Form 990-PF

Return of Private Foundation

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

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service ◆Do not enter social security numbers on this form as it may be made public. ◆Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	For	calend	dar year 2019 or tax year beginning ,	and ending				
	Na	me of for	undation			A Empl	oyer identification number	
	S	СНМ	UHL FAMILY FOUNDATION			82	-2198403	
	_		d street (or P O box number if mail is not delivered to street address)		oom/suite		hone number (see instructions	3)
			HONAN DRIVE				,	•
	City	y or towr	n, state or province, country, and ZIP or foreign postal code		· · · · · · · · · · · · · · · · · · ·	C If exe		check here ④
	_ <u>s</u>	OUT	H BEND IN 46614-2			C II exe	mption application is pending,	CHECK HEIE
	G	Check	all that apply 🔲 Initial return 🔲 Initial retu	urn of a former public c	harity	D 1. Fo	reign organizations, check he	re ④ []
			Final return Amended	d return		2. Fo	reign organizations meeting ti	18
			Address change Name ch			85	% test, check here and attach	computation 4
03	HC	Check	type of organization X Section 501(c)(3) exempt privat	e foundation	Ω	E If priva	ate foundation status was term	iinated under
a				ole private foundation		sectio	n 507(b)(1)(A), check here	
- 1			rket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month te	
			ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere ④ 📙
		ne 16)		it be on cash basis)	,			(4) 5
	P	art f	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable
			the amounts in column (a) (see instructions))	books	incor	ne	income	purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	223,260				
		2	Check ◆ ☐ If the foundation is not required to attach Sch B					
9		3	Interest on savings and temporary cash investments	41		41		A ## () /## }*
B. 20		4	Dividends and interest from securities	5,670		5,670	, RE	CEIVED
5.8		5a	Gross rents				ေ	181
₹	ne	b	Net rental income or (loss)				AU &	13 2020 9
Batching Ogden	Revenue	6a	Net gain or (loss) from sale of assets not on line 10	2,781				
en OCT	ě	b	Gross sales price for all assets on line 6a 226,041					DEN. UT
	œ	7	Capital gain net income (from Part IV, line 2)			2,841	<u> </u>	
		8	Net short-term capital gain				0	
		9 10a	Income modifications					····
8		b	Gross sales less returns and allowances Less Cost of goods sold					
2020		c	Gross profit or (loss) (attach schedule)					······································
•		11	Other income (attach schedule)					
		12	Total. Add lines 1 through 11	231,752		8,552	0	······································
	S	13	Compensation of officers, directors, trustees, etc	0				
	xpenses	14	Other employee salaries and wages					
	eu	15	Pension plans, employee benefits					
	×	16a	Legal fees (attach schedule)					
	e	b	Accounting fees (attach schedule) Stmt 1	1,200				1,200
	÷	C	Other professional fees (attach schedule) Stmt 2	591		591		
\odot	tra	17	Interest	<u> </u>	<u></u>			
2020	ı <u>s</u>	18	Taxes (attach schedule) (see instructions) Stmt 3	1,191			·	
4	Ξ	19	Depreciation (attach schedule) and depletion		<u> </u>			
0 4	¥	20	Occupancy		ļ <u></u>			
	5	21	Travel, conferences, and meetings	<u> </u>	<u> </u>			
NOV	ā	22	Printing and publications Other expenses (att sch) Stmt 4	10				10
	Operating and Administrative E	24	Other expenses (att sch) Stmt 4 Total operating and administrative expenses.				·	
Ш	rat		Add lines 13 through 23	2,992		591	o	1,210
Z	be	25	Contributions gifts, grants paid	20,500			<u> </u>	20,500
A	0	26	Total expenses and disbursements. Add lines 24 and 25	23,492		591	0	21,710
SCANNED		27	Subtract line 26 from line 12					
U		а	Excess of revenue over expenses and disbursements	208,260				
		b	Net investment income (if negative, enter -0-)			7,961		
		l c	Adjusted net income (if negative, enter -0-)		, ,,		0	. ,

