	own, state or province, country, and ZIP or fore	eign postal code		X Form 990-PF	Other	
EMMA	AUS, PA 18049-0449			Form 5227		
		··-	, , , , , , , , , , , , , , , , , , , ,	L 	Yes	No
Α	Is the organization a foreign private	foundation within the meaning of	of section 4948(b)?			
В	Has corrective action been taken or	-	* *	rted on this		
	form? (Enter "N/A" if not applicable	· ·				
	If "Yes," attach a detailed description		ective action taken and, if applic	able, enter the fair		<u> </u>
	market value of any property recove			If "No," (that is, ar	ηγ	
	uncorrected acts or transactions), a				•	
·Part	Taxes on Organization (S	ections 170(f)(10), 664(c)(2) 59, 4960(a), 4965(a)(1), 4966	, 4911(a), 4912(a), 4942(a),	4943(a), 4944(a)(1),	
1	Tax on undistributed income—Sche			1		
2	Tax on excess business holdings—	•		2		
3	Tax on investments that jeopardize	•	D. Part I. column (e)	3		
4	Tax on taxable expenditures—Sche		(-)	4		
5	Tax on political expenditures—Sche			5	, .	
6	Tax on excess lobbying expenditure			6		
7	Tax on disqualifying lobbying exper		umn (e)	7		
8	Tax on premiums paid on personal	-	dilli (c)	8		
9	Tax on being a party to prohibited to		le I Part I column (h)	9		
10	Tax on taxable distributions—Sched		ie 5, Fart I, Widmir (II)	10		
11	Tax on a charitable remainder trust		romo Attach statement	11		
12				12		
	Tax on failure to meet the requirement		iule M, Part II, line 2	13		
13	Tax on excess executive compensa		Cabadula O			
14	Tax on net investment income of pr	ivate colleges and universities—	Schedule O	14		
15	Total (add lines 1–14)			15		0
·Pan	II-A Taxes on Managers, Se (Sections 4912(b), 4941(if-Dealers, Disqualified Pe (a), 4944(a)(2), 4945(a)(2), 4				
	(a) Name and address of person subject	to tax. City or town, state or province, cou	intry, ZIP or foreign postal code	(b) Taxpayer identific	ation nu	mber
а						
b						
С					-	
	(c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize chantable purpose—Schedule D, Part II, col (d)	(e) Tax on taxable expenditures— Schedule E, Part II, col (d)	(f) Tax on political ex Schedule F, Part		
а						
b						
С						
Total	0	0		0		0
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J. Part II, col (d)	(j) Tax on taxable di Schedule K, Part		
a						
b						
С						
Total	0	0		0	-	0
	(k) Tax on prohibited benefits—Sch L,			78		
	Part II, col (d), and Part III, col (d)			(I) Total—Add cols	(c) throug	gh (k)
а						0
b						0
С						0
Total						

Part II-E	Summary o	f Taxes (See Tax	: Payments in the	instructions)					
1 En	ter the taxes listed ii	n Part II-A, column (l), that apply to man	agers, self-dealers, disqualifie	:d				
, bei	rsons, donors, dono	r advisors, and relat	ed persons who sigi	n this form If all sign, enter the	e				
tota	al amount from Part	II-A, column (I)				1			
2 To	tal tax. Add Part I, Iı	t I, line 15, and Part II-B, line 1							
3 Tot	al payments includii	ng amount paid with	3						
4 Tax	k due. If line 2 is larg	ger than line 3, ente	r amount owed (see	instructions)	▶ _	4 0			
5 Ov	erpayment. If line 2	s smaller than line	3, enter the differen	ice This is your refund	•	5 0			
		SCHEDULE A	A—Initial Taxes o	on Self-Dealing (Section 4	941)				
Part I	Acts of Self	-Dealing and Tax	x Computation						
(a) Act	(b) Date			(c) Description of act					
number	of act			(c) Description of act					
1									
2									
3									
4									
5		 							
	on number from Form 990 -B, or Form 5227, Part VI		nt involved in act	(f) Initial tax on self-dealer		Tax on foundation managers (if cable) (lesser of \$20,000 or 5% of			
	applicable to the act	(6),		(10% of col (e))		col (e))			
					0	0			
					0	0			
					0	0			
					0	<u> </u>			
					0	0			
Part II	Summary o	f Tax Liability of	Self-Dealers and	l Proration of Payments					
	(a) Names of self-dea	lers liable for tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (or prorated amount	ე.	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)			
·		·							
						0			
						_			
						0			
						_			
			•			0			
						4			
						-			
D - A III	0	6 T 1 !- 1:11:6 6	E	l D service of E	· · · · · · · · · · · · · · · · · · ·	0			
Part III	Summary o	T Tax Liability of	Foundation Man	agers and Proration of F	'ayment				
(:	a) Names of foundation m	anagers liable for tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (g or prorated amount	9).	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)			
						_			
						0			
						-			
						_			
						0			
						1			
						-			
_		SCHEDULE B-	nitial Tay on Unc	listributed Income (Section	on 4942				
1 Un				F for 2019, Part XIII, line 6d)	1				
			990-PF for 2019, Pa		2				
				in 2019 and subject to tax	<u>-</u>				
	der section 4942 (ac		,	,	3	0			
	Enter 30% of line	•	t I, line 1		4	0			
			· · · · · · · · · · · · · · · · · · ·		 	Form 4720 (2019)			

