

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OTTO SCHOITZ FOUNDATION		D Employer identification number 81-1949053
	Doing business as		E Telephone number 319-232-2870
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	425 CEDAR STREET	304	G Gross receipts \$ 1,651,275.
	City or town, state or province, country, and ZIP or foreign postal code WATERLOO, IA 50701		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: MICHELE PANICUCCI SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.OTTOSCHOITZFOUNDATION.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 2016	M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSIST ORGANIZATIONS IN IMPROVING THE HEALTH AND WELL-BEING OF THE CITIZENS THEY SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 571,489.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,317,802.	1,651,275.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,889,291.	1,651,275.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,822,057.	2,283,272.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	179,986.	198,707.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134,296.	120,747.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,136,339.	2,602,726.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,247,048.	-951,451.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 59,448,561.	End of Year 60,079,015.
	21 Total liabilities (Part X, line 26)	2,729,840.	2,643,091.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,718,721.	57,435,924.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	MICHELE PANICUCCI, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRIAN E. ARONSON	BRIAN E. ARONSON	11/10/20		P01425251
Firm's name ▶ BERGANKDV, LTD.			Firm's EIN ▶ 41-1431613		
Firm's address ▶ P.O. BOX 2100 WATERLOO, IA 50704-2100			Phone no. 319-234-6885		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY AND ITS INDIVIDUAL MEMBERS WITHIN THE GREATER CEDAR VALLEY REGION, DEFINED AS THE GEOGRAPHICAL AREA WITHIN 30 MILES FROM THE CENTER OF WATERLOO, IOWA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,398,172. including grants of \$ 2,283,272.) (Revenue \$) THE FOUNDATION AWARDS GRANTS TO ORGANIZATIONS DULY AUTHORIZED AND EQUIPPED TO CARRY ON ACTIVITIES WHICH ARE ALIGNED WITH THE FOUNDATION'S MISSION. THE FOUNDATION AWARDED \$2,283,272 TO 51 ORGANIZATIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,398,172.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, and 20. 'Yes' and 'No' columns contain 'X' marks indicating responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Upon request
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MICHELE PANICUCCI - 319-232-2870 425 CEDAR STREET, WATERLOO, IA 50701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

checkbox

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

checkbox Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Michele Panicucci, Dennis Clark, Hugh Field, Becky Mudd, Donna Nelson, Robert Petersen, Douglas Stanford, Catherine Young, Camille Hogan, Eric Locke, Mike Mallaro, and Rudy Jones.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,651,275.		1,651,275.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			1,651,275.	0.	0.	1,651,275.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Office expenses, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	329,910.	1	11,517.
	2 Savings and temporary cash investments	314,976.	2	480,196.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,090.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,083.	9	333.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	11,883,349.	11	59,586,969.
	12 Investments - other securities. See Part IV, line 11	46,912,153.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,448,561.	16	60,079,015.	
Liabilities	17 Accounts payable and accrued expenses	6,446.	17	6,000.
	18 Grants payable	2,723,394.	18	2,637,091.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,729,840.	26	2,643,091.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,718,721.	27	57,435,924.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	56,718,721.	32	57,435,924.
	33 Total liabilities and net assets/fund balances	59,448,561.	33	60,079,015.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 1,651,275. Line 2: Total expenses 2,602,726. Line 3: Revenue less expenses -951,451. Line 4: Net assets at beginning 56,718,721. Line 5: Net unrealized gains 1,668,654. Line 10: Net assets at end 57,435,924.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: [X] Accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits?

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 2c, 3a, 3b with 'X' marks in the No column.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: OTTO SCHOITZ FOUNDATION
Employer identification number: 81-1949053

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10% -facts-and-circumstances test - 2019; b 10% -facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions table with columns for Current Year and rows 1-10 detailing distribution types and amounts.

Section E - Distribution Allocations table with columns for (i) Excess Distributions, (ii) Underdistributions Pre-2019, and (iii) Distributable Amount for 2019, and rows 1-10 detailing allocation details.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: CASH DISTRIBUTION TO FORM FOUNDATION

DATE: 03/23/16 **AMOUNT:** 50000000.

