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DLN: 93491136012400

2019

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public
Inspection

| For | caler | ndar year 2019, or tax year beginning 01-01-20 |)19 . ar | nd er | nding 12-31- | 2019 | |
|----------------|----------|---|-----------------------|-------|-------------------------|---|---|
| | | indation | , 41 | | | entification numbe | r |
| | | STEN HAMEL FAMILY FOUNDATION INC | | | 47-2308069 | | |
| | ber and | street (or P O box number if mail is not delivered to street address) | Room/suite | | B Telephone nu | mber (see instructio | ns) |
| , , | J BOX S | | | | (262) 628-9484 | ı | |
| | | , state or province, country, and ZIP or foreign postal code /I 53086 | | | C If exemption | application is pendin | g, check here |
| G Ch | neck al | l that apply 🔲 Initial return 🔲 Initial return of a | former public charity | | D 1. Foreign org | ganızatıons, check he | ere . \square |
| | | ☐ Final return ☐ Amended return | | | | ganizations meeting | |
| | | Address change Name change | | | · | k here and attach co | |
| | | pe of organization Section 501(c)(3) exempt private | | | | indation status was f n 507(b)(1)(A), chec | |
| | | | private foundation | | - | | |
| of ' | year (f | xet value of all assets at end rom Part II, col (c), ▶\$ 3,807,051 J Accounting method □ Other (specify) (Part I, column (d) must | ☑ Cash ☐ Accru | al | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (ь) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | | |
| | 2 | Check ▶ ☐ If the foundation is not required to attach Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 265 | | 265 | | |
| | 4 | Dividends and interest from securities | 23,477 | | 23,477 | | |
| | 5a | Gross rents | | | | | |
| <i>a</i> . | b 6a | Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 | 9 229,344 | | | | |
| Ξ | b | | 223,344 | | | | |
| Reverue | " | Gross sales price for all assets on line 6a229,344 | | | | | |
| ~ | 7 | Capital gain net income (from Part IV, line 2) | | | 229,344 | | |
| | 8 | Net short-term capital gain | | | | | |
| | 9 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 253,086 | | 253,086 | | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| Expenses | 16a | Legal fees (attach schedule) | A& 1 | | | | |
| d X | b | Accounting fees (attach schedule) | 425 | | | | 425 |
| Ş | С | Other professional fees (attach schedule) | 8,652 | | 8,652 | | |
| Administrative | 17 | Interest | 7,700 | | | | |
| <u> </u> | 18 | Taxes (attach schedule) (see instructions) | 7,700 | | | | |
| Ē | 19 | | | | | | |
| Ad | 20 21 | Occupancy | | | | | |
| ind Di | 22 | Printing and publications | | | | | |
| g bi | 23 | Other expenses (attach schedule) | | | | | |
| Operating and | 24 | Total operating and administrative expenses. | | | | | |
| ber | | Add lines 13 through 23 | 16,777 | | 8,652 | | 425 |
| Ō | 25 | Contributions, gifts, grants paid | 167,750 | | | | 167,750 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 184,527 | | 8,652 | | 168,175 |
| | 27 | Subtract line 26 from line 12 | | | -, | | |
| | a | Excess of revenue over expenses and | 68,559 | | | | |
| | ь | disbursements Net investment income (If negative, enter -0-) | 00,339 | | 244,434 | | |
| | С | Adjusted net income (If negative, enter -0-) | | | | | |
| | • | | | | | | • |

2,866,861

3.085,076

3,028,849

56,227

3,085,076

3,085,076

3,639,779

3.807.051

3,028,849

778,202

3,807,051

3.807.051

1

2

3

4

5

6

3,085,076

68,559

653,416

3,807,051

3,807,051 Form 990-PF (2019)

3,639,779

3.807.051

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

Less accumulated depreciation (attach schedule)

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Less accumulated depreciation (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Net assets without donor restrictions . . .