•								
Form 4	720 (201	9) WILMER R	& EVELYN M SCHULTZ FAM	MILY F	OUNDAT	ION		23-2902342 Page 3
	•_	SCH	IEDULE C—Initial Tax or	n Exc	ess Bus	iness Holdin	igs (Section 4943)
Busi	ness	Holdings and Co	omputation of Tax		-			
•			ngs in more than one busines	ss ente	erprise, at	tach a separate	e schedule for each e	enterprise Refer to the
			efore making any entries					
Name	and ad	dress of business ent	erprise					
Emplo	oyer ide	entification number					>	
Form	of ente	erprise (corporation,	partnership, trust, joint ventu	re, sol	le propriet	orship, etc)	•	
					(profits	(a) ng stock s interest or cial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Found	lation holdings in bu	usiness enterprise	1		%	%	
2	Permitted holdings in business enterprise		2		%	%		
3		-	in business enterprise	3				
4	days,	or, other value of ex	disposed of within 90 ccess holdings not ix (attach statement)	4				
5		le excess holdings i minus line 4	in business enterprise-	5		0	0	0
6	Tax-	Enter 10% of line 5	j	6		o	0	o
7			on line 6, columns (a), re and on Part I, line 2	7		0 🖔		
		SCHEDULE D—I	Initial Taxes on Investme	ents	That Jeo	pardize Cha	ritable Purpose (Section 4944)
Par	t I	Investments an	d Tax Computation					
	estment nber	(b) Date of investment	(c) Description of inves	itment		(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col (d))
	1						0	C
	2						0	<u> </u>
	3						0	
	4						0	0
	5	L					0	Distriction of the first of the

Total— Column (e) Enter here and on Part I, line 3 Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below 0 Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

Form 4720 (2019)

Ν,

	•	SCHEDULE E-	<u>-Initial Tax</u>	<u>es on Taxable</u>	Expen	<u>diture:</u>	s (Section 4945)	
Part I	Expenditures	s and Computati	on of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	1 (b)	Name and address of	recipient			of expenditure and purposes for which made
1								
2								,
3								
4								
5								
	tion number from Form 9 227, Part VI-B, applicabl		(g) In	nitial tax imposed on for (20% of col. (b))			managers	ax imposed on foundation (if applicable)—(lesser of 00 or 5% of col (b))
						0		0
						0		0
						0		0
			 			0		0
						0	*/####\#\##############################	O Reservation was responsible
Part I, line						0		
	olumn (h) Enter to	otal (or prorated amo	ount) here an	d in Part II, colur	nn (c),			•
below		T 1: 1:1:4 6:				4	6 D	
Part II	Summary of	Tax Liability of I	-oundation	i Managers ar	ia Prora	ation c	r Payments	
	(a) Names of foundat	tion managers liable for ta	x	(b) Item no from Part I, col (a)	(c)		Part I, col (h), or ed amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
								0
					-			
								-
								0
								-
								0
		SCHEDULE F-	-Initial Taxo	es on Politica	l Expen	diture	s (Section 4955)	<u> </u>
Part I	Expenditure	s and Computati						
(a) Item number	(b) Amount	(c) Date paid or incurred		on of political expend	liture	organı	tial tax imposed on zation or foundation 10% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/4% of col. (b))
1	. ,				<u> </u>	•	<u> </u>	
2							C	
3							C	0
4							C	0
5								0
Total— C	olumn (e) Enter h	ere and on Part I, Iır	ne 5				C	
Total— C	olumn (f) Enter to	tal (or prorated amo	unt) here and	d in Part II. colum	nn (c), be	low		0
Part II							Managers and	Proration of Payments
	(a) Names of org	anization managers or inagers liable for tax		(b) Item no from Part I, col (a)	1	Tax from	Part I, col (f), or ed amount	(d) Manager's total tax liability (add amounts in col. (c))
				 	 			(see instructions)
					 -			-
					 -			-
					 			-
					1			0
				1	1			1

