SCANNED APR 2 7 2021

Form 990-PF

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. |9|7

OMB No. 1545-0052

2019

| | | it of the Treasury venue Service | ➤ Do not enter ➤ Go to www. | social irs.gov | security numbers o v/Form990PF for ins | n this form tructions ar | as it may be nd the latest | made public. 9 j | Open to Public Inspection |
|---------------------------------------|-------------|---|---|-------------------|---|-----------------------------|-------------------------------|-----------------------|---|
| For | cale | ndar year 2019 | or tax year beginning | | | , 2 | 019, and en | ding | , 20 |
| Na | me o | foundation | | | | | | A Employer ider | tification number |
| .SC | MIN | MBERG FA | MILY CHARITA | ABLE | FOUNDATIO | N | | 31-158189 | |
| | | | .O. box number if mail is not | | | | Room/suite | | nber (see instructions) |
| | | • | LAN STREET | | | | | (513) 821- | • |
| | | | ovince, country, and ZII | or for | reion postal code | | | C If exemption appli | |
| | | INNATI O | | 01 101 | oigii poolai oodo | | | check here | ▶ ∏ |
| | | all that apply | Initial return | | Initial return o | f a former n | ublic charity | D 1 Foreign orga | nizations, check here. |
| <u> </u> |) I I C C I | an that apply | Final return | | Amended retu | • | ublic criainty | | , |
| | | | Address cha | ngo | Name change | | | 1 | tations meeting the 85% e and attach computation. |
| | | | | | (3) exempt private fou | | | E If private found | · — |
| | | | nexempt charitable trus | | Other taxable private | | . 04 | terminated und | er section — |
| | | | | | | | | 507(b)(1)(A), cl | ieck nere · · · · · · · · · |
| | | | | | _ | Cash | Accrual | F If the foundation | n is in a 60-month |
| _ | | om Part II, col. (| | | Other (specify) | | | termination und | der section |
| <u> </u> | _ | | | (Part I, | column (d) must be | on cash bas | IS) | 507(b)(1)(B), cl | |
| Pa | | | venue and Expenses ounts in columns (b), | | (a) Revenue and | (b) Net in | vestment | (c) Adjusted net | (d) Disbursements for charitable |
| | | c), and (d) may | not necessarily equal t | he | expenses per | inco | | income | purposes |
| _ | | amounts in colu | mn (a) (see instructions).) | | books | | | | (cash basis only) |
| | 1 | (attach schedule) | ts, grants, etc., received | <i>:</i> | | | | | |
| | 2 | Check ► If to a | he foundation is not require ittach Sch B | ° | | | - | | |
| | 3 | Interest on saving | gs and temp. cash investmen | ıts | | | | , | |
| | 4 | Dividends and | interest from securities | ļ | 3,386 | | 3,433 | | |
| | _ | Gross rents | | | | | | | |
| | b | Net rental income or (loss) | | | • | | | | |
| ē | 6a | Net gain/(loss) fro | om sale of assets not on line | 10 | 6,546 | , | | | |
| Revenue | b | Gross sales price all assets on line | | 1 | | | | | |
| ě | 7 | Capital gain net in | ncome (from Part IV, line 2) | | | | 6,546 | | |
| _ | 8 | Net short-term | ı,capıtal gaın | | | | , | | 0 |
| | 9 | Income modific | cations | | | | | | 0 |
| | 10a | Gross sales less returns & allowan | ces | 0 | | | | | |
| | b | Less Cost of goods sold | | | | | | | |
| | С | | (loss) (attach schedule | | | | | | |
| | 11 | Other income (| (attach schedule) | | | | | - | 0 |
| | 12 | Total. Add line | s 1 through 11 | | 9,932 | | 9,979 | | |
| | 13 | Compensation of directors, trustee | | | 0 | | | | |
| | 14 | | e salanes and wages | | | | | | |
| | 15 | Pension plans, | employee benefits . | . \square | | | " | | |
| Ses | 16a | Legal fees (atta | ach schedule) | | | | | | |
| Operating and Administrative Expenses | | _ | es (attach schedule) # 3 | . — | 350 | | | | |
| EX | | - | onal fees (attach schedule | - | | | | | |
| <u>×</u> | 17 | Interest | | | | , | | RECEIVED | |
| rati | 18 | Taxes (attach so | chedule) (see instructions# 2 | | 113 | | | | SC |
| nist | 19 | Depreciation (a | attach sch.) and depletion | | | | 55 | MAY 1 1 2020 | |
| <u>=</u> | 20 | Occupancy | | | | | <u> </u> | | Ś |
| A | 21 | * = | ences, and meetings | | | | | | |
| Ę. | 22 | Printing and pu | | | | | | OODEN, U | |
| ğ | 23 | | s (attach schedule) | | | | | N. S. S. Contractions | |
| atir | 24 | · | g and administrative | | | | | | |
| per | | - | d lines 13 through 23 | | · 463 | | o | | 0 0 |
| Ō | 25 | • | gifts, grants paid | - | 7,835 | | 1 | | 7,835 |
| | 26 | Total exp. & d | lisbursements. | - | 8,298 | | 0 | | 0 7,835 |
| | 27 | Add lines 24 and Subtract line 2 | | • | 3,230 | | | | 1 |
| | | Excess of rev | enue over expenses | | 1,634 | | | | |
| | h | and disbursen | nents nt income (if neg., enter - | | | | 9,979 | | 1 |
| | | | income (if neg., enter - income (if neg., enter -0-) | ` ⁻ ' | | | , -, -, | | |
| | | AUIUSICU IICI I | | | | | | | |