Other assets (describe > _

Other liabilities (describe -_

Grants payable

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

| | 4 |
|--------|----|
| | 5 |
| | 6 |
| | 7 |
| 3 | 8 |
| Assets | 9 |
| Ă | 10 |

b

C

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

28

30

Part III

2

Liabilities

Balances

Fund

ō 26

Assets 27

Net 29

| | (e) | (f) Depreciation allowed | (g) Cost or other basis | | (h) Gain or (loss) | |
|---------|---|---|--|----------|--|--------|
| | Gross sales price | (or allowable) | plus expense of sale | | (e) plus (f) minus (g) | |
| а | | | | | · · · · · · · · · · · · · · · · · · · | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | Complete only for assets s | showing gain in column (h) and ow | ned by the foundation on 12/31/69 | | (1) | |
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (ı) over col (յ), ıf any | c | Gains (Col (h) gain minu col (k), but not less than -0 Losses (from col (h)) | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 | Capital gain net income o | | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | } 2 | 2 | 29,344 |
| 3 | Net short-term capital ga | iin or (loss) as defined in sections 1 | 1222(5) and (6) | | | |
| | If gain, also enter in Part in Part I, line 8 | I, line 8, column (c) (see instruction | ons) If (loss), enter -0- | } _ 3 | | |
| Par | t V Qualification Ur | nder Section 4940(e) for Re | duced Tax on Net Investme | nt Incom | e | |
| (For o | | | tion 4940(a) tax on net investment | | | |
| • | . , | · | | , | | |
| If sect | ion 4940(d)(2) applies, lea | ve this part blank | | | | |
| | | section 4942 tax on the distributate qualify under section 4940(e) Do | ole amount of any year in the base p not complete this part | period? | ∐ Yes 🗹 No |) |
| 1 | Enter the appropriate amo | ount in each column for each year, | see instructions before making any | entries | | |
| | (a) se period years Calendar (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (co | (d) Distribution ratio I (b) divided by col (c)) | |
| | 2018 | 135,925 | 2,947,969 | | 000000 04610 | _ |
| | 2017 | 131,425 | 2,642,251 | | 000000 04974 | |
| | 2016 | 79,522 | 1,489,519 | | 000000 05338 | _ |
| | 2015 | 38,646 | 1,113,986 | | 000000 03469 | 92 |

4 3,659,945 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 **5** Multiply line 4 by line 3 5 248,294 **6** Enter 1% of net investment income (1% of Part I, line 27b) . 6 2,444 7 250,738 8 Enter qualifying distributions from Part XII, line 4 , 8 168,175 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

161,005

2

3

25,000

3 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

2014

instructions

2 Total of line 1, column (d)

000000 155275

000000 339203

000000 067841

Page 3

(d)

Date sold

(mo, day, yr)