		SCHEDULE G-	— lax on Exce	ess Lobbying i	<u> expenditur</u>	es (Section 491	1)		
		ts expenditures ove t II-A, column (b), li					1_		
2 Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry)									
3 E	xcess lobbying exp	oenditures—enter t	he larger of line	1 or line 2			3		0
4 Ta	ax—Enter 25% of I	ine 3 here and on I	Part I, line 6				4		0
		HEDULE H—Tax		alifying Lobby	ing Expend	litures (Section	4912	?)	
Part	Expenditu	res and Compu	tation of Tax						
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures (e) Tax imposed on organization (5% of col (b))				ax imposed on organization anagers (if applicable)— (5% of col (b))		
1						0			0
2						0			0
3						0			0
5						0			0 0
			<u> </u>						Ě
Total-	- Column (e) Ente	er here and on Part	I, line 7			0			
		r total (or prorated							0
Part l	Summary	of Tax Liability	of Organization	on Managers a	nd Prorati	on of Payment	1		
(a) Names of organization managers liable for tax (b) Item no from Part I, col (f), or Part I, col (a) (c) Tax from Part I, col (f), or prorated amount					(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)				
							-		
									0
									
							1		
									0
							-		_
		CUEDIII E I In	itial Tayon on	Evenes Benef	it Transport	tions (Section (DE 0)		0
Part		CHEDULE I—In enefit Transaction			iit Halloati	LIONS (SECTION 4	1900)		
(a) Transa numb	ction (b) Date of trans				escnption of tran	saction			
1									
2									
3									
4									
5			Ī			/A Toy or			
	(d) Amount of exce	ess benefit	(e) Initial	tax on disqualified per (25% of col. (d))	r persons (if a			zation managers e) (lesser of % of col (d))	
			<u> </u>		0				0
					0				0
			 		0				0_
			 		0 0				0 0
			<u> </u>		U				<u> </u>

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	SCHEDULE	: I—Initial Taxes on E	xcess Beneti	t Transactions (Section 495)	3) Continued
Part II	Summary of Tax	Liability of Disqualif	ied Persons	and Proration of Payments	
,	(a) Names of disqualified per		(b) Trans no from Part I, col (a)		(d) Disqualified person's total tax liability (add amounts in col (c)) (see instructions)
					0
					· ⁻
······································			_		
]
					0
				- 	· ⁻
Part III	Summary of Tax	Liability of 501(c)(3)	. (c)(4) & (c)(2	29) Organization Managers	
		anization managers liable for tax	(b) Trans no from Part I, col (a)		(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
					0
					····] o
				_	
				<u> </u>	0
			<u> </u>	- 	
					⁻
	SCHEDULE J—	Taxes on Being a Pa	rty to Prohibi	ited Tax Shelter Transaction	s (Section 4965)
Part I				Imposed on the Tax-Exemp	
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of transa	action
1					
2					
3					
4					
5	157				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributa the PTST			able to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
		,,			
	<u> </u>				
Total— Co	olumn (h) Enter here ar	nd on Part I, line 9			0

Part II	Tax Impos	ed on Entity Managers (Sec	tion 4965) <i>Co</i>	ntınued	
	(a) Name of entity manager			(c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	h (d) Manager's total tax liability ach (add amounts in col. (c))
					0
					l
			+		
					0
					O
	SCHEDIII E	K—Taxes on Taxable Distri	ibutions of Si	nonsoring Organization	S Maintaining Donor
`	OONEDOLL	Advised Funds	(Section 4966)) See the instructions	3 Maintaining Donoi
Part I	Taxable Di	stributions and Tax Compu		7 000 1110 111011 110110110	
(a)	T	(b) Name of sponsonng organization a			-
Item number	1	donor advised fund		(c) De	escription of distribution
1					
• • • • • • • • • • • • • • • • • • •					
2					
	 				