PART II, SHORT YEAR EXPLANATION:

THE OTTO SCHOITZ FOUNDATION WAS INCORPORATED 3/23/16 AND FILED AN INITIAL SHORT YEAR TAX RETURN FOR FISCAL YEAR ENDED 9/30/16.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **OTTO SCHOITZ FOUNDATION** Employer identification number **81-1949053**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICANS FOR INDEPENDENT LIVING 310 UPLAND DRIVE WATERLOO, IA 50701	47-4503717	501(C)(3)	5,400.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHEAST IOWA - 2530 UNIVERSITY AVENUE, SUITE 8 - WATERLOO, IA 50701	42-0885714	501(C)(3)	36,400.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
BLACK HAWK COUNTY HEALTH DEPARTMENT - 1407 INDEPENDENCE AVENUE - WATERLOO, IA 50703	42-6005328		83,500.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF DUBUQUE - 2101 KIMBALL AVE SUITE 138 - WATERLOO, IA 50702	42-0680493	501(C)(3)	70,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
CEDAR TRAILS PARTNERSHIP 6510 HUDSON RD CEDAR FALLS, IA 50613	42-1449239	501(C)(3)	20,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
CEDAR VALLEY ANGELS PO BOX 11 CEDAR FALLS, IA 50613	27-2087142	501(C)(3)	45,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **45.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR VALLEY BICYCLE COLLECTIVE 219 W 4TH ST WATERLOO, IA 50701	45-5181402	501(C)(3)	10,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
CEDAR VALLEY HOSPICE PO BOX 2880 WATERLOO, IA 50704	42-1135294	501(C)(3)	210,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF MID-AMERICA - 2721 WEST 6TH STREET SUITE E - LAWRENCE, KS 66049	48-1175467	501(C)(3)	20,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
COMMUNITY FOUNDATION OF NORTHEAST IOWA - 3117 GREENHILL CIRCLE - CEDAR FALLS, IA 50613	42-6060414	501(C)(3)	50,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
EMBARC ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER - 220 EAST 4TH STREET - WATERLOO, IA 50702	46-1017191	501(C)(3)	181,750.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
EXCEPTIONAL PERSONS, INC. 760 ANSBOROUGH AVENUE WATERLOO, IA 50704	42-0794846	501(C)(3)	15,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
EYE OF THE NEEDLE, INC. 2207 FALLS AVENUE WATERLOO, IA 50704	26-1495933	501(C)(3)	25,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
FAMILY & CHILDREN'S COUNCIL OF BLACK HAWK COUNTY - 316 WEST 5TH STREET - WATERLOO, IA 50701	42-1307663	501(C)(3)	45,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
FAMILY YMCA OF BLACK HAWK COUNTY 669 S HACKETT RD WATERLOO, IA 50701	42-0681109	501(C)(3)	60,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677	42-1390144	501(C)(3)	95,500.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS - 501 MULBERRY STREET - WATERLOO, IA 50703	42-1008848	501(C)(3)	20,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
GRIN AND GROW LTD. 608 WEST 4TH STREET WATERLOO, IA 50702	42-1135299	501(C)(3)	80,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
HAWKEYE COMMUNITY COLLEGE FOUNDATION - 1501 EAST ORANGE ROAD PO BOX 8015 - WATERLOO, IA 50704	42-6123782	501(C)(3)	50,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
INCLUSION CONNECTION 1024 7TH AVENUE NORTHWEST WAVERLY, IA 50677	87-0736800	501(C)(3)	15,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
IOWA JOBS FOR AMERICA'S GRADUATES 400 EAST 4TH STREET GRIMES STATE OFFICE BUILDING, 3RD FLOOR - DES MOINES, IA	42-1492988	501(C)(3)	35,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
IOWA LEGAL AID 607 SYCAMORE STREET WATERLOO, IA 50703	42-1079227	501(C)(3)	65,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
JESSE COSBY NEIGHBORHOOD CENTER 1112 MOBILE ST WATERLOO, IA 50703	42-1152638	501(C)(3)	185,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