Page **6**

| 5a | During the year did the foundation p | pay o | r incur any amount to | | | | | | | Yes | No |
|----------|---|---------|---------------------------------------|----------------------------|----------------------------|------------|----------|--------|---------------|---------|-------|
| | (1) Carry on propaganda, or otherw | ıse a | ttempt to influence legisl | ation (section 4945(e))? | | ☐ Yes | ✓ | No | | | |
| | (2) Influence the outcome of any sp | pecific | public election (see sect | tion 4955), or to carry | | | | | | | |
| | on, directly or indirectly, any vo | ter re | egistration drive? | | | ☐ Yes | ✓ | No | | | |
| | (3) Provide a grant to an individual | for tr | ravel, study, or other sım | ılar purposes? | | Yes | | No | | | |
| | (4) Provide a grant to an organizati | on ot | her than a charitable, etc | , organization described | 1 | | | | | | |
| | ın section 4945(d)(4)(A)? See ir | | | | | ☐ Yes | ✓ | No | | | |
| | (5) Provide for any purpose other the | han r | eligious, charitable, scien | tific, literary, or | | | | | | | |
| | educational purposes, or for the | | · · | | | ☐ Yes | ✓ | No | | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | | = | | | rıbed ın | | | | | |
| | Regulations section 53 4945 or in a | | | | | | • | | 5b | | |
| | Organizations relying on a current n | | | | | ▶ | | | | | |
| С | If the answer is "Yes" to question 5a | | | • | | | | | | | |
| | tax because it maintained expenditu | | | | | ☐ Yes | | No | | | |
| | If "Yes," attach the statement requi | red b | y Regulations section 53 | 4945-5(d) | | | | | | | |
| 6a | Did the foundation, during the year, | rece | ive any funds, directly or | indirectly, to pay premit | ıms on | | | | | | |
| | a personal benefit contract? | | | | • | ☐ Yes | ✓ | No | | | |
| b | Did the foundation, during the year, | pay | premiums, directly or inc | lirectly, on a personal be | nefit contract? | · | • | | 6b | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | | | | | | |
| 7a | At any time during the tax year, was | | | | | ☐ Yes | ✓ | No | | | |
| b | If "Yes", did the foundation receive | | · | | | ? | | | 7b | | |
| 8 | Is the foundation subject to the sect | | | | | on or | | | | | |
| | excess parachute payment during th | ne ye | ar [?] | | | ☐ Yes | ✓ | No | | | |
| Pa | Information About C | Offic | ers, Directors, Trust | tees, Foundation Ma | anagers, Hi | ghly Pa | id Er | nplo | yees, | , | |
| Ра | and Contractors | | | | | | | | | | |
| 1 | List all officers, directors, trustee | es, fo | oundation managers ar | nd their compensation | . See instruc | tions | | | | | |
| | | (| b) Title, and average | (c) Compensation (If | (d) Conti | | | (e) | Expen | se acc | ount. |
| | (a) Name and address | | hours per week devoted to position | not paid, enter -0-) | employee be deferred co | | | | ther al | | |
| See | Addıtıonal Data Table | | devoted to position | -0-, | dererred co | Jilipelisa | .1011 | | | | |
| <u> </u> | Additional Data Table | 1 | | | | | | | | | |
| | | | | | | | | 1 | | | |
| | | - | | | | | | | | | |
| | | | | | | | | +- | | | |
| | | 1 | | | | | | | | | |
| | | | | | | | | - | | | |
| | | - | | | | | | | | | |
| | Compensation of five highest-pa | id on | anloyaas (athar than t | hoso included on line | -coo instru | ctions\ | Tf no | 70.0 | ntor" | NONE | 71 |
| | Compensation of five ingliest-pa | iu eii | ipioyees (other than th | | (d) Cont | | | iie, e | iitei | HONE | • |
| (a) | Name and address of each employee | paid | (b) Title, and average | (2) Campanathan | | ee benefi | | (e) | Expens | se acco | ount, |
| | more than \$50,000 | | hours per week devoted to position | (c) Compensation | | d deferre | :d | ot | her all | owanc | es |
| | | | | | compe | ensation | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Tota | I number of other employees paid over | er \$5 | 0,000 | | | . • | | | | | |
| | | | | | | | | For | m 99 0 | 0-PF | (2019 |

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|--|-------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly | Paid Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, ent | er "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | | |
| | | |
| 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 released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen | | ber of Expenses |
| 1 Donations to qualified Sec 501(c)(3) Charities | iecu, etc | 167,750 |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see | instructions) | |
| Describe the two largest program-related investments made by the foundation during the | ne tax year on lines 1 and 2 | Amount |
| 1 | | |
| 2 | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | |
| | | Form 990-PF (2019) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

3h

4

5

168.175

168,175

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168,175

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9,933

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| -PF (2 | 019) |
|--------|---------|
| | II m di |

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. .

c Excess from 2017. . . . d Excess from 2018. . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

2.602

7 045

6.083

5.797

(a)

Corpus

15.730

9,933

5,797

5,797

(b)