3					
	 				
4				••••	
(d) Date of	distribution	(e) Amount of distributi	on	(f) Tax imposed on organization (20% of col (e))	(g) Tax on fund managers (lesser of 5% of cot (e) or \$10,000)
				0	0
				0	0
<u> </u>				0	0
			·	0	0
		nere and on Part I, line 10		0	\$. V
		total (or prorated amount) here ar			0
Part II	Summary	of Tax Liability of Fund Mar	lagers and Pi	Toration of Payments	(d) Managada tatal tay liabilib.
	(a) Name of fun	d managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (g) or prore amount	ated (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			 	-	0
				 	
	_				o
			1	<u> </u>	0
					Form 4720 (2019)

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SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967) See the instructions

Part I	Prohibited Benefits	and Tax Computation	on		_
(a) Item number	(b) Date of prohibited benefit		(c) Descript	on of benefit	_
1					
2					_
3					_
4					_
5				 	_
(d)	Amount of prohibited benefit	(e) Tax on donors, done (125% of col	or advisors, or related persons (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)	_
			0		0
			0		0
			0		0
			0		0
D4-11	O	L'II'A - A D	0		0
Part II	Summary of Tax Lia	bility of Donors, Do	nor Advisors, Related	Persons, and Proration of Payments	
	nes of donors, donor advisors, or lated persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)	
					_
					0
					0
					0
			, , , , , , , , , , , , , , , , , , ,		Ť
	· · · · · · · · · · · · · · · · · · ·				0
Part III	Summary of Tax Lia	bility of Fund Mana	gers and Proration of P	Payments	
(a) Nam	es of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)	
					^
					0
					0
		 			_
					0
					0

9) WILMER R & EVELYN M SCHULTZ FAMILY FOUNDATION 23-29023

Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs 23-2902342

			uirements (Section	ns 4909 and of	<u>01(r)(3)) (8</u>	ee mstruct	ions)		
Pärt I	Failures to I	Meet Section 5	01(r)(3)						
(a) Item number	(b) Name of ho	espital facility	(c) Description of the failure (d) Tax year hospital facility last conducted a CHNA			nducted a			
1									
2					1112				
3			_					\perp	
4								_	
5									
Part II	Computatio							_	
	•	•	by the hospital organi		to meet the (Community			
		•	nts of section 501(r)(3 here and on Part I, I	•			-	1 2	0
			xcess Executive		1 (Section 4	1960) (See	ınstruc		
	JOHEDOL	LE IV-TAX OIL	·	Compensation	T (OCCROTT -	1000) (000	11131140		3 /
(a) Item (b) Name of covered employee			(c) Exce	ess remuneration		(d) Excess p payme			(e) Total Add column (c) and (d)
1									
2									
3								4_	
4		-						+	
<u> 5</u> 6	Attachment of a							+	<u> </u>
	(add column (e) it	ecessary See inst	ituctions					+	0
		•	e and on Part I, line 1	3				+	0
			ax on Net Investm		Private Co	olleges and	J Univ	ersit	
				ction 4968)		J			
		(a) Name	(b) EIN	(c) Gross investment income (See instructions)	(d) Capit gain net income	exper to inc	dministrat nses alloca ome includ is (c) and	able ded	(f) Net investment income (See instructions)
1	Filing Organization								
2	Related Organization								
3	Related Organization								
4	Related Organization								
5	Total from attachr	ment, if necessary							
6	Total			0		0		0	0
7	Excise Tax on Ne	t Investment Inco	me Enter 1 4% of the	amount in 6(f) he	ere and on P	art I, line 14			0 Form 4720 (2019)

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General Explanation (990-PF)

	Explanation
1	
	FORM 990-PF, PAGE 1, PART 1, LINE 11, COLUMNS (A) & (B), OTHER INCOME \$1,257 REPRESENTS A DISTRIBUTION FROM A
	LIMITED PARTNERSHIP INVESTMENT AND THE TAXPAYERS SHARE OF INCOME FOR THE YEAR ENDED 12/31/19