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

| Part I | | Balance Sheets Attached schedules and amounts in the description column should be for | Beginning of year | End of year | | | |
|-------------|--------|--|---|--|---|--|--|
| | | end-of-year amounts only. (See inst.) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash non-interest-bearing | 1,696 | 1,071 | | | |
| | 2 | Savings and temporary cash investments | 1,209 | 2,915 | 2,915 | | |
| | 3 | Accounts receivable ▶ | | | | | |
| | | Less allowance for doubtful accts. ▶ | | | | | |
| | 4 | Pledges receivable > | gament outstands - an a bilth dubant but it the | - 10 To 10 T | A STATE OF THE PROPERTY OF THE PARTY OF THE | | |
| | | Less allowance for doubtful accts. ▶ | | | | | |
| | 5 | Grants receivable . | | ,- | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | _ | disqualified persons (attach schedule) (see instructions) Other notes and loans | | | <u>.</u> . | | |
| | 7 | receivable (attach schedule) ▶ | | | | | |
| | | Less allowance for doubtful accounts | | | <u></u> | | |
| ফ | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | | |
| Ř | 10a | Investments U S and state govt. obligations (attach schedule) | | | | | |
| | b | Investments corporate stock (attach schedule) #3 | 128,229 | 125,680 | 287,307 | | |
| | | Investments corporate bonds (attach schedule) . | | | | | |
| | 11 | Investments land, buildings, and equipment basis | | | | | |
| | | Less accumulated depreciation (attach schedule) | | | | | |
| | 12 | Investments mortgage loans . | | - | | | |
| | 13 | Investments other (attach schedule) | | | | | |
| | 14 | Land, buildings, and equipment basis | | | | | |
| | | Land, buildings, and equipment basis | | | | | |
| | 15 | Other assets (describe | | | | | |
| | 16 | Total assets (to be completed by all filers see the | | | | | |
| | | ınstructions. Also, see page 1, item l) | 131,134 | 129,666 | 291,293 | | |
| | 17 | Accounts payable and accrued expenses | | | | | |
| | 18 | Grants payable | | | | | |
| ies | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| Lia | 21 | Mortgages and other notes payable (attach schedule) | | <u>. </u> | | | |
| | 22 | Other liabilities (describe ▶ | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | | | |
| | | Foundations that follow FASB ASC 958, check here | | | | | |
| S | | and complete lines 24, 25, 29, and 30. | | | | | |
| alances | 24 | Net assets without donor restrictions | | | | | |
| ala | 25 | Net assets with donor restrictions | | | | | |
| Fund B | | Foundations that do not follow FASB ASC 958, ▶⊠ | | - " | | | |
| Ę | | check here and complete lines 26 through 30. | | | • | | |
| 6 | 26 | Capital stock, trust principal, or current funds | | | | | |
| şţ | 27 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | | |
| SSE | 28 | Retained earnings, accumulated income, endowment, or other funds | 131,134 | 129,666 | | | |
| Net Assets | 29 | Total net assets or fund balances (see instructions) | 131,134 | 129,666 | , ` | | |
| ž | 30 | Total liabilities and net assets/fund balances | | | | | |
| | | (see instructions) | 131,134 | 129,666 | <u>-</u> | | |
| Pá | rt III | Analysis of Changes in Net Assets or Fund Bal | lances | | | | |
| 1 | Tota | net assets or fund balances at beginning of year Part II, column | n (a), line 29 (must agree | with | | | |
| | end- | of-year figure reported on prior year's return) . | | . 1 | 131,134 | | |
| 2 | Ente | r amount from Part I, line 27a | • • | 2 | 1,634 | | |
| 3 | Othe | r increases not included in line 2 (itemize) | | 3 | | | |
| 4 | Add | lines 1, 2, and 3 | | 4 | 132,768 | | |
| 5 | Decr | eases not included in line 2 (itemize) ► SEE ATTACHMEN' | T #4 | 5 | 3,102 | | |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5) Part II, column (b), line 29 6 129, 666 | | | | | |

| Pantely Capital Gains | s and Losses for Tax on Inv | esiment ii | icome | | | |
|--|--|-----------------------------------|---------------------------------------|--|---------------------------------------|---|
| | the kind(s) of property sold (for exam | ple, real esta | | (c) Da | te acquired | (d) Date sold |
| | arehouse, or common stock, 200 shs. | MLC Co.) | P Purchase D Donation | (mo. | , day, yr.) | (mo., day, yr.) |
| 1a SEE ATTACHMENT | r #5 | | | ļ | | |
| b | | - - | | - | | |
| <u>C</u> | | | | 4 | | |
| e d | | | | - | | |
| | (f) Depreciation allowed | (a) Co | st or other basis | - | (h) Gaın | or (loss) |
| (e) Gross sales price | (or allowable) | | expense of sale | | |) minus (g)) |
| <u>a</u> | | | · · · - | <u> </u> | | |
| | | | | ļ | | - |
| d d | | | · | | | |
| e | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | <u>*</u> |
| | owing gain in column (h) and owned | hy the found: | tion on 12/31/69 | | N Carra (Cal | (h) agus musus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis | (k) E | xcess of col. (ı) | ٠, | . (k), but not l | (h) gain minus ess than -0-) or |
| | as of 12/31/69 | ove | r col. (j), if any | | Losses (fro | om col. (h)) |
| _ a | | | | ļ | | |
| <u>b</u> | | | | - | - | |
| <u>C</u> | | | | | | |
| | | | | + | | |
| <u>e</u> | Γ, | L | 7 | + | ··· | |
| 2 Capital gain net income or (| | lso enter in Pa enter -0- in P | | 2 | | 6,546 |
| 3 Net short-term capital gain | or (loss) as defined in sections 1222(5 | | ۵. ۱, ۱ ا | | | · |
| | ne 8, column (c). See instructions If (| | ٦ | 1 1 | | |
| enter -0- ın Part I, line 8 | • | | | 3 | | 0 |
| Part V Qualification | Under Section 4940(e) for F | Reduced T | ax on Net Invest | ment l | ncome | |
| (For optional use by domestic pe | rivate foundations subject to the section | on 4940(a) ta | on net investment inc | ome.) | | |
| If section 4940(d)(2) applies, lea | ve this part blank. | | | | | |
| | • | _ | | | | Пу. Пу. |
| | e section 4942 tax on the distributable | | • • | od? | | ∐ Yes ⊠ No |
| | qualify under section 4940(e). Do not until n each column for each year, see | | · | entries | | |
| (a) | (b) | the mandeno | (c) | Titales. | | (d) |
| Base period years Calendar year (or tax year beginnin | Adjusted qualifying distribution | ns | Net value of noncharitable-use assets | 1 | Dist (col (b) d | ribution ratio livided by col. (c)) |
| 2018 | | , 423 | | | | , |
| 2017 | 10 | ,423 | | | | |
| 2016 | | ,612 | | ,769 | | 0.045050 |
| 2015 | | ,428 | | ,146 | | 0.124356 |
| 2014 | 20 | ,226 | 127 | ,844 | | 0.158208 |
| | | | | | | 0 207614 |
| 2 Total of line 1, column (d) | | | | | 2 | 0.327614 |
| | or the 5-year base period divide th | | 2 by 5.0, or by the nut | mber | | 0 065523 |
| of years the foundation has | s been in existence if less than 5 years | • | • | - | 3 | 0.065523 |
| 4 Enter the net value of nonc | hantable-use assets for 2019 from Pa | rt X. line 5 | | | 4 | 283,143 |
| 4 Enter the net value of hone | manable use assets for 2015 from t | a c 20, 11110 0 | | - | | <u>:</u> |
| 5 Multiply line 4 by line 3 | • • • | | | | 5 | 18,552 |
| | (40) (D 41) (CTL) | | | | | 100 |
| 6 Enter 1% of net investment | income (1% of Part I, line 27b) | • | | · - | 6 | |
| 7 Add lines 5 and 6 | | | | | 7 | 18,652 |
| C Enter evaluture distribution | on from Dort VII lime 4 | | | | 8 | 7 , 835 |
| 8 Enter qualifying distribution | is from Part XII, line 4 er than line 7, check the box in Part V | Lline 15 acc | complete that part you | L ng a 1% | tax rate Sec t | |
| if line 8 is equal to or great | er man line 7, check the box in Part V | i, iiile TD, and | complete that part usi | y a 1/0 | 1410 066 1 | I als VI |

