

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation THE KLEINSCHMIDT FAMILY FOUNDATION		A Employer identification number 27-0112179	
Number and street (or P.O. box number if mail is not delivered to street address) 617 LAKE DRIVE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code VERO BEACH, FL 32963		B Telephone number (see instructions) (646) 258-4354	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 12,227,282		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	340,736			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments	5	5		
	4 Dividends and interest from securities . . .	155,967	155,967		
	5a Gross rents . . . . .	61,250	61,250		
	b Net rental income or (loss) -89,195				
	6a Net gain or (loss) from sale of assets not on line 10	455,559			
	b Gross sales price for all assets on line 6a 1,018,698				
	7 Capital gain net income (from Part IV, line 2) . . .		455,559		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	25,110	9,200		
	12 Total. Add lines 1 through 11 . . . . .	1,038,627	681,981		
	13 Compensation of officers, directors, trustees, etc.	5,000	0		5,000
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	1,956	1,956		0
	b Accounting fees (attach schedule) . . . . .	9,187	4,594		4,594
	c Other professional fees (attach schedule) . . . . .	712	85		627
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	18,206	18,206		0
	19 Depreciation (attach schedule) and depletion . . . . .	72,727	72,727		
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	59,224	58,170		1,054
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	167,012	155,738		11,275
	25 Contributions, gifts, grants paid . . . . .	555,754			555,754
	26 Total expenses and disbursements. Add lines 24 and 25	722,766	155,738		567,029
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	315,861			
	b Net investment income (if negative, enter -0-)		526,243		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .		36,029	36,029
	2 Savings and temporary cash investments . . . . .	14,405	22,742	22,742
	3 Accounts receivable ▶ <u>11,785</u>			
	Less: allowance for doubtful accounts ▶ _____		11,785	11,785
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	417,042	417,042	305,800
	c Investments—corporate bonds (attach schedule) . . . . .	1,562,282	1,161,943	1,159,717
	Liabilities	11 Investments—land, buildings, and equipment: basis ▶ <u>2,500,000</u>		
Less: accumulated depreciation (attach schedule) ▶ <u>145,454</u>		2,427,273	2,354,546	2,000,000
12 Investments—mortgage loans . . . . .				
13 Investments—other (attach schedule) . . . . .		5,405,344	6,138,827	8,691,209
14 Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)		707	0	0
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)		9,827,053	10,142,914	12,227,282
17 Accounts payable and accrued expenses . . . . .				
18 Grants payable . . . . .				
19 Deferred revenue . . . . .				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule) . . . . .				
22 Other liabilities (describe ▶ _____)				
23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	0	
Net Assets or Fund Balances		<b>Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24, 25, 29 and 30.</b>		
	24 Net assets without donor restrictions . . . . .			
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	9,827,053	10,142,914	
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	9,827,053	10,142,914	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	9,827,053	10,142,914		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	9,827,053
2 Enter amount from Part I, line 27a . . . . .	2	315,861
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3 . . . . .	4	10,142,914
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	10,142,914

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	455,559
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	572,716	11,451,887	0.050011
2017	380,103	8,965,732	0.042395
2016	416,983	7,840,415	0.053184
2015	396,883	7,705,859	0.051504
2014	401,653	7,993,648	0.050247
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.247341
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.049468
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 11,305,078
<b>5</b> Multiply line 4 by line 3			<b>5</b> 559,240
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 5,262
<b>7</b> Add lines 5 and 6			<b>7</b> 564,502
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 567,029

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	5,262
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	5,262
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	5,262
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	7,953
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	7,953
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	2,691
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 2,691 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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 conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NY, FL		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	<b>8b</b>	Yes
<b>9</b> 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 taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>M GEORGE COOKE</u> Telephone no. ► <u>(772) 247-0400</u>			

Located at ► 2911 CARDINAL DRIVE VERO BEACH FL ZIP+4 ► 32963

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b>	<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . 				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	9,379,777
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	97,460
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,000,000
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	11,477,237
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	11,477,237
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	172,159
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	11,305,078
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	565,254

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	565,254
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	5,262
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	5,262
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	559,992
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	559,992
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	559,992