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Cost or Other Basis, Expenses, Net Gain															
Amount A	jain	088	2,885	0			Net Gain	or Loss	-1,894	0	0	-857	-134	0	0
Capital Games Cast of Cuttle Basis, Expense of Sales Cost of Cuttle Basis, Expense of Sales Cost of Cuttle Basis, Expense of Sales Cost of Cast of C	Net (orl						Adjustments							
Amount Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses 107,910 Check "X" Check "X" if a color c	sis, Expenses,	d Adjustments	110,795	0				Depreciation							
Amount Capital Gains/Losses	Cost or Other 83	Depreciation an				Expense of Sale	and Cost of	Improvements							
Amount 0 0 0 0 0 0 0 0 0	ıΩ	S	107,910	0			Valuation	Method	FMV	FMV	FMV	FMV	FMV		
Amount 0 0	S015	Sale					Cost or	Other Basis	30,516	6,993	10,080	24,927	38,279		
Amount 0	lotais		ipital Gains/Losses	Other sales			Gross Sales	Price	28,622	6,993	10,080	24,070	38,145		
Amount 0 0			ొ				Date	Sold			1 1		12/2/2019		_
Amount 0 0							Date	Acquired	2/12/2013	10/20/2010	4/18/2012	3/16/2018	5/14/2013		
Amount Check "X" Check "X" to include X TAXPAYER							Acquisition	Method	d	Ь	Ь	Ь	Ь		
CUSIP # IN Part IV TAXPAYE X TAXPAYE					Check "X" If	Purchaser	S.	Business	×	×	×	×	×		
Amount 0 0 0 Check "X" to include X X X X X X X X X X X X X X X X X X X								Purchaser	TAXPAYER	TAXPAYER	TAXPAYER	TAXPAYER	TAXPAYER		
				-		Check "X"	to include	In Part IV	×	×	×	×	×		
Long Term CG Distributions Short Term CG Distributions Short Term CG Distributions Description 1 852 SHS AT&I 1 63 SHS NEW PERSPECTIVE 3 403 SHS GOLDMAN SACHS G 4 580 SHS BUCKEYE PARTNER 5 1,526 SHS JP MORGAN CHAS 6 6 7		Amount	0	0				CUSIP#							
			Long Term CG Distributions	Short Term CG Distributions				Description	1 852 SHS AT&T	2 163 SHS NEW PERSPECTIVE	3 403 SHS GOLDMAN SACHS G	4 580 SHS BUCKEYE PARTNER	5 1,526 SHS JP MORGAN CHAS	9	7

Part I, Line 11 (990-PF) - Other Income

	•		1,257	1,257	0
			Revenue		
٠			and Expenses	Net Investment	Adjusted
L		Description	per Books	Income	Net Income
	1	LIMITED PARTNERSHIP DISTRIBUTIONS	1,257	1,257	

Part I, Line 18 (990-PF) - Taxes

	566	0	0	0
	Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
Description	per Books	Income	Net Income	Purposes
1 TAX ON INVESTMENT INCOME	566	_		

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

	Federal	0	0	0	0	•
	State/Local _	24,953	24,953	24,524	25,900	
	Num Shares/	Book Value	Book Value	FMV	FMV	State/Local '
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year	Obligation
1 25 M LACKAWANNA CNTY PA 3 25%	25,000	24,953	24,953	24,524	25,900	×

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		488,542	455,024	595,345	699,475
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	ō
NEW PERSPECTIVE FD A	12,109	320,881		446,072	572,278
AT&T	852	29,252		23,187	
VERIZON	539	23,904		29,070	
ISHARES US PFDSTOCK	2,503	90,835	95,692	81,165	94,092
BUCKEYE PTSHP LP	580	23,670	0	15,851	0

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

	•	듶
FMV	End of Year	211,781
FMV	Beg. of Year	213,624
Book Value	End of Year	205,419
Book Value	Beg of Year	241,585
Maturity	Date	VARIOUS
Interest	Rate	VARIOUS
	Description	RRED/FIXED RATE CAP SECURITIE
	t Maturity Book Value B	t Maturity Book Value Book Value FMV Date Beg of Year End of Year l

Ų,

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

L		Chack "X"							Avn Hrc	>			. 1
	Name	if Business	Street	City	State	Zip Code	Foreign Country	Tite	Per Week	Compensation	Benefits	Account	
	WILMER R SCHULTZ		584 PINE STREET	EMMAUS	€	PA 18049		PRES.	1.00	0			
-													
	KEVIN R SCHULTZ		7448 STEIN ROAD	ZIONSVILLE	Æ	18092		SECTY	05 0	0			
2													
	KAREN L SCHULTZ		7448 STEIN ROAD	ZIONSVILLE	ΡΑ	18092		TRUSTEE	0 20	0			f
ຕ													
	SCOTT R SCHULTZ		23 MOLL LANE	MACUNGIE	P.	18062		TREAS	05 0	0			
4				-									
L	KARLA R SCHULTZ		23 MOLL LANE	MACUNGIE	Æ	18062		TRUSTEE	0 20	0			
4													