FDA

| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see instru | ctions) | | | | |
|-----|--|--------------------|--------------|----------------|---|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary see inst.) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 200 | | |
| | here ▶ and enter 1% of Part I, line 27b | | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of | | | j | | |
| | Part I, line 12, col. (b). | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, Others, enter -0-) | | | 0 | | |
| 3 | Add lines 1 and 2 | | | 200 | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, Others, enter -0-) 4 | | | 0 | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | 200 | | |
| 6 | Credits/Payments | | | | | |
| а | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a | | | İ | | |
| b | Exempt foreign organizations tax withheld at source | | | - 1 | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | 4 | | | | |
| d | Backup withholding erroneously withheld 6d | | | İ | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached | | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 200 | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | - | | | |
| 11 | Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11 | | | | | |
| | VII-A Statements Regarding Activities | | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or | \neg | Yes | No | | |
| | Intervene in any political campaign? | 1a | 100 | X | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the | 1.0 | | | | |
| - | definition . | 1b | | x | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | | | \vdash | | |
| | or distributed by the foundation in connection with the activities. | | | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | - <u>x</u> | | |
| d | · - · · · · · · · · · · · · · · · · · · | | | | | |
| _ | (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0 | | | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | i | | | |
| · | on foundation managers. > \$ | ٠, | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | <u>x</u> | | |
| - | If "Yes," attach a detailed description of the activities | - | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | ŀ | | | | |
| • | Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | | | |
| 40 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | × | | |
| | If "Yes," attach the statement required by General Instruction T. | <u> </u> | | $\vdash \lnot$ | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| U | By language in the governing instrument, or | | | | | |
| | | 1 | | | | |
| | 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? | 6 | X | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part XV | 7 | | x | | |
| 7 | | <u> </u> | ļ | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. > | | ١, | | | |
| ı. | OH If the accuracy "Vee" to live 7, her the foundation formulation of the second of Fermi 200. DE to the Atternory Constraints. | | ` | | | |
| þ | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or | 8b | | _ | | |
| | designate) of each state as required by General Instruction G? If "No," attach explanation . | 90 | | | | |
| 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 taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," | | | × | 7 | |
| 4.0 | complete Part XIV | 9 | | | _ | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | 40 | | × | | |
| | and addresses | 10 m 990 | _PE | L | | |
| FDA | 19 990PF4 BWE 990 Form Software Converget 1996 - 2020 HBB Tax Group Inc. For | ハー ジラげ | | ZU 191 | | |

SCHIMBERG FAMILY CHARITABL 31-1581894

Page 4

Form 99Q-PF (2019)

| Par | t VII-A Statements Regarding Activities (continued) | | | |
|-----|---|-----|-------|------------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person | | | |
| | had advisory privileges? If "Yes," attach statement See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► SEE ATTACHMENT #7 Telephone no. ► | | | |
| | Located at ▶ ZIP+4 ▶ | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | • | ▶ _ |
| | and enter the amount of tax-exempt interest received or accrued during the year | , | | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country | | | |
| Par | t 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. | | 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? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? Yes 🗵 No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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)? | | | |
| | (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.) | | ļ | 1 |
| b | If any answer is "Yes" to 1a(1)-(6), did any 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 | 1b | | X |
| | 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 acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2019? | 1c | | X |
| 2 | 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)) | | | } |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | ' |
| | 6d and 6e) for tax year(s) beginning before 2019? | | | |
| | 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 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement see instructions.) | 2b | | X. |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ▶ 20 <u> </u> | | | |
| 3a | 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 | | | |
| þ | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation | 1 | | |
| | 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 Form 4720, Schedule C, to determine | | | l |
| | If the foundation had excess business holdings in 2019.) | 3b | | X |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | _X |
| 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? | 4b | DE | X (2010) |
| FDA | 19 990PF5 BWF 990 Form Software Copyright 1996 - 2020 HRB Tax Group, Inc. Form | 990 | -rr (| ,2019) |

| _ | _ | -PF (2019) | SCHIMBERG FAMILY CHAR | | | | | | | | Pa | age 6 |
|--|--|------------------|-----------------------------|---------------------------------------|--|--------------|-----------------------|--------------|---------|---------------|---------------|-------|
| Par | t VII | –B State | ments Regarding | Activities for Which | n Form 4720 May E | <u> Requ</u> | ired (co | ntınu | ed) | <u> </u> | | |
| 5a | | | d the foundation pay or i | = | | | | | | <u> </u> | Yes | No |
| | (1) | Carry on prop | aganda, or otherwise att | empt to influence legislation | on (section 4945(e))? | | Yes | X | No | | | 1 |
| | (2) | Influence the | outcome of any specific | public election (see section | n 4955), or to carry on, | | _ | _ | | | | |
| | | directly or indi | rectly, any voter registrat | tion drive? | | | Yes | XI I | No | | | |
| | (3) | Provide a grai | nt to an individual for tra | vel, study, or other similar | purposes? . | | Yes | X | No | | | |
| | (4) | Provide a grai | nt to an organization othe | er than a charitable, etc., c | organization described in | | _ | _ | | | | .] |
| | | section 4945(c | d)(4)(A)? See instructions | 5 | • | | Yes | \square | No | | | |
| | (5) | Provide for an | y purpose other than rel | igious, charitable, scientific | c, literary, or educational | , | | _ | | | | |
| | • | purposes, or f | for the prevention of crue | elty to children or animals? | • | | Yes | \mathbf{X} | No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in | | | | | | | | | | | | |
| | | - | • • • • • • | notice regarding disaster | | | | N/ | Ά. | 5b | ************* | |
| | | | | garding disaster assistance | | | | • | Π̈́ | | | |
| c | _ | = | = | es the foundation claim ex | · | | | • | Ш | | | |
| · | | | ned expenditure responsi | | emplion from the tax | N/A | □ voc | П | No | | | Ì |
| | | | | equiations section 53.4945 | · · | 14 \ 72 | ☐ 162 | | 140 | | | } |
| 60 | | • | , , | • | , | | | | | | | |
| 6a | | | - · | any funds, directly or indi | rectly, to pay premiums | | □ v | ₩. | NI. | | | 1 |
| | on a personal benefit contract? | | | | | | | <u></u> | | _ | | |
| | | | | | | | | 6b | | X | | |
| If "Yes" to 6b, file Form 8870 | | | | | | | | ٠. | | | | |
| | 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | | | | | | | | | | |
| | b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | | | | | | | 7b | | | | |
| 8 | Is the | e foundation su | ubject to the section 496 | 0 tax on payment(s) of mo | re than \$1,000,000 in | | _ | | | | , | |
| | | | cess parachute payment | | • | · · · | Yes | X | | | | |
| Pai | t VI | | | ers, Directors, Trus | stees, Foundation | Manage | rs, Hig | ihly | Paid | Emp | loye | es, |
| | | | Contractors | | | | | | | | | |
| | List | all officers, di | rectors, trustees, and t | oundation managers and | · · · · · · · · · · · · · · · · · · · | (d) Contrib | | | | | | |
| | | (a) Name a | and address | (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | 1 1. 2 | L 4.4 - 1 | ans | | • | acco wanc | |
| CDE | 7 70 | | ATOT II O | devoted to position | (II Hot paid, effer -0-) | and deferre | d compen | sation | Oli | ner and | owanic | |
| SEE | L A | TTACHME | N1 #8 | | ļ | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 1 | | | | | | | | |
| | | | | | | | | | l | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | | • | five highest-paid empl | oyees (other than those | included on line 1 s | ee instruc | tions). If | none | e, ente | er | | |
| | NO | NE." | | <u> </u> | T | (d) Cont | ributions | to | Ι. | | | |
| (a |) Nan | ne and address | s of each employee paid | (b) Title, and average | 4.50 | | ributions /ee bene | | (e) E | kpense | acco | unt, |
| , | , | | an \$50,000 | hours per week | (c) Compensation | plans a | nd defer | red | 1 ' ' | • | wance | |
| | | | | devoted to position | | comp | ensation | 1 | | | | |
| NON | ΙE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 1 | I | 1 | | | 1 | | | |