Years prior to 2018

(c)

2018

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|-----------------|-----------------------------------|--------|
| Part XIII | Undistributed Income (see instruc | tions) |
| | | |

b Total for prior years

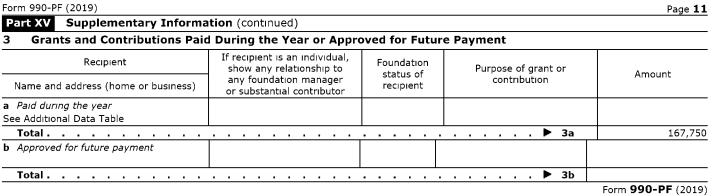
a From 2014.

e From 2018.

b From 2015. . . . c From 2016. . .

d From 2017. . . .

factors None



| Enter gross amounts unless otherwise indicated | | Unrelated bu | ısıness ıncome | Excluded by section | (e) Related or exempt | |
|--|---|---|----------------------|---------------------------------------|---------------------------------------|--|
| - | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| 2 Membe | rship dues and assessments | | | | | |
| 3 Interes investm | t on savings and temporary cash nents | | | 14 | 265 | |
| | ds and interest from securities | | | 14 | 23,477 | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | tal income or (loss) from personal property | | | | | |
| | (loss) from sales of assets other than | | | | | |
| invento | • • | | | 14 | 229,344 | |
| 9 Net inc | ome or (loss) from special events | | | 11 | 225,511 | |
| | profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
| c | | | | | | |
| | | | | | | |
| d | | | | | | |
| d e | | | | | | |
| d e .2 Subtota | al Add columns (b), (d), and (e). | | | | 253,086 | |
| d e 2 Subtota 3 Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 253,086 3 | |
| d e 2 Subtota 3 Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) | | | · · · · · · · · · · · · · · · · · · · | |
| d e 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
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| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| d e 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| d e 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| d e 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | |
| de 2 Subtota 3 Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporto | ment of Exem | pt Purposes of Part XVI-A contribu | ted importantly to | 253,086 |

| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations | able | |
|---------------|---|------|--|
| Did the organ | nization directly or indirectly engage in any of the following with any other organization described in section 501 | | |