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	End of year		
_	T-CUL H	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash – non-interest-bearing					
	2	Savings and temporary cash investments	15,926	18,857	18,857		
	3	Accounts receivable ◆					
		Less allowance for doubtful accounts ◆		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································		
	4	Pledges receivable ◆					
	İ _	Less allowance for doubtful accounts ◆		+			
	5	Grants receivable	ļ				
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
	7	instructions)			 		
	′	Other notes and loans receivable (att. schedule) ◆ Less allowance for doubtful accounts ◆ 0					
(6	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		_			
ASS	10a	Investments – U.S. and state government obligations (attach schedule)					
•	1	investments – corporate stock (attach schedule) See Stmt 5	247,212	452,541	536,897		
		Investments – corporate bonds (attach schedule)			,		
	11	Investments – land, buildings, and equipment basis •			······································		
		Less accumulated depreciation (attach sch.)		İ			
	12	Investments – mortgage loans			····		
	13	Investments – other (attach schedule)					
	14	Land, buildings, and equipment basis •					
]	Less accumulated depreciation (attach sch.) ◆					
	15	Other assets (describe ◆)					
	16	Total assets (to be completed by all filers – see the					
_	ļ	instructions Also, see page 1, item l)	263,138	471,398	555,754		
	17	Accounts payable and accrued expenses					
ın	18	Grants payable					
ties	19	Deferred revenue					
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable (attach schedule)	<u> </u>				
	22	Other liabilities (describe ♦)					
	23	Total liabilities (add lines 17 through 22)	0				
w	ļ	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.)			
ces		Net assets without donor restrictions	1				
lar	24 25	Net assets with donor restrictions					
8	23	Foundations that do not follow FASB ASC 958, check here					
пd		and complete lines 26 through 30.					
or Fund Balanc	26	Capital stock, trust principal, or current funds					
ō	27	Paid-in or capital surplus, or land, bldg, and equipment fund					
ets	28	Retained earnings, accumulated income, endowment, or other funds	263,138	471,398			
\ss	29	Total net assets or fund balances (see instructions)	263,138	471,398			
Net Assets	30	Total liabilities and net assets/fund balances (see					
Ž		instructions)	263,138	471,398			
	Part II	Analysis of Changes in Net Assets or Fund Balances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 29 (mu	st agree with				
	end-of	f-year figure reported on prior year's return)		1	263,138		
		amount from Part I, line 27a		2	208,260		
		increases not included in line 2 (itemize) ◆		3			
		nes 1, 2, and 3		4	471,398		
		ases not included in line 2 (itemize) ◆		5	484 000		
6	Totalı	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (t	b), line 29	6	471,398		