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	567,029
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	567,029
<b>5</b>	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. . . . .	<b>5</b>	5,262
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	561,767

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				559,992
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . . 5,204				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . . 6,089				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	11,293			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 567,029				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				559,992
<b>e</b> Remaining amount distributed out of corpus	7,037			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	18,330			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	18,330			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . . 5,204				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . . 6,089				
<b>e</b> Excess from 2019. . . . . 7,037				

## Part XIV

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶	
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	
<b>b</b> 85% of line 2a . . . . .	
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:	
<b>a</b> "Assets" alternative test—enter: <b>(1)</b> Value of all assets . . . . . <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)	
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .	
<b>c</b> "Support" alternative test—enter: <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . . <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . . <b>(3)</b> Largest amount of support from an exempt organization <b>(4)</b> Gross investment income	

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

ROBERT W KLEINSCHMIDT

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ROBERT W KLEINSCHMIDT  
617 LAKE DRIVE  
VERO BEACH, FL 32963  
(646) 258-4354

**b The form in which applications should be submitted and information and materials they should include:**  
NO SPECIAL FORM REQUIRED

**c** Any submission deadlines:  
NO DEADLINES

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
NO RESTRICTIONS

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	555,754
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated.

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2020-05-14	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANK J SCHLITT JR		2020-05-15		P01875157
	Firm's name ▶ OFFUTT BARTON SCHLITT LLC				Firm's EIN ▶ 46-1585527
	Firm's address ▶ 570 BEACHLAND BLVD VERO BEACH, FL 32963				Phone no. (772) 231-2100

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
50,000 SHS GENERAL ELECTRIC CO	P		2019-02-27
50,000 SHS GENERAL ELECTRIC CO	P		2019-02-27
100,000 SHS GENERAL ELECTRIC CO	P		2019-09-05
200,000 SHS GENERAL ELECTRIC CO	P		2019-09-05
2,000 SHS GOLD COAST BANCORP INC	D	2019-11-04	2019-11-04
1,500 SHS GOLD COAST BANCORP INC	D	2019-11-04	2019-11-05
2,000 SHS GOLD COAST BANCORP INC	D	2019-11-04	2019-11-06
4,500 SHS GOLD COAST BANCORP INC	D	2019-11-04	2019-11-07
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
46,874		50,042	-3,168
46,874		50,042	-3,168
92,991		100,085	-7,094
185,982		200,170	-14,188
32,477		32,560	-83
24,428		24,420	8
32,762		32,560	202
74,031		73,260	771
482,279			482,279

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			-3,168
			-3,168
			-7,094
			-14,188
			-83
			8
			202
			771
			482,279

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT W KLEINSCHMIDT 617 LAKE DRIVE VERO BEACH, FL 32963	PRESIDENT/DIRECTOR 1.00	0	0	0
NELL F KLEINSCHMIDT 617 LAKE DRIVE VERO BEACH, FL 32963				
ALEXANDER KLEINSCHMIDT 617 LAKE DRIVE VERO BEACH, FL 32963	VICE PRESIDENT/DIRECTOR 1.00	0	0	0
PAUL KLEINSCHMIDT 617 LAKE DRIVE VERO BEACH, FL 32963				
LARA KLEINSCHMIDT 617 LAKE DRIVE VERO BEACH, FL 32963	DIRECTOR 0.00	0	0	0
M GEORGE COOKE 2911 CARDINAL DRIVE VERO BEACH, FL 32963		5,000	0	0

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ENERGY PRAGMATIST INC 530 WILSON AVENUE SHEBOYGAN, WI 53081	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
MOUNTAIN LAKE COMMUNITY SERVICE 2300 N SCENIC HIGHWAY LAKE WALES, FL 33898	NONE	PUBLIC CHARITY	UNRESTRICTED	500
LAWRENCE CEDARHURST FIRE DEPT 75 WASHINGTON AVE LAWRENCE, NY 11559	NONE	PUBLIC CHARITY	UNRESTRICTED	500
<b>Total . . . . .</b> ► <b>3a</b>				555,754



Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SANTA ROSA JUNIOR COLLEGE 1501 MENDOCINO AVE SANTA ROSA, CA 95401	NONE	PUBLIC CHARITY	UNRESTRICTED	15,000
GMU FOUNDATION - MERACTUS CENTER 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	NONE	PUBLIC CHARITY	UNRESTRICTED	3,000
<b>Total . . . . . ▶ 3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AYN RAND INSTITUTE 2121 ALTON PKWAY IRVINE, CA 92606	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
COLUMBIA UNIVERSITY 125TH AND BROADWAY NEW YORK, NY 10027	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
DENNISON UNIVERSITY 100 W COLLEGE ST GRANVILLE, OH 43023	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
<b>Total . . . . .</b> ► <b>3a</b>				555,754

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEARNING ALLIANCE 2066 14TH AVENUE STE 102 VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
TITAN ALUMNI FOUNDATION 842 ALGOMA BOULEVARD OSHKOSH, WI 54901	NONE	PUBLIC CHARITY	UNRESTRICTED	500
<b>Total . . . . .</b> ► <b>3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UW OSHKOSH FOUNDATION 625 PEARL AVE OSHKOSH, WI 54901	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
WILLIAM F BUCKLEY PROGRAM AT YALE 111 WHITNEY DR NEW HAVEN, CT 06510	NONE	PUBLIC CHARITY	UNRESTRICTED	7,500
VNA HOSPICE FOUNDATION 901 37TH STREET VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLEVELAND CLINIC INDIAN RIVER FOUNDATION 1000 36TH STREET VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
VERO BEACH DOG PARK 3449 INDIAN RIVER DRIVE E VERO BEACH, FL 32963	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
IR COMMUNITY FOUNDATION - ROWING CLUB N 5070 HIGHWAY A1A STE 200 VERO BEACH, FL 32963	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PALM BEACH OPERA 1800 S AUSTRALIAN AVE 301 WEST PALM BEACH, FL 33409	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
NATIONAL NAVY SEAL MUSEUM 3300 N HWY A1A FORT PIERCE, FL 34949	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				555,754

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MCKEE BOTANICAL GARDENS350 US1 VERO BEACH, FL 32962	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
CLEAN WATER COALITION 20 RIDGELY AVENUE STE 203 ANNAPOLIS, MD 21401	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
CHILDCARE RESOURCES OF INDIAN RIVER CTY 2300 5TH AVEUNE 149 VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	130
<b>Total . . . . . ▶ 3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HISTORIC COLONY HOUSE INC 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
QUAIL VALLEY CHARITIES 2345 HIGHWAY A1A VERO BEACH, FL 32963	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	32,300
<b>Total . . . . . ▶ 3a</b>				555,754



Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST EDWARD'S SCHOOL 1895 SAINT EDWARDS DRIVE VERO BEACH, FL 32963	NONE	PUBLIC CHARITY	UNRESTRICTED	29,670
VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	NONE	PUBLIC CHARITY	UNRESTRICTED	5,400
VERO BEACH OPERAPO BOX 6912 VERO BEACH, FL 32961	NONE	PUBLIC CHARITY	UNRESTRICTED	14,539
<b>Total . . . . . ▶ 3a</b>				555,754

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VERO BEACH THEATRE GUILD 2020 SAN JUAN AVE VERO BEACH, FL 32960	NONE	PUBLIC CHARITY	UNRESTRICTED	2,500
WINDSOR CHARITABLE FOUNDATION 3125 WINDSOR BOULEVARD VERO BEACH, FL 32963	NONE	PUBLIC CHARITY	UNRESTRICTED	4,500
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
<b>Total . . . . .</b> ► <b>3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE LEUKEMIA AND LYMPHOMA SOCIETY 3230 COMMERCE PL WEST PALM BEACH, FL 33407	NONE	PUBLIC CHARITY	UNRESTRICTED	10,200
FRIENDS OF SULGRAVE MANOR MANOR ROAD SULGRAVE, BANBURY OX17 2SD UK	NONE	PUBLIC CHARITY	UNRESTRICTED	500
LONG ISLAND CADDIE SCHOLARSHIP FUND 49 KNOLLWOOD RD 220 ELMSFORD, NY 10523	NONE	PUBLIC CHARITY	UNRESTRICTED	100
<b>Total . . . . . ▶ 3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NASSAU COUNTY PAL375 DENTON AVE NEW HYDE PARK, NY 11040	NONE	PUBLIC CHARITY	UNRESTRICTED	100
NEW NETHERLAND INSTITUTE PO BOX 2536 EMPIRE STATE PLAZA ALBANY, NY 12220	NONE	PUBLIC CHARITY	UNRESTRICTED	500
FIRE510 WALNUT ST PHILIDELPHIA, PA 19106	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE COMMUNITY FOUNDATION 1222 STATE STREET UTICA, NY 13502	NONE	PUBLIC CHARITY	UNRESTRICTED	25,000
101 EAST 69TH ST CONSERVANCY 101 EAST 69TH STREET NEW YORK, NY 10021	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
564 PARK AVE PRESERVATION FUND 564 PARK AVENUE NEW YORK, NY 10021	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
<b>Total . . . . .</b> ► <b>3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A FAIR SHAKE OF YOUTH 210 WEST 101 STREET NEW YORK, NY 10025	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
ADIRONDACK EXPERIENCE INC 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
THE CENTRAL PARK CONSERVANCY 14 E 60TH STREET NEW YORK, NY 10022	NONE	PUBLIC CHARITY	UNRESTRICTED	2,500
<b>Total . . . . . ▶ 3a</b>				555,754

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EAST SIDE HOUSE SETTLEMENT 337 ALEXANDER AVE BRONX, NY 10454	NONE	PUBLIC CHARITY	UNRESTRICTED	850
THE FRICK COLLECTION 1 EAST 70TH STREET NEW YORK, NY 10021	NONE	PUBLIC CHARITY	UNRESTRICTED	48,915
MANHATTAN INSTITUTE 52 VANDERBILT AVE NEW YORK, NY 10017	NONE	PUBLIC CHARITY	UNRESTRICTED	47,300
<b>Total . . . . .</b> ► <b>3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
METROPLOITAN OPERA LINCOLN CENTER NEW YORK, NY 10023	NONE	PUBLIC CHARITY	UNRESTRICTED	850
STREETsquash41 W 115TH ST NEW YORK, NY 10026	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
NEW CRITERION900 BROADWAY NEW YORK, NY 10003	NONE	PUBLIC CHARITY	UNRESTRICTED	25,000
<b>Total . . . . . ▶ 3a</b>				555,754



Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VIEW ARTS CENTER 3273 STATE ROAD 28 OLD FORGE, NY 13420	NONE	PUBLIC CHARITY	UNRESTRICTED	4,900
WORKERS FOR OPPORTUNITY 140 WMAIN STREET MIDLAND, MI 48640	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
MACKINAC CENTER FOR PUBLIC POLICY 140 WMAIN STREET MIDLAND, MI 48640	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
<b>Total . . . . .</b> ► <b>3a</b>				555,754

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PERC 1140 CONNECTICUT AVE NW STE 1075 WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	NONE	PUBLIC CHARITY	UNRESTRICTED	100,000
GOLDWATER INSTITUTE 500 E CORONADO RD PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
<b>Total . . . . .</b> ► <b>3a</b>				555,754

**Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUDSON INSTITUTE 1201 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
INSTITUTE FOR FREE SPEECH 124 S WEST ST STE 201 ALEXANDRA, VA 22314	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
INSTITUTE FOR JUSTICE 901 N GLEBE RD STE 900 ARLINGTON, VA 22203	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
<b>Total . . . . .</b> ► <b>3a</b>				555,754

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REASON FOUNDATION 5737 MESMER AVE LOS ANGELES, CA 90230	NONE	PUBLIC CHARITY	UNRESTRICTED	50,000
TURNING POINT USA 4940 EAST BEVERLY ROAD PHOENIX, AZ 85044	NONE	PUBLIC CHARITY	UNRESTRICTED	5,000
WIKIMEDIA FOUNDATIONPO BOX 98204 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				555,754

**TY 2019 Accounting Fees Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING SERVICES	9,187	4,594		4,594

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2019 Depreciation Schedule**

**Name:** THE KLEINSCHMIDT FAMILY FOUNDATION

**EIN:** 27-0112179

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SINGLE FAMILY HOME	2018-01-01	2,000,000	72,727	SL	27.5000000000000	72,727	72,727		
LAND	2018-01-01	500,000		L		0	0		

**TY 2019 Investments Corporate Bonds Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
METLIFE INC	195,777	202,576
DEPOSITORY TRUST & CLEARING CORP	258,152	252,500
CHARLES SCHWAB	96,652	103,250
WISCONSIN ENERGY GROUP	100,027	93,133
PROGRESSIVE CORP	100,152	105,096
CITIZENS FINL GROUP	102,777	100,625
CAPITAL ONE FINANCIAL	104,377	101,487
MPLX LP SERIES 8 PREFERRED	103,127	100,750
TRUIST FINL CORP	100,902	100,300

## TY 2019 Investments Corporate Stock Schedule

**Name:** THE KLEINSCHMIDT FAMILY FOUNDATION

**EIN:** 27-0112179

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ZIONS BANCORPORATION	250,002	280,400
SAN JUAN BASIN ROYALTY TRUST	167,040	25,400



**TY 2019 Investments - Land Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
SINGLE FAMILY HOME	2,000,000	145,454	1,854,546	2,000,000
LAND	500,000	0	500,000	0

**TY 2019 Investments - Other Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
TOCQUEVILLE FUND	AT COST	5,634,678	7,887,960
TOCQUEVILLE OPPORTUNITY FUND	AT COST	326,213	625,228
TOCQUEVILLE GOLD FUND	AT COST	177,936	178,021

**TY 2019 Legal Fees Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,956	1,956		0

## TY 2019 Other Assets Schedule

**Name:** THE KLEINSCHMIDT FAMILY FOUNDATION

**EIN:** 27-0112179

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MISC. RECEIVABLE	707	0	0

**TY 2019 Other Expenses Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	379	0		379
DUES AND LICENSES	160	0		160
BANK SERVICE CHARGES	140	0		140
CORPORATE REGISTRATION FEE	375	0		375
ROYALTY EXPENSES	614	614		0
HOA FEES	1,000	1,000		0
INSURANCE	24,781	24,781		0
INTERNET	2,424	2,424		0
REPAIRS AND MAINTENANCE	20,853	20,853		0
UTILITIES	8,498	8,498		0

**TY 2019 Other Income Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INCOME	2,324	2,324	2,324
GUARANTEED PAYMENTS - ANDEAVOR K-1	3,438	3,438	3,438
GUARANTEED PAYMENTS - MPLX K-1	3,438	3,438	3,438
BASIS ADJUSTMENT	15,910	0	0

**TY 2019 Other Professional Fees Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	627	0		627
INVESTMENT MANAGEMENT FEES	85	85		0

**TY 2019 Substantial Contributors  
Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179

Name	Address
ROBERT KLEINSCHMIDT	617 LAKE DRIVE VERO BEACH, FL 32963



**TY 2019 Taxes Schedule****Name:** THE KLEINSCHMIDT FAMILY FOUNDATION**EIN:** 27-0112179

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	18,206	18,206		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491136001240	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No. 1545-0047
					<b>2019</b>
Name of the organization THE KLEINSCHMIDT FAMILY FOUNDATION				Employer identification number 27-0112179	

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
THE KLEINSCHMIDT FAMILY FOUNDATION

Employer identification number  
27-0112179

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT KLEINSCHMIDT 617 LAKE DRIVE VERO BEACH, FL 32963	\$ 340,736	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE KLEINSCHMIDT FAMILY FOUNDATION	Employer identification number 27-0112179
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<b>Part II</b> Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	10,000 SHARES GOLD COAST BANCORP INC	\$ 162,800	2019-11-04
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	4,279.356 SHARES TOCQUEVILLE GOLD FUND	\$ 177,936	2019-12-30
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization THE KLEINSCHMIDT FAMILY FOUNDATION	Employer identification number 27-0112179
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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