| | | rganization directly or inc than section 501(c)(3) | | | | | | | | | tion 501 | | Yes | No |
|--------------|---------------|--|-------------------------|--------|--------------|----------------|--------|------------|-------------|------------------------|-------------|----------------------|---------|------|
| ` ' | • | from the reporting found | - | ′ | | _ | ' | _ | 11112411011 | 3. | | | | |
| | | l | | | | | | | | | . | 1a(1) | | No |
| (2) |) Othe | rassets | | | | | | | | | | 1a(2) | | No |
| b Oth | ner trar | nsactions | | | | | | | | | | | | |
| (1) |) Sales | s of assets to a noncharı | table exempt | t orga | nization. | | | | | | | 1 b(1) | | No |
| (2) |) Purcl | hases of assets from a n | oncharitable | exem | pt organiz | ation | | | | | | 1b(2) | | No |
| (3) |) Rent | al of facilities, equipmen | nt, or other as | ssets. | | | | | | | | 1b(3) | | No |
| • | | bursement arrangemen | | | | | | | | | | 1b(4) | | No |
| | • | s or loan guarantees. | | | | | | | | | | 1b(5) | | No |
| | • | rmance of services or me | • | | - | | | | | | . | 1b(6) | | No |
| | _ | f facilities, equipment, n | | | - | | | | | | l | 1c | | No |
| of t | the god | wer to any of the above ods, other assets, or serv nsaction or sharing arrai | vices given b | y the | reporting | foundation | If the | foundation | n receive | d less than fair ma | arket valu | aiue e | | |
| a) Line | e No | (b) Amount involved | (c) Name of | noncha | arıtable exe | mpt organizati | ion | (d) Desc | ription of | transfers, transaction | s, and shar | ing arra | ngemen | ts |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| des | scribed | ndation directly or indire in section 501(c) (other complete the following so (a) Name of organizatio | than section thedule | | c)(3)) or i | • | 27?. | | - | | | No nship | | |
| | | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | of n | ler penalties of perjury, in ny knowledge and belief, ch preparer has any kno | , it is true, co | | | | | | | | | | | |
| Sign Iere | | ***** | | | | 2020-05-1 | 1 | | **** | | return | e IRS di ie prepa | | |
| | ' | Signature of officer or tr | rustee | | | Date | | , Ti | ıtle | | | str) 🔽 | Yes 🗆 |] No |
| | 1 | Drint/Time prepared | | Duan | anaria Ciar | | | <u>.</u> | | | PETAL | • | | |
| | | Print/Type preparer's | Hallie | riep | arer's Sıgr | iature | | Date | | Check if self- | PTIN | | | |
| | | David L Hilker | | | | | | 2020 | 05.00 | employed 🕨 🗹 | | | | |
| aid | | David L Hilker | | | | | | 2020- | 05-08 | | | | | |
| rep | arer | Firm's name ► Hilke | r & Associate | | | | | ı | | I | F.w! 53 | 'NI 🏲 | | |
| Jse | Only | <i>'</i> | | | | | | | | | Firm's El | .IN 📂 | | |
| | | Firm's address ► PO | Box 511454 | - | | | | | | | | | | |
| | | Mil | lwaukee, WI | 5320 |)3 | | | | | | Phone no | (414 |) 264-5 | 5330 |
| | | | | | | | | | | | | | | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation James D Hamel Director/Vice Pres/Treas 000 50 PO Box 33 Slinger, WI 53086 Kristen K Hamel Director/President/Secy 000 50 PO Box 33 Slinger, WI 53086 Nucleolac 1 Hamol D.... Slinger, WI 53086

| PO Box 33 Slinger, WI 53086 | 000 50 | U | |
|--------------------------------|----------|---|--|
| Jacob A Hamel | Director | 0 | |
| PO Box 33 | 000 50 | | |

Kelly M Landa

Director 000 50

PO Box 2017 Truckee, CA 90161 Form 990PF Part XV Line 1a - 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).

James D Hamel

Kristen K Hamel

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Casa Guadalupe Education Center

419 Roosevelt Drive West Bend, WI 53090

Total .

| a Paid during the year | | | |
|--|--|--------------------|--------|
| Mat Backers Wisc Rapids Wrestling Club 1801 16th Street Wisconsin Rapids, WI 54494 | | Athletic Program | 250 |
| Family Promise of Washington County | | Poverty Assistance | 10,000 |

recipient

Poverty Assistance

2,500

167,750

| 1801 16th Street Wisconsin Rapids, WI 54494 | | Adhede Frogram | |
|---|--|--------------------|-----|
| Family Promise of Washington County 724 Elm Street unit 102 West Bend, WI 53095 | | Poverty Assistance | 10, |
| | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | |
|---|--|-----------------|-------|
| Childrens Hospital of Wisc Foundation 8915 W Connell Court | | Health Services | 2,000 |
| Milwaukee, WI 53226 | | | |

| United Charles Charteman Alliance | | Variable (Mak Originalis | 1 000 |
|---|--|------------------------------|-------|
| Paws with a Cause4646 South Division Wayland, MI 49348 | | Assistance Dogs for Disabled | 2,000 |
| Milwaukee, WI 53226 | | | |

| Paws with a Cause4646 South Division Wayland, MI 49348 | | Assistance Dogs for Disabled | 2,000 |
|---|--|------------------------------|-------|
| United Special Sportsman Alliance N7864 Shotwell Lane | | Youth/Vet Outings | 1,000 |

| Wayland, MI 49348 | | | |
|--|--|-------------------|-------|
| United Special Sportsman Alliance N7864 Shotwell Lane Pittsville, WI 54466 | | Youth/Vet Outings | 1,000 |
| | | _ | |

