		· \						
308615701								
rn		OMB No 1545-0047						
	_	2019						
(3)		Open to Public Inspection for 501(c)(3) Organizations Only						
	(Emp	oloyer identification number ployees' trust, see uctions)						
	3	31-1812245						
		elated business activity code instructions)						
523000								
Other trust								
t) unrelated								
I-V If more than one.								

Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c Check box if Name of organization (Check box if name changed and see instructions.) address changed B Exempt under section Print THE SCHIEWETZ FOUNDATION INC 501()(**'{)** Number, street, and room or suite no. If a P O. box, see instructions Type 7220(e) 408(e) 3131 SOUTH DIXIE DRIVE, NO. 555 408A 7530(a) City or town, state or province, country, and ZIP or foreign postal code 45439 529(a) DAYTON, OH C Book value of all assets at end of year 77,819,455. F Group exemption number (See instructions.) G Check organization type ► X 501(c) corporation 501(c) trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or firs SEE STATEMENT 17 If only one, complete Parts trade or business here describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V X No ☐ Yes I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number ▶ 937-425-7381 The books are in care of
THE ORGANIZATION Part / Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 716 11,716. 4a 11 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c 948 -19.948STMT 18 Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 -8,221 -8,221Total. Combine lines 3 through 12 13 Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Bad debts SEE STATEMENT 19 81 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Depreciation (attach parm 45kb) V 2 3) 2020 20 20 Less depreciation cannot on Schedule A and elsewhere return 21b Depletion 22 Contributions to deterred cogpen. UT 23 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J) 26 SEE STATEMENT 20 1,396. Other deductions (attach schedule) 27 1,477 Total deductions Add lines 14 through 27 698 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) -9,698 Unrelated business taxable income Subtract line 30 from line 29 Form 990-T (2019 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

*EXTENDED TO NOVEMBER 16, 2020

ST

IA 52807-3479

Phone no 563-888-4000

Form 990-T (2019)

4650 E 53RD

DAVENPORT,

Firm's address

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		T -	Inventory at end of year	ar		6		
2 Purchases	2			Cost of goods sold. S	ubtract	line 6			
3 Cost of labor	3		╛	from line 5 Enter here	and in	Part I,			
4a Additional section 263A costs				line 2			_ 7	<u> </u>	
(attach schedule)	48		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L 	.ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)		_							
(3)									
(4)									
_		ed or accrued				3(a) Deductions directly	Connor	stad with the income is	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personat	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge			attach schedule)	•
_(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			١,	Gross income from		3 Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
<u>(1)</u>			+-				╁	· <u> </u>	
(2)			 		\vdash		+		
(3)	·		T-				1		
(4)			\dagger				1		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	,	8 Allocable deducti column 6 x total of co 3(a) and 3(b))	ons lumns
(1)	<u> </u>		 	%		<u></u>	7		
(5)				%			1		
(3)			T	%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions	ncluded in column	18				•			0.

 $(i_1, \dots, i_{n-1}, \dots, i_n) = (i_1, \dots, i_n)$

Schedule F - Interest,	_	<u> </u>			Controlled O				(see ins		
Name of controlled organize	ition	2 Emj identifi num	cation		elated income instructions)		al of specified ments made 5 Part of column included in the cororganization's gross		ed in the contr	olling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7 Taxable Income		nrelated incom see instructions		9 Total o	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organ s income	is included ization's		ductions directly connected income in column 10
(1)		-									-
(2)											
(3)						I					
(4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme (see inst	ent Incon	ne of a S	ection	501(c)(7), (9), or (17) Org	anization				
1. Desc	cription of inco	me			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4 Set-a (attach se		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				▶		0.					0.
Schedule I - Exploited (see instri	-	Activity	Income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2 G unrelated incom- trade or t	business e from	3. Exp directly or with pro of unre business	onnected duction elated	4 Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a o cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expr attribute colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter her page 1		Enter here								Enter here and on page 1,
Totals -	line 10,	0 .	line 10,	COI (B)							Part II, line 25
Schedule J - Advertisi											
Part I Income From	Periodic	als Repo	orted on	a Cons	olidated	Basis 					
1 Name of periodical		2 Gross advertising income		3. Direct rtising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)					_			I]	
(4)]	
Totals (carry to Part II, line (5))	•).	0 .]			0.
											Form 990-T (2019

Form 990-T (2019) THE SCHIEWETZ FOUNDATION INC 31-1812245 Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2. Gross advertising income 3 Direct 5. Circulation 6 Readership 1. Name of periodical advertising costs (1) (2) (3) (4) Totals from Part I • 0. 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 26 0. 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to unrelated business 2. Title 1. Name (1) % (2) % %

Form 990-T (2019)

0.

%

(3) (4)

Total Enter here and on page 1, Part II, line 14

				~
`FORM 990-T	DESCRIPTION O	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 17
		BUSINESS ACTIVI	ΓY	

PASS THROUGH K-1 INCOME FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INC	OME (LOSS) FROM PARTNERSHIPS	STATEMENT 18
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT - ORDINARY BUSIN INVESTMENT - ORDINARY BUSIN INVESTMENT - NET RENTAL REA INVESTMENT - OTHER NET RENT INVESTMENT - INTEREST INCOM INVESTMENT - DIVIDEND INCOM INVESTMENT - ROYALTIES INVESTMENT - OTHER INCOME (INVESTMENT - ORDINARY BUSIN INVESTMENT - OTHER INCOME (TESS INCOME (LOSS) LL ESTATE INCOME PAL INCOME (LOSS) TE LOSS) TESS INCOME (LOSS) LOSS)	-16,3694,083140. 1,549. 97. 41. 25. 811,148.
TOTAL INCLUDED ON FORM 990-	T, PAGE 1, LINE 5	-19,948.
FORM 990-T	INTEREST PAID	STATEMENT 19
DESCRIPTION		AMOUNT
FROM K-1 - ADAMS STREET GLO	BAL SECONDARY FUND 5	81.
TOTAL TO FORM 990-T, PAGE 1	, LINE 18	81.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 20
DESCRIPTION		AMOUNT
FROM K-1 - ADAMS STREET GLO DEDUCTIONS FROM K-1 ASP GSF 5 (SUNSH DEDUCTIONS	396. 1,000.	
TOTAL TO FORM 990-T, PAGE 1	. LINE 27	1,396.

FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FROM K-1 - ADAMS STREET GLOBAL SECONDARY FUND 5	N/A	6.
TOTAL TO FORM 990-T, PAGE 2, LI	NE 34	6.

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	22
	CONTRIBUTIONS SUBJECT TO 100% CONTRIBUTIONS SUBJECT TO 25%			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTED YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	TIONS		
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	6		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	6 0	- -	
EXCESS 100	TRIBUTIONS OF CONTRIBUTIONS ESS CONTRIBUTIONS	6 0 6	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		· _	0
TOTAL CONT	TRIBUTION DEDUCTION			0

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

	THE SCHIEWETZ FOUND	DATION INC			<u> 3 I -</u>	1812245
	the corporation dispose of any investmen		Yes X No			
	Yes," attach Form 8949 and see its instru			gain or loss		· · · · · · · · · · · · · · · · · · ·
_	Part I Short-Term Capital Gai	ins and Losses (See i	nstructions)			<u> </u>
to e	e instructions for how to figure the amounts inter on the lines below. In structure the lines below. In structure the amounts in the lines below. In structure the amounts for the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
_	· ···			-		
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on	1				
	Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked			<u> </u>		-17.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37			_4	
5	Short-term capital gain or (loss) from like-king	d exchanges from Form 8824			5	
	Unused capital loss carryover (attach computa	· ·			6	(
	Net short-term capital gain or (loss). Combin				7	-17.
_	Part II Long-Term Capital Gai	ns and Losses (See in	nstructions)			г
See to e	instructions for how to figure the amounts inter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss) Subtract
This	s form may be easier to complete if you nd off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,) 	column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked		<u> </u>			
10	Totals for all transactions reported on					44 533
	Form(s) 8949 with Box F checked					11,733.
	Enter gain from Form 4797, line 7 or 9				11_	
	Long-term capital gain from installment sales				12	
	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
	Capital gain distributions				14	11 777
	Net long-term capital gain or (loss). Combine		<u> </u>		15	11,733.
	Part III Summary of Parts I and			····		
	Enter excess of net short-term capital gain (lin	•		. 7.	16	11,716.
	Net capital gain Enter excess of net long-term			; <i>(</i>)	17	11,716.
18	Add lines 16 and 17. Enter here and on Form		per line on other returns	l	18	11,/10.
	Note: If losses exceed gains, see Capital Los	ises in the instructions.				

LHA

Form **8949**

Oepartment of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

Attachment Sequence No. 12/

Social security number or taxpayer identification no.

THE SCHIEWETZ FOUNDATION INC

31-1812245

Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	atıon as Form 10:	you received any 99-B Either will:	y Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	n your broker A su s reported to the IF	bstitute SS by your
Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	enerally short term (see	Instruction	s) For long-term	
transactions, see page 2 Note: You may aggregate a							luistmonto or
codes are required Enter th	e totals directly on s	Schedule D, line 1a	a, you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than we							each applicable box
(A) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis was repoi	rted to the IRS (see	Note ab	ove)	
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis wasn't r	eported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	В		T.		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(Sales price)	basis See the Note below and	column (f). See instructions.	from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ADAMS STREET					_		
GLOBAL SECONDARY				<u> </u>			
FUND 5-INV							<17.>
<u></u>							
							<u> </u>
				<u> </u>			
							<u> </u>
				<u> </u>			
				ļ			
				ļ			
2 Totals. Add the amounts in colur negative amounts) Enter each to							
Schedule D, line 1b (if Box A above is checked), or line 3 (if B	•	•					<17.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Social security number or

taxpayer identification no. THE SCHIEWETZ FOUNDATION INC 31-1812245 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short term transactions, Note: You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions from column (d) & Note below and (Mo, day, yr) (f) (g) Amount of combine the result see Column (e) ır Code(s) the instructions with column (a) adjustment ADAMS STREET GLOBAL SECONDARY 11,733. FUND 5-INV 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 11,733.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

above is checked), or line 10 (if Box F above is checked)

Form **3800**

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No 1545-0895
2019
Attachment

Attachment Seguence No

Name(s) shown on return

➤ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

31-1812245 THE SCHIEWETZ FOUNDATION INC Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked 1 30. Passive activity credits from line 2 of all Parts III with box B checked 2 3 0. Enter the applicable passive activity credits allowed for 2019 See instructions 3 Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box D checked 6 Add lines 1, 3, 4, and 5 Part II Allowable Credit Regular tax before credits • Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 0. • Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the 7 applicable line of your return • Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 8 Alternative minimum tax • Individuals Enter the amount from Form 6251, line 11 0. 8 Corporations Enter -0-• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 9 Add lines 7 and 8 10a 10a Foreign tax credit b Certain allowable credits (see instructions) 10b 10c c Add lines 10a and 10b 0. 11 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 11 12 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See 13 instructions 14 Tentative minimum tax Individuals Enter the amount from Form 6251, line 9 14 Corporations Enter -0-• Estates and trusts Enter the amount from Schedule I (Form 1041), line 52 15 15 Enter the greater of line 13 or line 14 0. 16 Subtract line 15 from line 11 If zero or less, enter -0-16 17 17 Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2019)

reorganization

For	m 3800 (2019)		Page 2
	art II Allowable Credit (continued)		
No	te: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter 0 on line	ne 26	
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19_	
		1 1	
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	
21	Subtract line 17 from line 20 If zero or less, enter ·0·	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21		
	or line 25	26	0.
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0.
			_
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked		
	and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked		
	See instructions	35	
36	Add lines 30, 33, 34, and 35	36_	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return		
	● Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51		
	● Corporations Form 1120, Schedule J, Part I, line 5c		_
	Estates and trusts Form 1041, Schedule G, line 2b	38	0.

• Estates and trusts Form 1041, Schedule G, line 2b

Form 3800 (2019) Page 3 Identifying number Name(s) shown on return THE SCHIEWETZ FOUNDATION INC 31-1812245 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions General Business Credit From a Non-Passive Activity Reserved Α F Reserved R General Business Credit From a Passive Activity C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards n General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all $\triangleright X$ Parts III with box A or B checked Check here if this is the consolidated Part III (b)
If claiming the credit from a esthrough entity, enter the EIN (a) Description of credit (c) Note: On any line where the credit is from more than one source, a separate Part III is needed Enter the appropriate amount for each pass-through entity Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b Reserved 30. Increasing research activities (Form 6765) 1c c Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) 1g h Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1p Energy efficient appliance (carryforward only) 1q Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s Enhanced oil recovery credit (Form 8830) 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) 1w Carbon oxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1v Qualified plug-in electric vehicle (carryforward only) 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (carryforward only) 1bb zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 30. 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c C Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) **4a** h Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994) 4i 4z

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Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Name(s) shown on return			dentifying number
THE	S SCHIEWETZ FOUNDATION INC			31-1812245
	t III General Business Credits or Eligible Small Business Credits	S (see	e instructions)	·
	plete a separate Part III for each box checked below. See instructions		· · · · · · · · · · · · · · · · · · ·	
A	General Business Credit From a Non-Passive Activity E Reserve	ed		
В	X General Business Credit From a Passive Activity F Reserve	ed		
C		Smal	I Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserve		,	
	If you are filing more than one Part III with box A or B checked, complete and attach fir	rst an	additional Part III combinii	ng amounts from all
	Parts III with box A or B checked Check here if this is the consolidated Part III			▶ □
	(a) Description of credit		(b)	(c)
Note for ea	: On any line where the credit is from more than one source, a separate Part III is need, ach pass through entity	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	_	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c	45-3710222	6.
d	Low-income housing (Form 8586, Part I only)	1d	"-	
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	11		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	·	
k	Employer-provided child care facilities and services (Form 8882) (see instructions		7	
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n	"	
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Oil Oil I I I I I I I I I I I I I I I I I I I			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		6.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
þ	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c_		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		_
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	ر4		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	_ 5		<u> </u>
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6_	_	6.

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Page 3 Form 3800 (2019) Identifying number 31-1812245 THE SCHIEWETZ FOUNDATION INC Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions General Business Credit From a Non-Passive Activity Reserved General Business Credit From a Passive Activity F Reserved R G Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards General Business Credit Carrybacks н Reserved D If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit (b)
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Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

4z

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