(a) List and describe the	d Losses for Tax on Investr the kind(s) of property sold (for example, real estate		(b) How acquired P – Purchase	(c) Date acquired	(d) Date sold
	ehouse, or common stock, 200 shs MLC Co)		D - Donation	(mo , day, yr)	(mo , day, yr)
	N GROWTH FUND		D	Various	08/28/19
b CHARLES SCHWAB			- -		
d			 		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		ain or (loss) ; (f) minus (g))
a 223,895			173,200		50,69
ь 2,146				<u></u>	2,14
<u>c</u>					
d					
Complete only for assets showing	gain in column (h) and owned by the	foundation on 12/31	/60	·	
Complete only for assets showing		1			ol (h) gain minus ot less than -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ess of col (i) ol (j), if any		(from col (h))
a				· · · · · · · · · · · · · · · · · · ·	50,69
b					2,14
С					
d					
e				·	
2 Capital gain net income or (net ca	pital loss) If gain, also enter If (loss), enter -0-			2	52,84
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and	(6)			
	column (c) See instructions If (loss)	, enter -0- in			
Part V Qualification Un	der Section 4940(e) for Redu			3	
Nas the foundation liable for the secti f "Yes," the foundation doesn't qualify		• •	base period?		Yes X No
	ach column for each year, see the ins	structions before mal	king any entries		
(a) Base period years	(b) Adjusted qualifying distributio	ons Net val	(c) ue of noncharitable-use assets		(d) istribution ratio
Calendar year (or tax year beginning in) 2018		9,062	270,2	1001 (0	0.07053
2017		3,002	46,0		0.07033.
2016					
2015					
2014					
2 Total of line 1, column (d)				2	0.070533
3 Average distribution ratio for the 5	year base period – divide the total o	n line 2 by 5 0, or by			
the number of years the foundation	n has been in existence if less than 5	years		3	0.03526
4 Enter the net value of noncharitab	e-use assets for 2019 from Part X, II	ne 5		4	351,44
5 Multiply line 4 by line 3				5	12,39
6 Enter 1% of net investment incom-	e (1% of Part I, line 27b)			6	580
7 Add lines 5 and 6				7	12,97
8 Enter qualifying distributions from	Part XII, line 4			8	21,71
If line 8 is equal to or greater than Part VI instructions	line 7, check the box in Part VI, line	1b, and complete tha	t part using a 1% tax ra	ate See the	

3

**********	int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- 86	e ins	truct		age 4	<u>*</u>
<u>1</u>					.0113	<u>'</u>	-
Ia	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				580)
-	here • X and enter 1% of Part I, line 27b						-
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of						
_	Part I, line 12, col (b)	ĺ					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				٥)
3	Add lines 1 and 2	3			-	580	,
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0	<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				580	ī
6	Credits/Payments			········		***************************************	_
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 600						
b	Exempt foreign organizations – tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld 6d 6d						
7	Total credits and payments Add lines 6a through 6d	7				<u>600</u>	<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ◆	9					_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u>20</u>	<u>_</u>
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ◆ 20 Refunded ◆	11					_
Pa	rt VII-A Statements Regarding Activities			, , ,			_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No	-
	participate or intervene in any political campaign?			_1a		<u> </u>	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					l	
	instructions for the 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 or distributed by the foundation in connection with the activities						
С	Did the foundation file Form 1120-POL for this year?		ļ	1c		X	-
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ◆ \$ (2) On foundation managers ◆ \$	-					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
2	on foundation managers • \$					v	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X	-
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				:		
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		x	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		x	-
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\r	4b			-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	•,	5		x	-
_	If "Yes," attach the statement required by General Instruction T					_ -	•
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					į	
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					ĺ	
	conflict with the state law remain in the governing instrument?			6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	ΧV		7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ◆ AZ						•
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					ĺ	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			_8b	x	L	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						•
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"					ĺ	ላ
	complete Part XIV			_ 9 _		_X_	L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses			10		X	
			F	orm 99	0-PF	(2019)	

<u> </u>	art VII-A Statements Regarding Activities (continued)			,		
					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			١		7>
40	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			1		x
42	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 appli	cation		13		
14	Website address ◆ N/A The books are in care of ◆ WILLIAM J SCHMUHL JR Tele					
1-4	1421 HONAN DRIVE	ephone no				
	Located at ♦ SOUTH BEND IN	ZIP+4 •	46614	1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	2 11 · 4		-		• I
	and enter the amount of tax-exempt interest received or accrued during the year	• I	15			٠ ــ
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authorit	v			Yes	No
	over a bank, securities, or other financial account in a foreign country?	•		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f				
	the foreign country ◆			l		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require	d		Tr.,		
	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)	_	E			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		.			
	disqualified person?	Yes	X No		' 	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	□ v	X No			
	the benefit or use of a disqualified person)? (6) Agree to pay respect or a separate of the play (Figure 12) (Figure 13). (Figure 13) if the	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after	Yes	X No			
b	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	res	NO			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b	İ	
	Organizations relying on a current notice regarding disaster assistance, check here		♦	1		7 77-
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		٠ ــــــــــــــــــــــــــــــــــــ			
	were not corrected before the first day of the tax year beginning in 2019?			10	ļ	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?	Yes	X No			
	If "Yes," list the years ♦ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	0				
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
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 , 20 , 20 .					
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			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	. 4				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	זכ				
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		N/A	,		
4-	foundation had excess business holdings in 2019) Did the foundation invest during the year any employer in a manner that would icongridize its charitable purpose.	·ec?	14/ W	3b		X
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			4a		<u></u>
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in			4b	İ	x
	Silantable perpose that had not been removed horn jeopardy before the hist day of the tax year beginning in			orm 99	0-PF	