MERCYONE WATERLOO FOUNDATION 3421 W 9TH ST WATERLOO, IA 50702	42-1295784	501(C)(3)	31,235.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH STAR COMMUNITY SERVICES 3420 UNIVERSITY AVE SUITE C WATERLOO, IA 50701	42-1038039	501(C)(3)	130,983.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
OPERATION THRESHOLD INC. PO BOX 4120 WATERLOO, IA 50704	42-0985249	501(C)(3)	65,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
SOCIAL ACTION INC 515 BEECH ST SUITE 107 WATERLOO, IA 50703	74-3084863	501(C)(3)	22,100.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
SUCCESSLINK 229 EAST PARK AVENUE WATERLOO, IA 50677	42-1444315	501(C)(3)	55,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
THE JOB FOUNDATION PO BOX 1141 CEDAR FALLS, IA 50613	20-3091308	501(C)(3)	25,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
THE SALVATION ARMY OF WATERLOO/CEDAR FALLS - 89 FRANKLIN ST - WATERLOO, IA 50703	36-2167910	501(C)(3)	25,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
TRI-COUNTY CHILD AND FAMILY DEVELOPMENT COUNCIL INC - 205 ADAMS ST - WATERLOO, IA 50704	42-1020922	501(C)(3)	45,650.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
WATERLOO WRITING PROJECT 800 BROADWAY ST WATERLOO, IA 50703	47-3954055	501(C)(3)	20,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
JUNIOR LEAGUE OF WATERLOO CEDAR FALLS - PO BOX 568 - WATERLOO, IA 50704	42-6062659	501(C)(3)	6,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE INC OF CEDAR VALLEY 4807 UNIVERSITY AVENUE SUITE 202 CEDAR FALLS, IA 50613	27-1344755	501(C)(3)	10,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
NORTHEAST IOWA FOOD BANK 1605 LAFAYETTE STREET PO BOX 2397 WATERLOO, IA 50704	42-1169648	501(C)(3)	115,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
ONE CITY UNITED 907 INDEPENDENCE AVENUE WATERLOO, IA 50703	83-2071578	501(C)(3)	30,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
RIVERVIEW CENTER 2055 KIMBALL AVENUE SUITE 355 WATERLOO, IA 50702	36-3920008	501(C)(3)	77,855.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT AND COVID-19 SUPPORT
SMALL WORLD PRESCHOOL 3475 KIMBALL AVENUE WATERLOO, IA 50702	42-1372768	501(C)(3)	9,900.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
TRINITY PRESCHOOL AND CHILDCARE 4535 KIMBALL AVENUE WATERLOO, IA 50701	42-0958656	501(C)(3)	17,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 204 COMMONS - CEDAR FALLS, IA 50614	42-6058591	501(C)(3)	10,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
WATERLOO HOUSING TRUST FUND 229 EAST PARK AVENUE WATERLOO, IA 50703	46-1021281	501(C)(3)	20,000.	0.			GRANT FOR SPECIFIC PROGRAM SUPPORT
WATERLOO SCHOOLS FOUNDATION PO BOX 1896 WATERLOO, IA 50704	42-1364293	501(C)(3)	100,000.	0.			GRANT FOR COVID-19 SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

APPLICANTS WHO ARE SUCCESSFUL IN RECEIVING FUNDING ARE REQUIRED TO SUBMIT AN INTERIM AND FINAL ACCOUNTABILITY REPORT, INCLUDING QUANTIFIABLE MEASUREMENTS OF OUTCOME, VIA AN ONLINE GRANT MANAGEMENT SYSTEM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

OTTO SCHOITZ FOUNDATION

Employer identification number

81-1949053

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 WAS SENT TO THE EXECUTIVE DIRECTOR FOR REVIEW.

A FINAL COPY OF THE FORM 990 WAS SENT TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND IT IS KEPT ON FILE. ANY KNOWN CONFLICTS ARE IDENTIFIED AND ADDRESSED AT BOARD MEETINGS HELD THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE DETERMINES AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON AN ANNUAL PERFORMANCE REVIEW AND REVIEW OF MARKET DATA, INCLUDING SALARY SURVEYS. THE PERFORMANC REVIEW AND SUPPORTING DATA ARE INCLUDED IN THE EXECUTIVE DIRECTOR'S PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.