| Pittsville, WI 54466 | | |
|----------------------|----------|---------|
| Total | ▶ 3a | 167,750 |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

| a Paid during the year | | | |
|--|--|-------------------|--------|
| Big Brothers Big Sisters 2502 N Rocky Point Drive suite 550 | | Mentoring Program | 10,000 |

| Tampa, FL 33607 | | | |
|---|--|-----------------|-------|
| Anchor of Hope703 N 9th Street Sheboygan, WI 53081 | | Health Services | 2,500 |

| Anchor of Hope703 N 9th Street Sheboygan, WI 53081 | | Health Services | 2,500 |
|---|--|-----------------------|-------|
| Richfield Historical Society1896 WI-164 | | Historic Preservation | 5,000 |

| Sheboygan, WI 53081 | | | |
|--|--|-----------------------|-------|
| Richfield Historical Society1896 WI-164 Richfield, WI 53076 | | Historic Preservation | 5,000 |

| Richfield Historical Society1896 WI-164 Richfield, WI 53076 | | Historic Preservation | 5,00 |
|--|--|-----------------------|------|

| Richfield, WI 53076 | | |
|---------------------|----------|---------|
| Total | ▶ 3a | 167,750 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | |
|--|--|------------------|--------|
| Veterans Outreach of Wisconsin 1624 Yout Street Racine, WI 53404 | | Outreach Program | 10,000 |

| Racine, WI 53404 | | | |
|--|--|----------------------------|-------|
| Secure Futures Foundation 710 N Plankinton Ave unit 1400 Milwaukee. WI 53203 | | Financial Literacy Program | 5,000 |

| 710 N Plankinton Ave unit 1400 Milwaukee, WI 53203 | | Financial Literacy Program | 5,000 |
|---|--|----------------------------|--------|
| USHIA Foundation3870 Cigar Lane | | Scholarshin Fund | 20,000 |

| Milwaukee, WI 53203 | | | |
|---------------------------------|--|------------------|--------|
| USHJA Foundation3870 Cigar Lane | | Scholarship Fund | 20,000 |

| JSHJA Foundation3870 Cigar Lane Lexington, KY 40511 | | Scholarship Fund | 20,00 |
|--|--|------------------|-------|
| | | | |

| Lexington, KY 40511 | Scholarship Fund | 20,00 |
|---------------------|------------------|---------|
| Total | ▶ 3a | 167,750 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

| , | or substantial contributor | | |
|--|----------------------------|-------------------|--------|
| a Paid during the year | | | |
| Mitchell Athletic Booster Club 2701 Drexel Avenue Racine, WI 53403 | | Athletic Programs | 10,000 |
| Community Counseling Solutions 550 W Sperry Street Heppner, OR 97836 | | Health Services | 30,000 |

recipient

167,750

| Racille, WI 33403 | | | |
|--|--|------------------------|-----|
| Community Counseling Solutions 550 W Sperry Street Heppner, OR 97836 | | Health Services | 30, |
| Reins Equine Assisted Therapy Inc | | Animal Care/Protection | 30 |

| Community Counseling Solutions 550 W Sperry Street Heppner, OR 97836 | Health Services | 30, |
|--|------------------------|-----|
| Reins Equine Assisted Therapy Inc | Animal Care/Protection | 30, |

| 550 W Sperry Street Heppner, OR 97836 | | Treating Services | 30,00 |
|---|--|------------------------|-------|
| Reins Equine Assisted Therapy Inc W2649 County Road O Sheboygan Falls, WI 53085 | | Animal Care/Protection | 30,00 |

| 550 W Sperry Street Heppner, OR 97836 | | | |
|--|--|------------------------|--------|
| Reins Equine Assisted Therapy Inc W2649 County Road O | | Animal Care/Protection | 30,000 |

| Reins Equine Assisted Therapy Inc | | Animal Care/Protection | 30,000 |
|-----------------------------------|--|------------------------|--------|
| W2649 County Road O | | | |
| Sheboygan Falls, WI 53085 | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

any foundation manager

or cubetantial contributor

Name and address (home or business)

| | or substantial contributor | | |
|--|----------------------------|------------------------|-------|
| a Paid during the year | | | |
| Glenayre Equestrian Program 573 Eayrestown Road | | Animal Care/Protection | 2,500 |

recipient

167,750

| Lumberton, NJ 08048 | | | |
|---|--|-------------|------|
| National Horse Show 2245 Stone Garden Lane | | Sponsorship | 25,0 |
| Lexington, KY 40513 | | | |

| National Horse Show 2245 Stone Garden Lane Lexington, KY 40513 | | Sponsorship | 25,000 |
|--|--|-------------|--------|
| | | | |

| efile GRAPHIC print - DO NOT PR | OCESS As Filed D | As Filed Data - DLN: 93491136012400 | | | | | |
|---|-------------------------|-------------------------------------|------------------------|---|--|--|--|
| TY 2019 Accounting Fees Schedule | | | | | | | |
| | | | | | | | |
| Name: JIM & KRISTEN HAMEL FAMILY FOUNDATION INC | | | | | | | |
| | EIN: 47-2308069 | | | | | | |
| Softw | are ID: 1900961 | .0 | | | | | |
| Software V | ersion: 19.2.1.0 | ı | | | | | |
| | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| Hilker Assoc - Tax Prep | 425 | | | 425 | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491136012400 TY 2019 Explanation of Non-Filing with Attorney General Statement Name: JIM & KRISTEN HAMEL FAMILY FOUNDATION INC **EIN:** 47-2308069 **Software ID:** 19009610 **Software Version:** 19.2.1.0 **Statement:** Not Required

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491136012400 |
|--------------------------------------|------------------------------|---------------------|
| TY 2019 Investments Corporate | te Stock Schedule | |
| Name: | JIM & KRISTEN HAMEL FAMILY I | FOUNDATION INC |

EIN: 47-2308069

Software ID: 19009610

Software Version: 19.2.1.0

| Investments Corporation Stock Schedule | | | | | | | |
|---|---------------------------|----------------------------------|--|--|--|--|--|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value | | | | | |
| 30501 shares of Artisan MidCap Fund | 1,215,777 | 1,215,777 | | | | | |
| 34500 shares of Artisan Small Cap Fund | 1,191,630 | 1,191,630 | | | | | |
| 34700 shares of Arısan Global Value Fund | 631,887 | 631,887 | | | | | |
| 43202 shares of Vanguard Short Term Treasury Fund | 469,065 | 469,065 | | | | | |
| SPDR SP 600 Small Cap ETF | 131,420 | 131,420 | | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491136012400 | | | |
|--------------------------------------|-----------------|---------------------------|---------------------|--|--|--|
| TY 2019 Other Increases Schedule | | | | | | |
| | | | | | | |
| Name: | JIM & KRISTE | N HAMEL FAMILY FOUNDATION | N INC | | | |
| EIN: | 47-2308069 | | | | | |
| Software ID: | 19009610 | | | | | |
| Software Version: | 19.2.1.0 | | | | | |
| D ₁ | escription | | Amount | | | |
| Change in Unrealized Gain / Loss | | | 653,416 | | | |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491136012400 | | | | | | | |
|--|------------------------------|-------|--|--|--|--|--|
| TY 2019 Other Professional Fees Schedule | | | | | | | |
| | | | | | | | |
| Name: JIM & KRISTEN HAMEL FAMILY FOUNDATION INC | | | | | | | |
| EIN: 47-2308069 | | | | | | | |
| Software | Software ID: 19009610 | | | | | | |
| Software Vers | Software Version: 19.2.1.0 | | | | | | |
| Category Amount Net Investment Adjusted Net Disburse Income Income Purpo | | | | | | | |
| Investment Advisory Fees | 8,652 | 8,652 | | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DL | N: 93491136012400 |
|--------------------------------------|---------------|--------------------------|------------------------|---|
| TY 2019 Taxes Schedule | | | | |
| | | | | |
| Name: | JIM & KRIST | EN HAMEL FAMILY | FOUNDATION IN | IC |
| EIN: | 47-2308069 | | | |
| Software ID: | 19009610 | | | |
| Software Version: | 19.2.1.0 | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| Excise Tax on Investment Income | 7,700 | | | |

| efile GRAPHIC print - DO | NOT PROCESS As | Filed Data - | | | | DLN: 93491136012400 | |
|---|---|--|---|---|---|--|--|
| Schedule B | | Schedul | e of Contributor | 's | | OMB No 1545-0047 | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ▶ Go | | orm 990, 990-EZ, or 990-F <u>//Form990</u> for the latest in | | | 2019 | |
| Name of the organization JIM & KRISTEN HAMEL FAN | 1ILY FOUNDATION INC | | | | Employer id | entification number | |
| Organization type (chec | k one) | | | | 47-2308069 | | |
| | , | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | form 990 or 990-EZ | | | | | | |
| | ☐ 4947(a)(1) noi | nexempt charit | able trust not treated as | a private foundat | tion | | |
| | ☐ 527 political o | rganization | | | | | |
| Form 990-PF | ✓ 501(c)(3) exer | mpt private foui | ndation | | | | |
| | ☐ 4947(a)(1) noi | nexempt charit | able trust treated as a pr | ivate foundation | | | |
| | ☐ 501(c)(3) taxa | ible private four | ndation | | | | |
| | | | that received, during th mplete Parts I and II Se | | | | |
| Special Rules | | | | | | | |
| under sections 50 received from any | 9(a)(1) and 170(b)(1)(A | (vi), that checles the thecles the | Form 990 or 990-EZ that ked Schedule A (Form 9 contributions of the grea ete Parts I and II | 90 or 990-EZ), Pa | art II, line 13, | 16a, or 16b, and that | |
| during the year, to | otal contributions of mor | e than \$1,000 e | or (10) filing Form 990 or exclusively for religious, nimals Complete Parts | charitable, scient | | | |
| during the year, c If this box is chec purpose Don't co | ontributions <i>exclusively</i> ked, enter here the total mplete any of the parts | for religious, ch contributions t unless the Ger | or (10) filing Form 990 or naritable, etc., purposes, hat were received during neral Rule applies to this r more during the year. | , but no such con g the year for an o s organization be | tributions tota e <i>xclusively</i> rel cause it receiv | led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i> | |
| Caution: An organization 990-EZ, or 990-PF), but i or on its Form 990PF, Pa 990-EZ, or 990-PF) | t must answer "No" on I | Part IV, line 2, | of its Form 990, or check | the box on line I | H of its Form 9 | | |
| For Paperwork Reduction Action Form 990, 990-EZ, or 990 | | ons | Cat No 30613X | Schedu | lle B (Form 990, | 990-EZ, or 990-PF) (2019) | |

Noncash

(Complete Part II for noncash

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2019) | | | Page 4 |
|---------------------------|---|--|--------------------------------------|---|
| | rganization STEN HAMEL FAMILY FOUNDATION INC | | | mployer identification number |
| Part III | than \$1,000 for the year from any one con | tributor. Complete cole total of exclusively rentroctions.) ► \$ | tions described i umns (a) throug | n section 501(c)(7), (8), or (10) that total more |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | ` , | fer of gift Relatio | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | ` , | fer of gift Relatio | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | | fer of gift Relatio | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | | fer of gift Relatio | onship of transferor to transferee |
| | | _ | Sch | nedule B (Form 990, 990-EZ, or 990-PF) (2019) |