| Part VIII | Information About Officers, | Directors, 1 | Trustees, | Foundation | Managers, | Highly Paid | Employees, |
|-----------|-----------------------------|--------------|-----------|------------|-----------|--------------------|------------|
| | and Contractors (continued) | | | | | | |

| 3 Five highest-paid independent contractors for professional services. S | See instructions. If none, enter "NON | IE." |
|--|--|--|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services . | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research papers produced. | | Expenses |
| 1 | | |
| | • | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | ·· |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see | | <u>. </u> |
| Describe the two largest program-related investments made by the foundation du | | Amount |
| 1 | and the second s | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | <u> </u> |
| All other program-related investments. See instructions | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | > | |
| FDA 19 990PF7 BWF 990 Form Software Copyright 1996 - 2020 HRB Tax Grou | up, Inc. | Form 990-PF (2019 |

| ° Pa | Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | dations, | |
|------|---|------------|-------------|
| | see instructions) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 275,629 |
| b | Average of monthly cash balances | 1b | 11,826 |
| С | Fair market value of all other assets (see instructions) | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 287,455 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 287,455 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see | | |
| | instructions) . | 4 | 4,312 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 283,143 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 14,157 |
| Pa | The XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation | ns | |
| | and certain foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 14,157 |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | | |
| b | Income tax for 2019. (This does not include the tax from Part VI) | | |
| С | Add lines 2a and 2b | 2c | 200 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 13,957 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 13,957 |
| 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 | 13,957 |
| Рa | t XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 7,835 |
| b | Program-related investments total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) . | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 7,835 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b. See instructions | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 7,835 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | foundation | 1 |
| | qualifies for the section 4940(e) reduction of tax in those years. | | |

| | Details with a second s | (a) | (b) | (c) | (d) |
|--------|--|--------|---------------------|--------|---------------------------------------|
| 1 | Distributable amount for 2019 from Part XI, | Corpus | Years prior to 2018 | 2018 | 2019 |
| | line 7 . | | | | 13,957 |
| 2 | Undistributed income, if any, as of the end of 2019 | | | 10.400 | ! |
| a | Enter amount for 2018 only | | | 10,480 | |
| b | — — — — | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | |
| a | From 2014 13, 950 From 2015 10, 525 | | | | |
| b | | | | | |
| C | From 2016 | | | | |
| d | From 2017 . | | | | |
| e | From 2018 | 24 475 | | | |
| f | Total of lines 3a through e | 24,475 | | | - - |
| 4 | Qualifying distributions for 2019 from Part XII, | | | | |
| | line 4 \ \$ 7,835 | | | | |
| a | Applied to 2018, but not more than line 2a. | | | | · · · · · · · · · · · · · · · · · · · |
| D | Applied to undistributed income of prior years | | | | |
| _ | (Election required see instructions) | | | | |
| C | Treated as distributions out of corpus | | | | |
| | (Election required see instructions) | | • | | |
| | Applied to 2019 distributable amount | | | | |
| e - | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2019 | | | | · |
| | (If an amount appears in column (d), the same amount must be shown in column (a),) | | | | • |
| 6 | Enter the net total of each column as | | | • | |
| 0 | indicated below: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 24,475 | | | |
| | Prior years' undistributed income. Subtract | 21,110 | | | |
| _ | line 4b from line 2b | | | | |
| С | Enter the amount of prior years' undistributed | | | | - |
| · | income for which a notice of deficiency has been | | | | |
| | issued, or on which the section 4942(a) tax has | | | | |
| | been previously assessed | | | | |
| d | Subtract line 6c from line 6b. Taxable | | | | |
| | amount see instructions . | | | | |
| е | Undistributed income for 2018 Subtract | | | | |
| | line 4a from line 2a. Taxable amount | | | | |
| | see instructions | İ | | 10,480 | • |
| f | Undistributed income for 2019. Subtract | | | | |
| | lines 4d and 5 from line 1. This amount | | | | |
| | must be distributed in 2020 | | | | 13,957 |
| 7 | Amounts treated as distributions out of | | | | |
| | corpus to satisfy requirements imposed | | | | |
| | by section 170(b)(1)(F) or 4942(g)(3) (Elec- | | | | |
| | tion may be requiredsee instructions) | | | | |
| 8 | Excess distributions carryover from 2014 | | | | |
| | not applied on line 5 or line 7 (see | | | | |
| | instructions) | | | | |
| 9 | Excess distributions carryover to 2020. | | | | |
| | Subtract lines 7 and 8 from line 6a | 24,475 | | | |
| 0 | Analysis of line 9 | • | | | |
| а | Excess from 2015 10,525 | | | | |
| b | Excess from 2016 . | | | • | |
| C | Excess from 2017 | | | | |
| d | Excess from 2018 | | | | |
| е | Excess from 2019 | | | | ſ |