_	2	7	0	0	Λ	\mathbf{r}	2

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u	~	40	

Pi	art VII-B	Statements Regarding Activities for Which Form 4720 May Be Require	ed (cc	ntı	nued)				
5a	During the ye	ar did the foundation pay or incur any amount to							Yes	No
	(1) Carry on	propaganda, or otherwise attempt to influence legislation (section 4945(e))?		Y	es (X N	0		,	. , , , ,
	(2) Influence	the outcome of any specific public election (see section 4955), or to carry on,					- 1			
	directly o	r indirectly, any voter registration drive?		Y		X N	0			
	(3) Provide a	grant to an individual for travel, study, or other similar purposes?		Y	es (X N	0			
	(4) Provide a	grant to an organization other than a charitable, etc., organization described in								
	section 4	945(d)(4)(A)? See instructions		Y	es [X N	0			
		or any purpose other than religious, charitable, scientific, literary, or educational								
	purposes	, or for the prevention of cruelty to children or animals?		Y	es (X N	0			
b	If any answer	is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described	<u> </u>							
	ın Regulation	s section 53 4945 or in a current notice regarding disaster assistance? See instructions				N/	ΑL	5b		
	Organization	s relying on a current notice regarding disaster assistance, check here				• [ĺ		
С	· · · · · · · · · · · · · · · · · · ·									
	because it maintained expenditure responsibility for the grant? N/A Yes No				0					
	If "Yes," attac	th the statement required by Regulations section 53 4945–5(d)								
6a	Did the found	ation, during the year, receive any funds, directly or indirectly, to pay premiums								
	on a persona	I benefit contract?		Y	es (X N	0			
b	Did the found	ation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						6b		X
	If "Yes" to 6b	, file Form 8870								
7a	At any time d	uring the tax year, was the foundation a party to a prohibited tax shelter transaction?		Y	es (X N	0			
b	If "Yes," did t	he foundation receive any proceeds or have any net income attributable to the transaction?				N/	Α	7b		
8	Is the founda	tion subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	_		,	==				
		or excess parachute payment(s) during the year?		·		X N				
Pa	art VIII 🔠 📗	nformation About Officers, Directors, Trustees, Foundation Managers,	High	ly I	Paid	Emp	loye	es,		
		and Contractors								
1 1	List all officer	s, directors, trustees, and foundation managers and their compensation. See instruction	ns.							
		(b) Title, and average (c) Com	pensation	,		ntobution byee ber		(a) Ev	pense ad	count
			it paid, er -0-)		plans	and defe	rred		r allowa	
		dosored to position		4	com	pensatio	ก			
WI	LLIAM J SC	MUHL JR SOUTH BEND PRESIDENT								
14	21 HONAN DI	RIVE IN 46614 1.00		9			0			0
LC	ORETTE M SCI	MMUHL SOUTH BEND SECRETARY		-						
14	121 HONAN DI	RIVE IN 46614 1.00		의			0			0
FF	RANCES C SCI									
14	21 HONAN DI	RIVE IN 46614 1.00		0			0			0
W	LLIAM JOHN	SCHMUHL SOUTH BEND DIRECTOR								
14	21 HONAN DI			0			0			0
2		on of five highest-paid employees (other than those included on line 1 – see instruction	s). If n	one	e, ente	r				
	"NONE."									
		(b) Title, and average				ntributior byee ber		(e) Ex	pense ac	count,
	(a) Na	ame and address of each employee paid more than \$50,000 hours per week devoted to position	npensation	'		and defe		othe	er allowa	nces
				\dashv	COIT	perisauc				
NC	ONE									
	-			\dashv						
				\dashv						
				\dashv						
				\dashv	<u> </u>					
	l number of all	201 amployees paid ever \$60,000					_			0
ota	ii number of oti	ner employees paid over \$50,000						,,,, QC	0-PF	
								//III J 5	, u - i	12019