| Par | t XIV Private Operating For | undations (see in | structions and Part V | II-A, question 9) | | | |
|-----|---|-------------------------|-------------------------|---------------------------------------|--|------------------|----------|
| 1a | If the foundation has received a ruling of | | | | | | |
| | foundation, and the ruling is effective to | r 2019, enter the da | te of the ruling | • | | | |
| b | Check box to indicate whether the found | dation is a private o | perating foundation | described in section | 4942(j)(3) or | 4942(j)(5) | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (a) Total | |
| | income from Part I or the minimum investment return from Part X for each | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total | |
| | year listed . | | <u></u> | | <u>. </u> | | 0 |
| b | 85% of line 2a | | | | | | 0 |
| C | Qualifying distributions from Part XII, | | , | | | | _ |
| _ | line 4, for each year listed | | <u> </u> | | | | 0 |
| a | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | 0 |
| е | Qualifying distributions made directly | | | | | | |
| | for active conduct of exempt activities. | | | | | | |
| | Subtract line 2d from line 2c | | | | | | 0 |
| 3 | Complete 3a, b, or c for the alternative | | | | | | |
| | test relied upon | | | | | | |
| а | "Assets" alternative test enter | | | | | | |
| | (1) Value of all assets | | | | | | 0 |
| | (2) Value of assets qualifying under | | | | | | |
| _ | section 4942(j)(3)(B)(i) | | | | | | 0 |
| b | "Endowment" alternative test enter 2/3 of min investment return shown in | | | | | | _ |
| | Part X, line 6, for each year listed | | | | | | 0 |
| C | "Support" alternative test enter | | | | | | |
| | (1) Total support other than gross | | | | | | |
| | investment income (interest, dividends, rents, payments on | | | | | | |
| | securities loans (section 512(a) | | | | | | ^ |
| | (5)), or royalties) | | | | | | 0 |
| | (2) Support from general public and 5 or more exempt organizations | | | | | | |
| | as provided in section 4942(j)(3) | | | | | | 0 |
| | (B)(III) | | | | | 1 | |
| | (3) Largest amount of support from | | | | | | 0 |
| | an exempt organization (4) Gross investment income | | | | | \ | <u>_</u> |
| Par | t XV Supplementary Inform | nation (Comple | te this part only | v if the foundation | on had \$5,000 (| or more in asse | - |
| | at any time during the | | • | i tilo loulidatio | 311 Had \$0,000 \ | or more in acce | 1 |
| 1 | Information Regarding Foundation M | | | | | · ··· | |
| - | List any managers of the foundation wh | | more than 2% of the | total contributions rec | eived by the founda | ation before the | |
| | close of any tax year (but only if they ha | | | | • | | |
| NON | | | , , , | | | | |
| | List any managers of the foundation wh | o own 10% or more | of the stock of a cor | poration (or an equall | y large portion of the | e ownership | |
| | of a partnership or other entity) of which | n the foundation has | a 10% or greater int | erest. | | | |
| NON | ie , | | | | | | |
| 2 | Information Regarding Contribution, | Grant, Gift, Loan, | Scholarship, etc., P | rograms: | | | |
| | Check here ► ☐ if the foundation only | y makes contributio | ns to preselected cha | aritable organizations | and does not accep | t unsolicited | |
| | requests for funds. If the foundation ma | ikes gifts, grants, etc | ., to individuals or or | ganizations under oth | er conditions, | | |
| | complete items 2a, b, c, and d. See inst | | _ | | | | |
| а | The name, address, and telephone num | nber or email addres | ss of the person to w | hom applications sho | uld be addressed. | | |
| | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | ·=· | |
| b | The form in which applications should be | e submitted and inf | ormation and materia | als they should include | 9 | | |
| | | | | | | | |
| | | | | | | | |
| С | Any submission deadlines | | | | | | |
| | | | | | | | |
| | | | t al . | ila Kalda los de et | | | |
| d | Any restrictions or limitations on awards | s, such as by geogra | ipnicai areas, charital | ole fleias, kinas of inst | itutions, or other fac | iors | |

FDA

| Pari 3 | Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | |
|-----------------|--|--|-------------------------|----------------------------------|--------|--|--|--|--|
| | Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount | | | | |
| | Name and address (home or business) | or substantial contributor | recipient | 55111.541511 | | | | | |
| a SEE | Paid during the year ATTACHMENT #9 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | i | | | | | | |
| | , | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | : | | | | | | |
| | Total | | | . ▶ 3a | 7,83 | | | | |
| b | Approved for future payment | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Total | | | > 3b | | | | | |

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | Excluded by | section 512, 513, or 514 | (e) |
|--|---------------|-----------------|-------------|--------------------------|---------------------------------------|
| | (a) | (b) | (c) | (d) | Related or exempt |
| | Business | Amount | Excl. | Amount | function income (See instructions) |
| 1 Program service revenue. | code | | code | | (220 11101120110110) |
| а | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| f | | · | | | |
| g Fees & contracts from government agencies | | | : | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | · <u>-</u> | 14 | 3,386 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property . | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 6,546 | |
| 9 Net income or (loss) from special events | | | | - " | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue. a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | 0 | 9,932 | (|
| 13 Total. Add line 12, columns (b), (d), and (e) | | | • | 13 | 9,932 |
| (See worksheet in line 13 instructions to verify calcula | tions.) | | | | |
| Part XVI-B Relationship of Activities | s to the Acco | mplishment of | Exempt P | urposes | |
| Line No. Explain below how each activity for waccomplishment of the foundation's e | | | | | |

Part XVII

| 1 | D | d the | | | | | | | | | | 1 |
|-----|------------|------------|------------------------------|----------------------|------------------|-------------------------|--------------|-----------------------|---------------------------|---|------------|------|
| | | ia me | organization directly | or indirectly eng | age in any of | the following with | any other | organization de | escribed in se | ection | Yes | No |
| | 50 | 01(c) (d | other than section 50 | 1(c)(3) organiza | tions) or in se | ection 527, relating | to political | organizations | • | 1 | | |
| á | a Tı | ransfer | s from the reporting | foundation to a | noncharitable | exempt organizati | on of | | | <u> </u> | _ | |
| | (1 |) Cas | sh . | | | | | | | 1a(1) | | X |
| | (2 | 2) Oth | er assets | | | | | | | 1a(2) | | Х |
| ŀ | b 0 | ther tra | ansactions | | | | | | | | | |
| | (1 | l) Sal | es of assets to a nor | ncharitable exem | pt organization | on | | | | 1b(1) | | X |
| | (2 |) Pu | chases of assets fro | m a noncharitab | le exempt or | ganization | | | | . 1b(2) | | Х |
| | (3 |) Re | ntal of facilities, equi | oment, or other | assets | | | | | 1b(3) | | Х |
| | (4 | - | mbursement arrange | | | | | | | 1b(4) | | Х |
| | (5 | | ans or loan guarante | | | | | | | 1b(5) | | Х |
| | (6 | | formance of service: | | or fundraisir | ng solicitations | | | | 1b(6) | | X |
| | • | | of facilities, equipme | | | | | | | 1c | | X |
| | | | swer to any of the al | | | | |) should alway: | s show the fa | | of the | |
| | | | other assets, or servi | | | | • | - | | | | 1 |
| | | | ng arrangement, sho | = - | | | | | | Tanas III any II a | | • |
| | ٠, | · onan | ig unungement, ene | W 111 COIGHT (G) | inc value of t | ne goods, other as | 3013, 01 30 | | •• | | | |
| (a) | Line | /h |)Amount involved | (c) Name of no | ncharitable e | xempt organization | (d) Des | counting of transf | ere transaction | ns, and sharing arra | ngement | |
| (4) | Lille | 10. (3 | <i>y,</i> | (b) Hame of the | TIOTIAI NADIO C | Acript Organization | (4) 300 | | 0.01 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | i | | | 1 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | |
| 2 | a Is | the for | undation directly or i | ndirectly affiliated | d with, or rela | ited to, one or mor | tax-exen | npt organizatio | ns described | | _ | , |
| | se | ection 5 | 501(c) (other than se | ction 501(c)(3)) | or in section ! | 527? | | | | ٠. 📙 ۲ | es 🛚 🗵 | No |
| 1 | b If | "Yes," | complete the followi | ng schedule | | | | _ . | | | | |
| | | (a | Name of organizat | ion | (b) | Type of organizati | on | | c) Description | on of relationshi | p | |
| | | | | | } | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | |
| | | | | | | | | | | | | |
| | | | | | i | | | | | | | |
| | | Und | er peņalties of perjury, l | declare that I have | examined this | return, including accor | panving scl | hedules and state | ments, and to 1 | the best of my kno | wledge ar | nd |
| Ci~ | ın | beli | ef, it is true, correct, and | complete. Declara | tion of preparer | (other than taxpayer) | s based on | all information of | which prepare | r has any knowled | je. | |
| Sig | _ | L C | The 11. | 1 | 1 | C/4/20 | 12. | o Road | $\mathcal{U} \neq \Gamma$ | May the IRS discu | s this ret | turn |
| He | re | | Wex sum | worg | | 2/7/00 | 1// | x was | | with the preparer s See instructions | Yes | kd |
| | | | Signature of officer of | | - | Date! | Title | D . / / | | | Ties | N NC |
| Pai | id | | Print/Type preparer | 's name | Proparer's | signature | 1. | Date/ | Check | L | 0000 | O 4 |
| | epa | rer | CAROL IUI | しにとべ | V II | ed VIUU | | 05/04/20 | | mployed P00 | | 24 |
| | e O | | Firm's name ► HR | | OUP IN | | | | Firm's EIN | | | |
| | e U | y iiy | Firm's address ▶ 8 | 041 HOSB | ROOK R | D STE 400 | | | Phone no. | (513) <u>984</u> | -679 | 5 |

FDA

2019 FORM 990 SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B OPEN TO PUBLIC INSPECTION , and ending For calendar year 2019, or tax period beginning Name of Organization Employer Identification Number 31-1581894 SCHIMBERG FAMILY CHARITABLE FOUNDATION Adjusted Net Income Net Investment Disbursements for **Accounting Category Amount** Charity Income 350 H& R BLOCK 350 Total:

2019 FORM 990 SCHEDULE OF TAXES PAID

ATTACHMENT 2: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18

OPEN TO PUBLIC INSPECTION , and ending For calendar year 2019, or tax period beginning Name of Organization Employer Identification Number SCHIMBERG FAMILY CHARITABLE FOUNDATION 31-1581894 Adjusted Net Income Net Investment Disbursements for Category **Amount** Charity Income 113 FEDERAL EXISE TAX 113 Total:

2019 FORM 990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

ATTACHMENT 3: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B OPEN TO PUBLIC INSPECTION , and ending For calendar year 2019, or tax period beginning Name of Organization Employer Identification Number SCHIMBERG FAMILY CHARITABLE FOUNDATION 31-1581894 FMV at Fair Market Value **Description of Property** Cost Book Value Year End CHARLES SCHWAB 125,680 287,307 Total: 125,680 287,307 FDA Form Software Copyright 1996 - 2020 HRB Tax Group, Inc.

2019 FORM 990 SCHEDULE OF OTHER DECREASES

| ATTACHMENT 4: PAGE 1 - 990- PF PAGE 2, PART III, LINE OPEN TO PUBLIC | <u> </u> | |
|--|----------|-----------------------|
| | | |
| INSPECTION For calendar year 2019, or tax period beginning , and end | | |
| Name of Organization | | Identification Number |
| SCHIMBERG FAMILY CHARITABLE FOUNDATION | 31-15 | |
| Description of Decrease | | Total Amount |
| ADJUSTMENT TO COST BASIS | | 3,102 |
| | ĺ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | 1 |
| | | |
| | Total: | 3,102 |

2019 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| ATT | ACHMENT 5: PAG | E 1 - 990-PF PAGE | 3, PART IV | , LINE 1 | | |
|------|---------------------------|--|---------------------------|--|-----------------------------------|---------------------------------------|
| | | lendar year 2019, or tax period begi | innina | , and ending | | _ |
| Name | e of Organization | normal your zoro, or tax ported bog | g | | Employer Identifi | cation Number |
| SCH | IIMBERG FAMILY | CHARITABLE FOUNDAT | rion | | 31-158189 | 4 |
| | | e the Kınd(s) of Property Sold (e.g., Frehouse, or Common Stock, 200 sha | | (b) How Acquired P Purchase D Donation | (c) Date Acquired (mo., day, yr.) | (d) Date Sold (mo, day, yr.) |
| | | GROWTH STRATEGY I | FD | D | | 04-10-2019 |
| 2 | RUSSELL EQUITY | GROWTH STRATEGY | | D | | 04-10-2019 |
| | (e) Gross Sales Price | (f) Depreciation Allowed (or allowable) | (g) Cost or Oth | | (h) Gain o (e) Plus (f) | r (loss)) Minus (g) |
| 1 2 | 56,112 14,272 | | | 49,930 13,908 | , | 6,182 364 |
| | | • | | | , | |
| | | owing gain in column (h) and owner | | | (I) Gains (Col. (I | |
| | (i) F.M.V. as of 12/31/69 | (j) Adjusted Basis as of 12/31/69 | (k) Excess if Over Col. (| | | Less Than -0-) or om col. (h)) |
| 1 | | 00 0. 14/01/00 | 3.5. 25(| ,,,,, | | 6,182 |
| 2 | | | | | | 364 |
| | | | <u> </u> | | | |

EXPLANATION OF FAILURE TO FURNISH STATE ATTORNEY GENERAL WITH. COPY OF 990-PF

| ATTA OPEN | CHMENT N TO PUBLIC | 6: | PAC | GE 1 - | - 990 | <u>-PF</u> | PAGE 4 | , PART Y | VII-A | A, LIN | 1E 8 | В | | | |
|--------------|-----------------------|------|-------|------------|-----------|------------|-----------------|----------|-------|-----------|------|-------------|------------|-----------|-----|
| INSP | ECTION | | For c | alendar ye | ear 2019, | or tax | period beginnir | ng | | , and end | ding | | | | |
| Name o | f Organization | n | | | | | | | | | | mployer lo | dentificat | tion Numb | er |
| <u>SCHI</u> | MBERG | FAM: | ILY | CHAR | ITABL | E F | OUNDATIO | ON | | | | 1-158 | | | |
| Explanation | | | | | | | | | | | | | | | |
| TN T | TEIL OF | गान | RNT | SHING | A CC | PY | OF FORM | 990-PF | ጥ∩ ጥ | יוד הו | | Δ ͲͲΩΡ | NFY | GENER | ΔT. |
| | | | | | | | ANNUAL | | | | | | | | |
| OFFI | | | | | | | | | | | | · · · · · · | 0 | | ~ |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | • | | | | | | | | _ | | | | | | |
| | | | | | | | | | • | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | , | | | | | | | | | |
| | | | | | | , | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | • |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | , | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

2019 FORM 990 BOOKS ARE IN CARE OF

| ATTACHMENT 7 - 990-PF PAGE 5, PART VII- | -A, LINE 14 |
|--|---|
| OPEN TO PUBLIC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| INSPECTION For calendar year 2019, or tax period beginni | ng , and ending |
| Name of Organization | Employer Identification Number |
| SCHIMBERG FAMILY CHARITABLE FOUNDATION | 31-1581894 |
| Part VII-A - Line 14 | <u> </u> |
| | THE COUTMERS |
| Individual Name | LEE SCHIMBERG |
| Business Name | |
| '- | |
| | |
| Street Address | 1715 E MC MILLAN STREET |
| | 1715 E MC MILLAN STREET |
| | 2,10 110 11111111 0111111 |
| U.S. Address | |
| Zip code 45206 City CINCINNATI | State <u>OH</u> |
| or | State O11 |
| Foreign Address | |
| | |
| City | |
| | |
| Province or State | |
| Country | |
| · · · · · · · · · · · · · · · · · · · | |
| Postal code | |
| Dhana Niverbay | /513\021 4040 |
| Phone Number | <u>(513) 821-4040</u> |
| Fax Number | |
| 1 GOVE T VICE LIBERAL | · |
| | |