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Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Paid Em	ployees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See	instructions If none enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(c) Compensation
NONE		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info organizations and other beneficiaries served, conferences convened, research papers produced, etc	mation such as the number of	Expenses
1 N/A		
		······
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 N/A		
•		
2		
All other program-related investments. See instructions		<u> </u>
3		
		
Total. Add lines 1 through 3	>	

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

Form 990-PF (2019)

5

580

6

Enter 1% of Part I, line 27b See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Рa	rt XIII Unaistributea income	(see instructions)		 		
			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part X	···	Corpus	rears prior to zo re		16,992
_	line 7	, , , , , , , , , , , , , , , , , , ,				20,732
2	Undistributed income, if any, as of the end	0 01 2019				
	Enter amount for 2018 only					
b	Total for prior years 20, 20					
3	Excess distributions carryover, if any, to 2	2019				
	From 2014					
	From 2015					
	From 2016					
	From 2017	6,139				
_	From 2018	0,133	6,139			
	Total of lines 3a through e	- VII				
4	Qualifying distributions for 2019 from Part	L AII,				
_	line 4 ◆ \$ 21,710	_				
	Applied to 2018, but not more than line 2					
D	Applied to undistributed income of prior y	ears				
	(Election required – see instructions)			· ·		
С	Treated as distributions out of corpus (Ele	ection				
	required – see instructions)	 				16,992
	Applied to 2019 distributable amount	<u>.</u>	4,718	.,		
	Remaining amount distributed out of corp	ſ	1,710			
5	Excess distributions carryover applied to					
	(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					
	indicated below:	st lima E	10,857			
	Corpus Add lines 3f, 4c, and 4e Subtrac		20,037			
D	Prior years' undistributed income Subtra	Ci				
	line 4b from line 2b	utad				
С	Enter the amount of prior years' undistrib	· · · · · · · · · · · · · · · · · · ·				
	income for which a notice of deficiency has a subject to a section 494	l				
	been issued, or on which the section 494	·2(a)				
	tax has been previously assessed	 				***
a	Subtract line 6c from line 6b Taxable					
	amount – see instructions	lino.	······································		****	***************************************
е	Undistributed income for 2018 Subtract	iine				
	4a from line 2a Taxable amount – see					
	instructions	lunas .				
Т	Undistributed income for 2019 Subtract 4d and 5 from line 1. This amount must be					
	distributed in 2020	Je				
-	Amounts treated as distributions out of c	ornus			****	
7	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may	De				
	required—see instructions)	not			***************************************	
8	Excess distributions carryover from 2014 applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 2020	··	10,857			
	Subtract lines 7 and 8 from line 6a	 	10,001			
10	Analysis of line 9	1				
a	Excess from 2015					
b	Excess from 2016					
C	Excess from 2017	6,139				
ď	Excess from 2018	4,718				
е_	Excess from 2019	3,710		<u> </u>	1	000 DE

DAA

Form 990-PF (2019)

<u> </u>	art XIV Private Operating For	undations (see in	istructions and Pa	art VII-A, question 9	3 }	
1a	If the foundation has received a ruling or foundation, and the ruling is effective for		•	ating •		
b	Check box to indicate whether the found	ation is a private oper	ating foundation descr	ribed in section 49	942(J)(3) or 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(6, 100)
	investment return from Part X for		J			
	each year listed	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	····	
b	85% of line 2a					1
С	Qualifying distributions from Part XII,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities		\			}
	Subtract line 2d from line 2c	· <u></u> .				
3	Complete 3a, b, or c for the					
	alternative test relied upon	!	}			
а	"Assets" alternative test – enter					
	(1) Value of all assets		<u> </u>			
	(2) Value of assets qualifying under		/			
	section 4942(j)(3)(B)(i)					<u> </u>
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in			1		
	Part X, line 6, for each year listed			ļ	\	<u> </u>
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)					
	(2) Support from general public					
	and 5 or more exempt				•	
	organizations as provided in					
	section 4942(j)(3)(B)(iii)	/	<u> </u>	 		 \
	(3) Largest amount of support from		J]		
	an exempt organization		<u> </u>			
	(4) Gross investment income Let XV Supplementary Inform	nation (Complete	this part apply if	the foundation be	d \$5 000 or mo	in accets at
£r.≪	Supplementary Informany time during the y	•		the foundation ha	au \$5,000 or moi	e III assets at
1	Information Regarding Foundation Ma		tions.j			
' a	List any managers of the foundation who	_	e than 20% of the total	contributions received	by the foundation	
a	before the close of any tax year (but only					
	N/A	in they have contribut	ed more than 40,000,	(000 3001011 307 (4)(2)	,	
	List any managers of the foundation who	own 10% or more of	the stock of a cornora	tion (or an equally large	nortion of the	
~	ownership of a partnership or other entity				portion of the	
	N/A	,, 01 11111011 1110 10011001	ion nas a 1070 or grou			
2	Information Regarding Contribution, C	Grant, Gift, Loan, Sch	nolarship, etc., Progr	rams:		·· ·
-	Check here ◆ X if the foundation only		• • • • • •		oes not accept	
	unsolicited requests for funds. If the foun					
	complete items 2a, b, c, and d See instr		anto, oto , to mannes			
	The name, address, and telephone number		f the person to whom	applications should be	addressed	 _
7	N/A		percent to miloti	. pp. come on one of		
	· ,					
	The form in which applications should be	submitted and inform	ation and materials th	ev should include		
~	N/A	and the same and the same		, 5.100.00		
	Any submission deadlines					
~	N/A					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable f	ields, kinds of institution	ns, or other	
	factors	-, Jgp	,			
	NY / A					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year STANLEY CLARK SCHOOL 3123 MIAMI ST NONE PUBLIC ARBOR CARE SOUTH BEND IN 46614 2,000 NATIONAL GREAT PYRENEES RESCUE NONE PUBLIC 81 BARNUM RD GENERAL PURPOSE MAPLECREST NY 12454 1,500 PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY NONE PUBLIC PENNGROVE CA 94951 GENERAL PURPOSE 1,500 INDIANA GOLF FOUNDATION 2625 HURRICANE RD NONE PUBLIC FRANKLIN IN 46131 GENERAL PUPOSE 2,000 RONALD MCDONALD HOUSE 610 N MICHIGAN ST STE 310 NONE PUBLIC SOUTH BEND IN 46601 GENERAL PURPOSE 2,500 MIDDLE WAY HOUSE 318 S WASHINGTON ST NONE PUBLIC GENERAL PURPOSE 2,500 **BLOOMINGTON IN 47401** INDIANA RECOVERY ALLIANCE 118 S ROGERS ST NONE PUBLIC **BLOOMINGTON IN 47404** GENERAL PURPOSE 2,500 BUSKIRK CHUMLEY THEATER PUBLIC 114 E KIRKWOOD AVE NONE BLOOMINGTON IN 47408 GENERAL PURPOSE 2,500 SOUTH BEND YOUTH SYMPHONY PUBLIC 1700 E MISHAKAWA AVE NONE 3,500 GENERAL PURPOSE SOUTH BEND IN 46615 **♦** 3a 20,500 Total b Approved for future payment N/A

♦ 3b

Total

Ī	Part XVI-A	Analysis of Income-Producing Acti	vities		•		
		ounts unless otherwise indicated	1	ed business income	Excluded	by section 512, 513, or 514	
	•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue					(See instructions)
	a			_			
	b						
							
	d						
					1		
	f				<u> </u>		
	g Fees ar	d contracts from government agencies					
		dues and assessments	ļ				
		savings and temporary cash investments			14	41	
		nd interest from securities			14	5,670	
5		come or (loss) from real estate			-		
		anced property			 		
_		t-financed property		<u> </u>			
		come or (loss) from personal property			├ ──┤		
		ment income		<u> </u>	1 0	0.501	·
		s) from sales of assets other than inventory			18	2,781	
		or (loss) from special events	ļ	·	+	· 	
		or (loss) from sales of inventory	[<u></u>			
17	Other reven	ue a	-		+ -		 -
					 -		
		 	l		 		
							
12	e	ld columns (b), (d), and (e)		0		8,492	0
		ne 12, columns (b), (d), and (e)	<u> </u>	<u> </u>	<u>'I </u>	13	8,492
		in line 13 instructions to verify calculations)				''	0,152
	art XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urnose	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Line No.	Explain below how each activity for which income i					
		accomplishment of the foundation's exempt purpose	•				
	N/A						
							
			_ 			· · · · · · · · · · · · · · · · · · ·	
						·	
						 	
						 .	
		· · · · · · · · · · · · · · · · · · ·				_ 	
							
						<u></u>	
							

<u>Form 99</u>	0-PF (20	19) SCHMUHL	FAMILY	_FOUNDATI	CON	82-2	2198403		_ Pa	age_ 1 3
Part.	XVII	Information Reg Organizations	arding Tr	ansfers To ar	nd Transactio	ns and Relati	onships Wi	th Noncharitable E	xemp	ot
1 Di	d the ora	anization directly or inc	directly engag	ge in any of the fo	ollowing with any	other organization	described		Yes	No
	_	01(c) (other than secti				-	QC30 (150		1.00	+:-
	ganizatio									
	-	om the reporting found	dation to a no	oncharitable exem	npt organization o	f				
	Cash							1a(1)	X
(2)	Other a	ssets						1a(X
b Ot	her trans	actions								\Box
(1)	Sales o	f assets to a noncharit	table exempt	organization				1b(1)	X
(2)	Purcha	ses of assets from a n	oncharitable	exempt organizat	tion			1b(2)	X
(3)	Rental	of facilities, equipment	t, or other as:	sets				<u> 1b(</u> 3	3)	X
(4)	Reimbi	irsement arrangement	s					1b(1)	X
		or loan guarantees						1b(X
		nance of services or m	·	•				1b(X
		acilities, equipment, m	-			45.4.4.4		<u> 1c</u>		X
		er to any of the above	=	•	-	, .	•			
		goods, other assets,	_		-					
	ne no	(b) Amount involved		e of noncharitable exer				ansactions, and sharing arrange	mente	
N/A		(a) ranoant involves	(0)110111	o di Honoria nadio dice	TIPL OIGHTIEDHOTT	(4) 2034	paori or aranaroro, ar	and draining draining	1101113	
			 			-				
							·			
			<u> </u>							
							<u> </u>			
				·						
	***		<u> </u>					 		
		<u> </u>	<u> </u>							
			<u> </u>							
			<u> </u>							
			ļ							
		<u> </u>				<u> </u>				
		lation directly or indirec	-			-exempt organizat	ions	Г	ু ছি	e
		n section 501(c) (other		1 501(c)(3)) or in s	section 5277				res 🔼	- NO
D II		nplete the following so a) Name of organization	nequie	(h) Tuno of	organization	<u> </u>	(c) Descrip	tion of relationship		
		a) Name of Organization	**	(5) 1966 07	organization		(0) 00301	NOT OTTORAIGNOTHP		
				-						

	Under pe	nalties of perjury, I declare th	nat I have exami	ned this return, includi	ng accompanying sch	edules and statements,	and to the best of	my knowledge and belief, it is to	ue,	
ŀ	correct, a	nd complete Declaration of p	preparer (other t	than taxpayer) is base	d on all information of	which preparer has any	r knowleage	May the IRS discuss this	return	
Sign				. /		, /		with the preparer shown		٦,,,
Here		11:4 . 0	11	10/	0	lulan		See instructions	Yes	No
	_	William X.	Sehm	mal/	8	17/20	PRES	IDENT		
	Sign	ature of officer or trustee			Date		Title			
	Print/Ty	pe preparer's name			Proparers signatu	· 1		Date	Check	
Paid					11/1	TILL			self-en	nployed
Preparei	Patr	ick A Thomas			PAMI	USIN	w-	07/28/2		
Use Only	Firm's r	name 4 Thoma		llars & L		d		PTIN POOOO		
Se Only	Firm's a	address @ 3330		an Schoo				Firm's EIN @ 86-03		
	<u> </u>	Phoer	<u> 11x, A2</u>	85018-	5018			Phone no 602-9	<u> 55 - 8</u>	<u> 530</u>

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.

◆ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

SCHMUHL FAMILY FOUNDATION 82-2198403 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules \Box For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 /3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization SCHMUHL FAMILY FOUNDATION

Employer identification number 82-2198403

Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM J SCHMUHL JR TRUST 1421 HONAN DRIVE SOUTH BEND IN 46614	\$ 223,260	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Wante, address, and En 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and En 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

lame of org	anization HL FAMILY FOUNDATION		Employer identification number 82-2198403
Part II	Noncash Property (see instructions) Use duplication	ate copies of Part II if addition	al space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	6000 SH MERIDIAN GROWTH FUND	000.060	00/00/10
		\$ 223,260	08/28/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

4588 SCHMUHL FAMILY FOUNDATION 82-2198403 FYE: 12/31/2019	Federal	Federal Statements		7/28/2020 9:20 AM
Statemer	nt 1 - Form 990-PF, F	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	ounting Fees	,
Description TAX RETURN PREPARATION & ACCOUNT Total	Fotal \$ 1,200 \$	Net Investment	Adjusted Net	Charitable Purpose \$ 1,200
Statement 2 - Form 990-	- Form 990-PF, Part	PF, Part I, Line 16c - Other Professional Fees	ofessional Fees	
Description FINANCIAL ADVISOR FEES Total	\$ 591	Net Investment \$ 591	Adjusted Net	Charitable Purpose
35	Statement 3 - Form 99	Form 990-PF, Part I, Line 18 - Taxes	<u>Taxes</u>	
Description FEDERAL EXCISE TAX Total	Fotal \$ 1,191	Net Investment	Adjusted Net	Charitable Purpose
Statement 4	- Form	990-PF, Part I, Line 23 - Other Expenses	r Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses POSTAGE Total	w 4		. w	\$ 10 10
				4

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	ш	Beginning of Year		End of Year	Basis of Valuation	ŭ	Fair Market Value
250 SH T ROWE PRICE	ŵ	25,685	س	25,685	Cost	৵	30,460
770 SH INVESCO		79,931		79,931	Cost		89, IU4 98,006
2910.684 SH PAPP		61,625		63,771	Cost		74,484
165 SH APPLE INC				33,823	Cost		48,452
425 SH SPDR S&P BIOTECH ETF				34,063	Cost		40,422
82 SH BLACKROCK INC				33,789	Cost		41,221
153 SH HOME DEPOT INC				33,849	Cost		33,412
266 SH JOHNSON & JOHNSON				33,806	Cost		38,801
281 SH PIONEER NATURAL RESOURCES				33,853	Cost		42,535
Total	့ လ	247,212	w.	452,541		w	536,897