2019 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 8: PAGE 1 - 990-PF PAGE 6, PART VIII OPEN TO PUBLIC INSPECTION For calendar year 2019, or tax period beginning , and ending Name of Organization Employer Identification Number 31-1581894 SCHIMBERG FAMILY CHARITABLE FOUNDATION (A) Name and Address (B) Title and Average (C) Compensation (If (D) Cont. to Employee (E) Expense Account Hrs per Week not paid, enter 0) Ben. Plans & Def Comp & Other Allowances MARTHA SCHIMBERG PRESIDENT 1715 E MC MILLAN STREET 1.00 CINCINNATI, OH 45206 LEE SCHIMBERG VICE 1715 E MC MILLAN STREET PRESIDENT CINCINNATI, OH 45206 1.00 DAVID SCHIMBERG SEC/TREAS 1715 E MC MILLAN 1.00 WALNUT HILLS, OH 45206

ATTACHMENT 9: PAGE 1 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2019, or tax period beginning

, and ending

Name of Organization **Employer Identification Number** SCHIMBERG FAMILY CHARITABLE FOUNDATION 31-1581894 If Recipient is an Individual. Foundation Purpose of Grant or Recipient Show any Relationship to Status of **Amount** Contribution Any Foundation Manager Recipient Name and Address (home or business) or Substantial Contributor GENERAL OPERATIONS JUVENILE DIABETES NONE lPC. FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK NY 10004 100 CINCINNATI ZOO AND NONE **IPC** GENERAL OPERATIONS BOTANICAL GARDENS 3400 VINE STREET 175 CINCINNATI OH 45220 ACTIVITIES BEYOND THE NONE l_PC GENERAL OPERATIONS CLASSROO, 635 W 7TH ST STE 301 CINCINNATI OH 45203 100 **PC** GENERAL OPERATIONS PLANNED PARENTHOOD NONE 784 HERCULES DR COLCHESTER VT 05446 25 WCET 48 PC GENERAL OPERATIONS NONE 1223 CENTRAL PARKWAY CINCINNATI OH 45214 120 MAYERSON JCC NONE PCGENERAL OPERATIONS 8485 RIDGE RD BLUE ASH OH 45236 180 PC AMERICAN JEWISH COMMITTEE NONE GENERAL OPERATIONS 1205 W 4TH ST 1270 100 CINCINNATI OH 45202 MOST VALUABLE KIDS PC GENERAL OPERATIONS NONE 7530 FERNWOOD DR 100 AMBERLEY OH 45237 ENSEMBLE THEATRE NONE PF GENERAL OPERATIONS 1127 VINE STREET 250 CINCINNATI OH 45202 NEW HAMPSHIRE PUBLIC NONE РC GENERAL OPERATIONS RADIO 2 PILLSBURY ST 6TH FLOOR 50 CONCORD NH 03301 GENERAL OPERATIONS SUMMER MUSIC ASSOCIATES NONE PC IP O BOX 603 350 NEW LONDON NH 03257

Total:

1,550

ATTACHMENT 9: PAGE 2 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2019, or tax period beginning

, and ending

Employer Identification Number Name of Organization 31-1581894 SCHIMBERG FAMILY CHARITABLE FOUNDATION If Recipient is an Individual, Foundation Purpose of Grant or Recipient Show any Relationship to Status of Amount Contribution Any Foundation Manager Recipient Name and Address (home or business) or Substantial Contributor FREEDA KAY HOUSE PC GENERAL OPERATIONS NONE 8499 RIDGE RD 25 BLUE ASH OH 45236 ASLPT NONE PC. GENERAL OPERATIONS 71 S PLEASANT ST 200 NEW LONDON NH 03257 LINTON INC NONE PC. GENERAL OPERATIONS 1241 ELM STREET CINCINNATI OH 45202 330 TALBERT HOUSE NONE PC. GENERAL OPERATIONS 710 TUSCULUM AVE CINCINNATI OH 45226 25 SUMMER MUSIC ASSOCIATION PC. GENERAL OPERATIONS NONE P O BOX 603 NEW LONDON NH 03257 150 NEWBURY PUBLLIC LIBRARY NONE PC GENERALL FOUNDATION OPERATIONS P O BOX 622 50 NEWBURY NH 03255 GRAD CINCINNATI NONE lPC. GENERAL OPERATIONS 1500 BROADWAY STE1101 100 NEW YORK NY 10036 HOLOCAUST & HUMANITIES РC GENERAL OPERATIONS NONE CENTER 8401 MONRGOMERY ROAD CINCINNATI OH 45236 100 VERMONT PUBLIC RADIO NONE lРС GENERAL OPERATIONS 1365 TROY AVE 50 COLCHESTER VT 05446 РC GENERAL OPERATIONS CINCINNATI BALLET NONE 1555 CENTRAL PARKWAY 100 CINCINNATI OH 45214 JEWISH FAMILY SERVICES PC GENERAL OPERATIONS NONE 8487 RIDGE ROAD 100 BLUE ASH OH 45236 lРС NONE GENERAL OPERATIONS THE HILLSIDE TRUST 710 TUSCULUM AVE ,230

Total:

ATTACHMENT 9: PAGE 3 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

| INSPECTION For calendar year 2019, or ta | , and ending . | | | | | | | |
|--|--|-------------|--------------------------------|------------------------------|----------|--|--|--|
| Name of Organization | | _ | Employer Identification Number | | | | | |
| SCHIMBERG FAMILY CHARITAE | If Recipient is an Individual | 1 | 1 | 894 | | | | |
| Recipient | Show any Relationship to Any Foundation Manager | Status of | | se of Grant or ntribution | Amount | | | |
| Name and Address (home or business) | or Substantial Contributor | I Recipient | | | <u>-</u> | | | |
| CINCINNATI OH 45226 | | | | | 100 | | | |
| FAMILIES FOR FAMILIES P O BOX 9560 CINCINNATI OH 45209 | NONE | PC | GENERAL | OPERATIONS | 100 | | | |
| POWER INSPIRES PROGRESS 1301 VINE STREET CINCINNATI OH 45202 | NONE | PC | GENERAL | OPERATIONS | 100 | | | |
| CAMP NEBAGAMON SCHOLARSHIP FUND P O BOX 331 EAST TROY WI 53120 | NONE | PC | GENERAL | OPERATIONS | 100 | | | |
| AMERICAN JEWISH WORLD SERVICE 45 W 36TH ST 11 NEW YORK NY 10018 | NONE | PC | GENERAL | OPERATIONS | 100 | | | |
| ASLPT 71 S PLEASANT ST NEW LONDON NH 03257 | NONE | PC | GENERAL | OPERATIONS | 150 | | | |
| PLANNED PARENTHOOD 784 HERCULES DR COLCHESTER VT 05446 | NONE | PC | GENERAL | OPERATIONS | 25 | | | |
| HARVARD CLUB OF CINCINNATI 644 WATCHPOINT CINCINNATI OH 45208 | NONE | PC | GENERAL | OPERATIONS | 55 | | | |
| OLLO/UC FOUNDATION 51 GOODMAN DR CINCINNATI OH 45221 | NONE | PC | GENERAL | OPERATIONS | 50 | | | |
| DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER NH 03755 | NONE | PC | GENERAL | OPERATIONS | 240 | | | |
| HUC-SKIRBAL MUSEUM 3101 CLIFTON AVE CINCINNATI OH 45220 | NONE | PC | GENERAL | OPERATIONS | . 100 | | | |
| MIZPAH CONGREGATION 923 MCCATHE AVE CHATTANOOGA TN 37403 | NONE | PF | GENERAL | OPERATIONS | 25 | | | |

Total:

<u>1,145</u>

ATTACHMENT 9: PAGE 4 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2019, or tax period beginning

, and ending

Name of Organization Employer Identification Number SCHIMBERG FAMILY CHARITABLE FOUNDATION 31-1581894

| SCHIMBERG FAMILY CHARITAB: | If Recipient is an Individual | | 31-158 | 1094 |
|---|--|--------------|-------------------------------------|--------------|
| Recipient | Show any Relationship to Any Foundation Manager | Status of | Purpose of Grant or Contribution | Amount |
| Name and Address (home or business) | or Substantial Contributor | | | |
| ROCKDALE TEMPLE 8501 RIDGE AVE CINCINNATI OH 45236 | NONE | PC | GENERAL OPERATION | 5 C |
| ISSAC M WISE TEMPLE 720 PLUM ST CINCINNATI OH 45202 | NONE | PC | GENERAL OPERATION | 25 |
| JEWISH GEN INC 36 BATTERY PLACE NEW YORK NY 10280 | NONE | PC | GENERAL OPERATION | 100 |
| CINCINNATI CHILDRENS HOSPITAL 3333 BURNET AVE AVONDALE OH 45229 | NONE | PC | GENERAL OPERATION | 200 |
| NEW LONDON HOSPITAL 273 COUNTY ROAD NEW LONDON NH 03257 | NONE | PC | GENERAL OPERATIONS | |
| MARY REIS SULLIVAN SCHOLARSHIP FUND 54 RED BANK RD CINCINNATI OH 45227 | NONE | PC | GENERAL OPERATION: | 25 |
| ILLINOIS HOLCAUST MUSEUM 9603 WOODS DR SKOKIE IL 60077 | NONE | PC | GENERAL OPERATION: | 25 |
| CINCINNATI ART MUSEUM 953 EDEN PARK DR CINCINNATI OH 45202 | NONE | PC | GENERAL OPERATION: | 75 |
| PLANNED PARENTHOOD 784 HERCULES DR COLCHESTER VT 05446 | NONE | PC | GENERAL OPERATION: | 25 |
| LIGHTHOUSE YOUTH & FAMILY 401 E MCMILLAN ST CINCINNATI OH 45206 | NONE | PC | GENERAL OPERATIONS | 100 |
| THE FELLS 456 ROUTE 1034 P O BOX 276 | NONE | PC | GENERAL OPERATIONS | 5 |
| MOUNT SUNAPEE NH 03255 | | | | 60 |
| | - | • | Total: | 785 |

ATTACHMENT 9: PAGE 5 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2019, or tax period beginning

, and ending

Name of Organization **Employer Identification Number** SCHIMBERG FAMILY CHARITABLE FOUNDATION 31-1581894 If Recipient is an Individual. Foundation Purpose of Grant or Recipient Show any Relationship to Status of Amount Contribution Any Foundation Manager Recipient Name and Address (home or business) or Substantial Contributor TAFT MUSEUM OF ART PC GENERAL OPERATIONS NOEN 316 PIKE STREET 75 CINCINNATI OH 45202 LIGHTHOUSE YOUTH & FAMILY NONE PC. GENERAL OPERATIONS 401 E MCMILLAN ST CINCINNATI OH 45206 25 **ARTSWAVE** PC. NONE GENERAL OPERATIONS 20 E CENTRAL PARKWAY CINCINNATI OH 45202 1,000 JDRF NONE **IPC** GENERAL OPERATIONS 26 BROADWAY 14TH FLOOR NEW YORK NY 10004 350 AMERICAN JEWISH COMMITTEE NONE GENERAL OPERATIONS **IPC** 205 W 4TH ST 1270 CINCINNATI OH 45202 250 ARTWORKS PC GENERAL OPERATIONS NONE 20 E CENTRAL PARKWAY CINCINNATI OH 45202 100 NATIONAL UNDERGROUND NONE IPC. GENERAL OPERATIONS FREEDOM CENTER 50 E FREEDOM WAY 100 CINCINNATI OH 45202 E WALNUT HILLS ASSEMBLY NONE l_PC GENERAL OPERATIONS P O BOX 68050 40 CINCINNATI OH 45206 CRAYONS TO COMPUTERS lPC. GENERAL OPERATIONS NONE 1350 TENNESSEE AVE 250 AVONDALE OH 45229 РC OPERA NORTH NONE GENERAL OPERATIONS 20 WEST PARK ST LOWER LEVEL 100 LEBANON NH 03766 PC GENERAL OPERATIONS NONE CINCINNATI OPERA 30 GARFIELD PLACE 800 CINCINNATI OH 45202 100 lРС SANTA FE SYMPHONY NONE GENERAL OPERATIONS 301 GRIFFIN ST

Total:

2,390

ATTACHMENT 9: PAGE 6 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

| INSPECTION For calendar year 2019, or ta | x period beginning | , and ending . Employer Identification Number | | | | | | |
|--|---|---|-------------------------------|----------------------|-----|--|--|--|
| Name of Organization | | | | | | | | |
| SCHIMBERG FAMILY CHARITAE | | | | 31-1581 _. | 894 | | | |
| Recipient | If Recipient is an Individual Show any Relationship to Any Foundation Manager | Status of | Purpose of Gr Contribution | Amount | | | | |
| Name and Address (home or business) | or Substantial Contributor | Recipient | <u> </u> | | | | | |
| SANTA FE NM 87501 | | | | | 250 | | | |
| LAKE SUNEPEE PROTECTIVE ASSOCIATION 63 MAIN ST SUNAPEE NH 03782 | NONE | PC | GENERAL OPE | RATIONS | 250 | | | |
| UC FOUNDATION/OLLI 51 GOODMAN DR CINCINNATI OH 45221 | NONE | PC | GENERAL OPE | RATIONS | 100 | | | |
| HARVARD MAGAZINE 7 WARE STREET CAMBRIDGE MA 02138 | NONE | PC | GENERAL OPE | RATIONS | 35 | | | |
| HARVARD COLLEGE FUND 7 WARE STREET | NONE | PC | GENERAL OPE | RATIONS | 33 | | | |
| CAMBRIDGE MA 02138 | | | | | 100 | | | |
| | | | | | | | | |

Total: