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Return of Private Foundation

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

2010

OMB No 1545-0052

							ling requirements.	2010
	_	ill that apply: Initial return			•	· —	Final return Name change	
Name	of fo	oundation		-			A Employer identification	number
<u> </u>		THE SCHAEFFER FOU	NDAT:	ION			43-1597983	
Numbe	er and	•				Room/suite	•	0.1
0.1			WES	<u> </u>				
		ST. CHARLES, MO					D 1 Foreign organizations	, check here
H Ch			` `		tion			
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements. Controlland Controll								
		art II, col (c), line 16)	Oth	ner (specify)			. ,	• •
	_		rt I, colur	nn (d) must be on cash b	asis)		under section 507(b)(1)	<u> </u>
Par	<u>t I</u>	(The total of amounts in columns (b), (c), and (d)	may not	(a) Revenue and expenses per books				(d) Disbursements for charitable purposes (cash basis only)
			ļ				·	
ļ	_ ,		h Sch B	21 075		1 075		oma meneram 1
	3	cash investments	ŀ	31,975.		1,9/5.		STATEMENT 1
			ļ					
	-	· · · · · · · · · · · · · · · · · · ·	0	253,134.			I	
une		Gross sales price for all 1 CAC E						
eve					25	3,134.		
<u>~</u>	8	Net short-term capital gain						
Ì		Grane calos lace returne						
ő			الإ				-	
		000 S 1000 NOV 1 5 2011 14	ζĺ	205 100	20	E 100		
2		Total Addines (through)	?		40			
			= }				<u> </u>	
_	15	Pension plans, employee benefits						
VO ses	16a	Legal fees STM	r 2	1,855.		0.	0.	0.
<u>⊸</u>								
ும்∤								
			רי כ	654		0.	0.	0.
} stra			LJ	034.	<u> </u>	<u> </u>		<u> </u>
Ë		· ·						
Adi								
and	22	Printing and publications						
ıng		•	г 4	550.		0.	0.	548.
rati	24			3 050		0		EAO
Ö	o e					U.	0.	548. 105,388.
				103,300.				100,000
		•		108,447.		0.		105,936.
	27							
	a	Excess of revenue over expenses and disburser	nents	176,662.			 	
			D-)		2	85,109.		+
	C	Adjusted net income (if negative, enter -0-)		1	<u> </u>		0.	<u></u>

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ►

5 O.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2 (123,076.
2 176,662.
3 0.
6 2,299,738.

Form 990-PF (2010)

306,065.

105,936.

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

Part IV

C d

b C d

> b C d е

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	990-PF (2010) THE SCHAEFFER FOUNDATION	1/-1	1040/5\ 4040/-			159/			age 4
	t VI Excise Tax Based on Investment Income (Section 4940), or 4	948 -	see i	nstru	CTIO	15)
	exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and en)					
	Date of ruling or determination letter: (attach copy of letter if nece								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%)	_1_			5,7	02.
	of Part I, line 27b			1 1					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part	i I, line 12, col. (b).)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers en	ter -0-)	ļ	2				0.
3	Add lines 1 and 2				3		!	5,7	02.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers er	nter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5			5,7	02.
6	Credits/Payments:								
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	1,	784.					
	Exempt foreign organizations - tax withheld at source	6b							
	Tax paid with application for extension of time to file (Form 8868)	6c	4,	000.					
	Backup withholding erroneously withheld	6d	1						
	Total credits and payments. Add lines 6a through 6d				7		!	5,7	84.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched			8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			>	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			•	10				82.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax		82. Refun	ded 📂	11				0.
	t VII-A Statements Regarding Activities		<u> </u>	0027		L	· · · · · · ·		
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation o	ir did it narticinate or	ntervene	ın			Yes	No
	any political campaign?		a dio il participato oi				1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	SPS /SPI	e instructions for defi	nition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and				d or		"		
	distributed by the foundation in connection with the activities	COPIC	ss or arry materials p	Judiisiic	u 0,				
_	•						1c		х
	Did the foundation file Form 1120-POL for this year?	. voor					10		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			0.					
	(1) On the foundation. > \$ 0. (2) On foundation managers				-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax	k imposed on loundar	HON .					
_	managers. ▶ \$	200							₹.
2	Has the foundation engaged in any activities that have not previously been reported to the If	10'					2		<u>X</u>
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in		ient, articles of incorp	oration, t	זנ		.		- T
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	11.				r / 3s	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	,			17	I/A	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 e	ither:							
	By language in the governing instrument, or			46 - 4-4	. 1				
	By state legislation that effectively amends the governing instrument so that no mandator	у аігес	tions that conflict with	i trie state	elaw			v	
_	remain in the governing instrument?						6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?						7	Х	├
_	If "Yes," complete Part II, col. (c), and Part XV	, .	MONTE						
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🟲	NONE						1
			0	. 1					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	/ General (or designat	e)				77	
	of each state as required by General Instruction G? If "No," attach explanation		10.10(.)(0)				8b	_ X_	├
9	Is the foundation claiming status as a private operating foundation within the meaning of se			o) for cale	endar				,,
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," of						9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a scheduler of the tax year?	ule listini	g their names and addres	ses			10	DE	X (0040)
						Fo	rm 990		(2010)

Form 990-PF (2010) THE SCHAEFFER FOUNDATION		4	13-159798	83 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye:	s 🔀 No	
(2) Influence the outcome of any specific public election (see section 4955); or		ectly,		1 1
any voter registration drive?		Ye:	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for	j	
the prevention of cruelty to children or animals?		Ye	s 🗓 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi				
c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		I/A 🔲 Ye	s 🔲 No	
If "Yes." attach the statement required by Regulations section 53 4945	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?	•	Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		(6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Information About Officers, Directors, Trusto	ees, Foundation Ma	anagers, Highly	,	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			r
/ > Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
				ĺ
		_ 1	_	
SEE STATEMENT 7		0.	0.	0.
				İ
	_			
	-			
		INCOME II		<u> </u>
2 Compensation of five highest-paid employees (other than those inc		, enter "NUNE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deterred	account, other
	devoted to position		compensation	allowances
NONE	4			
	ļ	 		
	-			
				
	-			
		+	 	+
	-			
		- 		
A	1			
Total number of other employees paid over \$50,000			<u> </u>	
A CARRA MULTIDEL DI DUTIEL EUTOLOVEES DAIU UVEL MJU.UUU			_	,

	<u>43-159</u>	7983 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	<i>'</i>	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of servi	ice	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc		
1 SUPPORTING CHARITABLE, SCIENTIFIC, AND EDUCATIONAL		
ACTIVITIES RELATING TO PHYSICAL DISABILITIES		105 036
		105,936.
2	 -	
	$\overline{}$	
2	 -	
3		
	\neg	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	\longrightarrow	
Total. Add lines 1 through 3		0.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	1,796,663.
	Fair market value of all other assets	1c	150,000.
ď	Total (add lines 1a, b, and c)	1d	1,946,663.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,946,663.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29,200.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,917,463.
6	Minimum investment return Enter 5% of line 5	6	95,873.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	95,873.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI)]	
C	Add lines 2a and 2b	2c	5,702.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	90,171.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	90,171.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	90,171.
۲	art XII Qualifying Distributions (see instructions)	1 1	
1 -	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 _{1a}	105,936.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1b	0.
þ	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
2	Amounts set aside for specific charitable projects that satisfy the:	-	· · · · · · · · · · · · · · · · · · ·
о a	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1	3a	
a b		3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	105,936.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
J	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	105,936.
Ū	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2010 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only b Total for prior years: 3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only b Total for prior years:	
a Enter amount for 2009 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	<u>71.</u>
b Total for prior years: y, 3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4	
b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 105,936. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
Part XII, line 4: \$\sim \sigma \frac{105,936}{\cdot \text{a Applied to 2009, but not more than line 2a}} \\ b Applied to undistributed income of prior years (Election required - see instructions) \\ c Treated as distributions out of corpus	
a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus	
years (Election required - see instructions) c Treated as distributions out of corpus	
c Treated as distributions out of corpus	
(Election required - see instructions) 0.	62
d Applied to 2010 distributable amount	04.
e Remaining amount distributed out of corpus	0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
c Enter the amount of prior years'	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	
d Subtract line 6c from line 6b. Taxable	
amount - see instructions 0.	
e Undistributed income for 2009. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2010. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2011 88,9	09.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3)	
8 Excess distributions carryover from 2005	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2011	
Subtract lines 7 and 8 from line 6a 0 .	
10 Analysis of line 9:	
a Excess from 2006	
b Excess from 2007	
c Excess from 2008	
d Excess from 2009	
e Excess from 2010	

orm 990-PF (2010) THE SCH Part XIV Private Operating F	AEFFER FOUN		U.A. guestion (1)		-1597983 Page 10
			n-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			un acetica	14040(1)(2) pr [4942(j)(5)
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or	
2 a Enter the lesser of the adjusted net	Tax year	(1) 2000	Prior 3 years	(4) 2007	/a) Tatal
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	ļ				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					i i
exempt activities					1
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					ŀ
3 Complete 3a, b, or c for the		 -	-	 	
alternative test relied upon:					
a "Assets" alternative test - enter:				i	
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on				ĺ	
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)					
(3) Largest amount of support from	1				
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Compl	ete this part only	y if the foundation	n had \$5,000 d	or more in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundati	on Managers:	-,			
a List any managers of the foundation w	•	e than 2% of the total co	ntributions received by the	he foundation before	the close of any tax
year (but only if they have contributed					•
SEE STATEMENT 8					
b List any managers of the foundation w	who own 10% or more of	the stock of a corporation	n (or an equally large nor	tion of the ownership	of a nartnership or
other entity) of which the foundation h			ii (or air equally large por	tion of the ownership	or a partitorship or
NONE	•				
	r: 0 1 0:01 1	. C-b-lbit l	D		
2 Information Regarding Contribu				44!4	ad annualta fau funda. If
	only makes contribution:				
the foundation makes gifts, grants, etc				Complete items 2a, u	, c, and u.
a The name, address, and telephone nu	mber of the person to wh	om applications should t	oe addressed:		
HAROLD SCHAEFFER					
#12 VILLAGE WEST DR	., ST CHARL	<u>ES, MO 6330</u>	3		
b The form in which applications should	be submitted and inform	ation and materials they	should include:		
SEE FORM ATTACHED	(STATEMENT	9)			
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awar	ds. such as by neonranh	ical areas, charitable field	is, kinds of institutions, o	or other factors:	
RESTRICTED TO CHARI					IN THE FIELD
OF PHYSICAL DISABIL	-				
023601 12-07-10		· · · · · ·			Form 990-PF (2010)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year 55,650. PUBLIC SHOWME AOUATICS AND NONE AOUATIC THERAPY CHARITY FITNESS PROGRAM SUPPORT FOR 2085 BLUESTONE DR., ST. INDIVIDUALS WITH CHARLES, MO 63303 DISABILITIES PUBLIC 15,665. WILLOWS WAY, INC. NONE PROGRAM SUPPORT CHARITY 800 FRIEDENS RD., ST. CHARLES, MO 63303 15,000. CHRISTOPHER SCHAEFFER GRANDSON/GREAT FUNDING FOR 25 NO 5 GREEN DR. NEPHEW HANDICAPPED EOUIPED CHARLES, MO 63303 VEHICLE FOR DISABLED INDIVIDUAL DALE RYAN NONE 8,173. BATHROOM REMODEL -904 CAULKS HILL RD., HANDICAPPED ACCESSIBLE HARVESTER, MO 63303 9,100. KEN OBERKROM NONE BATHROOM REMODEL -ST. 120 ELMCREST CT., HANDICAPPED ACCESSIBLE CHARLES, MO 63303 PUBLIC 1,800. COMMUNITY LIVING, INC. NONE FUNDING FOR GENERATOR 1040 ST. PETERS HOWELL CHARITY RD., ST. PETERS, MO 63376 ► 3a 105,388. Total b Approved for future payment NONE 0. Total

٠.

Analysis of Income-Producing Activities Part XVI-A

nter gross amounts unless otherwise indicated.	Unrelated	d business income		ed by section 512, 513, or 514	(e)
Title gross amounts unless other wise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	_		ļļ.		
C	_ \				
d	-	 			
e	_		 		
f			 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash	-			24 075	
investments			14	31,975.	
4 Dividends and interest from securities			 		
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property		· · · · · · · ·	 		
b Not debt-financed property			 -		<u> </u>
6 Net rental income or (loss) from personal					
property					
7 Other investment income			+-+		
8 Gain or (loss) from sales of assets other			18	252 124	
than inventory			 그의	253,134.	
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory			+		
11 Other revenue:			1 1		
a	_	·	 		
b	I		++		
			1 1		
d	-		1 1		
e	-	0.	1	285,109.	0.
13 Total Add line 12, columns (b), (d), and (e)			•11	13	285,109.
(See worksheet in line 13 instructions to verify calculations.	1			· · ·	203,103.
		l'alana a 4 a 4 E		. D	································
Part XVI-B Relationship of Activities	s to the Acc	omplishment of E	xempi	Purposes	
Line No Explain below how each activity for which in			A contrib	uted importantly to the accom	aplishment of
the foundation's exempt purposes (other th	an by providing fu	inds for such purposes).			
		- <u></u>			
					-
	.,				
					
		J			
					
					<u> </u>
					
					
					
	:				
D23521					5 000 DE (2042)

THE SCHAEFFER FOUNDATION 43-1597983 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (2) Other assets X 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) Х (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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, claration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign Here **BOARD OF MANAGERS** Signature of officer or trustee

(314) 275-7277

Form 990-PF (2010)

Check

self- employed

Firm's EIN ▶

Paid

Preparer

Use Only

Print/Type preparer's name

DAVID SAUERBURGER

Firm's name ► SIKICH LLP

Firm's address ▶ 12655 OLIVE BLVD.,

ST LOUIS, MO 63141

SUITE 200

Preparer's signature

FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
OFFICE EXPENSES TELEPHONE	214. 334. 2.	() .	0. 214. 0. 334. 0. 0.
TO FORM 990-PF, PG 1, LN 23	550.	().	0. 548.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 5
DESCRIPTION		LUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
KPQ LLC		COST	0.	0.
TOTAL TO FORM 990-PF, PART I	I, LINE 13		0.	0.

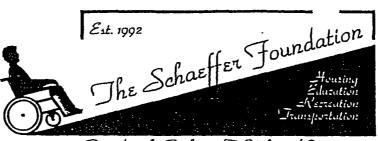
FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH IN	VESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
CITIZENS NATIONAL BANK (CD)				3,1	97.
COMMERCE BANK				3,9	60.
FIRST ADVANTAGE BANK				2,2	11.
FIRST NATIONAL BANK OF ST. L				5,2	
FIRST STATE BANK OF ST. LOUI	S			1,7	
PREMIER BANK				1,7	
PROVIDENCE BANK	_				08.
SHOWME AQUATICS LOAN INTERES	${f T}$			9,7	
TRUMAN BANK (CD) US BANK				3,7	33.
US BANK			_	Z	<u> </u>
TOTAL TO FORM 990-PF, PART I	LINE 3. CO	LUMN A		31,9	75.
	,		=	<u>, , , , , , , , , , , , , , , , , , , </u>	
FORM 990-PF	LEGAL	FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
LEGAL FEES	1,855.	0.	0		0 .
TO FM 990-PF, PG 1, LN 16A	1,855.	0.	0).	0.
FORM 990-PF	TAX	ES		STATEMENT	
	(A)	(B)	(C)	(D)	
	EXPENSES	NET INVEST-	ADJUSTED	CHARITA	BLI
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	E PURPOS	ES
DAGLER HAN DAGED ON					
EXCISE TAX BASED ON	C T A	0		1	0
INVESTMENT INCOME	654.	0.). 	0
TO FORM 990-PF, PG 1, LN 18	654.	0.	().	0

FORM 990-PF TRANSFERS	FROM CONTROLLED ORGANIZATIONS PART VII-A, LINE 11A	STATEMENT
NAME OF CONTROLLED ENTITY		EMPLOYER ID NO
KINGPIN & THE QUEEN, LLC		26-1210063
ADDRESS		
2085 BLUESTONE DRIVE ST CHARLES, MO 63303		
DESCRIPTION OF TRANSFER		
NONE		
		AMOUNT
		OF TRANSFER
		0

FORM 990-PF PART VIII - LIST TRUSTEES AND		-		RS	STATI	EMENT	7	
NAME AND ADDRESS		E AND HRS/WK			EMPLOYEE BEN PLAN CONTRIB	EXPENS		
HAROLD SCHAEFFER 12 VILLAGE DR. W ST CHARLES, MO 63303	BOARD (OF MANAG	ERS	0.	0.		0.	
JOAN SCHAEFFER 12 VILLAGE DR. W ST CHARLES, MO 63303	BOARD (OF MANAG	ERS	0.	0.		Ο.	
SUE SCHAEFFER 2962 HIGHWAY Z WENTZVILLE, MO 63385	BOARD (OF MANAG	ERS	0.	0.		0.	
WALTER SCHAEFFER 7 BRIARWOOD ST CHARLES, MO 63301	BOARD (OF MANAG	ERS	0.	0.		0 .	
LAWRENCE BEILSMITH 912 CLARENCE DR. ST CHARLES, MO 63301	BOARD (OF MANAC	SERS	0.	0.		0 .	
JAMES M. COCHRAN 12655 OLIVE BLVD., STE. 200 ST LOUIS, MO 63141	BOARD 0.	OF MANAC	SERS	0.	0.		0 .	
JEAN SCHAEFFER 7 BRIARWOOD ST CHARLES, MO 63301	BOARD 0.	OF MANA(SERS	0.	0.		0	
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART V	III		0.	0.		0	
FORM 990-PF PART	XV - LI		ERS		STAT	EMENT	8	

NAME OF MANAGER

HAROLD SCHAEFFER JOAN SCHAEFFER WALTER SCHAEFFER JEAN SCHAEFFER Harold A. Schaeffer Joan E Schaeffer Susan J Schaeffer Lawrence Beilsmith James M. Cockran Walter R. Schaeffer Jean Schaeffer



Providing the Pathways To Unlimited Opportunities

APPLICATION FORM

Ι,			do hereby apply for				
assistance from	The	Schaeffer	Foundation	for	the	followi	ing;
······································							
				•			
-							
NAME.							
NAME:ADDRESS:			,				
						 .	
PHONE:		·		-	·		
. DATE -							

Form **8868** (Rev. January 2011)

•• • , • ,

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	rt I and check this box		▶	► LXJ
If you a	re filing for an Additional (Not Automatic) 3-Month E	ctension, c	complete only Part II (on page 2 of this	form).		
Do not co	omplete Part II unless you have already been granted	an automa	tic 3-month extension on a previously f	iled Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	6 months for a corp	ooration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time You can electronically file F	orm 88	868 to request an e	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Train	nsfers /	Associated With Ce	ertain
Personal ¹	Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions) For more details on t	he elec	ctronic filing of this	form,
visit www	.rs.gov/efile and click on e-file for Charities & Nonprofit	s				
Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit onginal (no copies needed).			
A corpora	ition required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and con	nplete		
Part I only	/				•	-
	corporations (including 1120-C filers), partnerships, REN ome tax returns.	AICs, and t	rusts must use Form 7004 to request a	n exten	sion of time	
Type or	Name of exempt organization			Emp	loyer identification	n number
print File by the	THE SCHAEFFER FOUNDATION			4	3-1597983	
due date for	Number, street, and room or suite no. If a P O. box,	see instruc	tions.			
filing your return See	#12 VILLAGE DRIVE WEST	_	711			
instructions	City, town or post office, state, and ZIP code. For a	foreign add	lress, see instructions			
	ST. CHARLES, MO 63303					
Enter the	Return code for the return that this application is for (fi	le a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720		09	
Form 990		04	Form 5227			10
	rm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11
Form 990-T (trust other than above)			Form 8870			12
	HAROLD SCHAEFF	ER				
• The bo	ooks are in the care of > #12 VILLAGE DR		EST - ST. CHARLES, N	10 6	3303	
	none No. ► 636-949-5321		FAX No ▶			
•	organization does not have an office or place of busines	ss in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit			is is fo	r the whole group,	check this
box ▶	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension i	s for
1 l re	quest an automatic 3-month (6 months for a corporatio					
	AUGUST 15, 2011, to file the exem	pt organiza	ition return to the organization named	above.	The extension	
ıs f	or the organization's return for.	6	> (M)			
▶ !	X calendar year 2010 or	((
▶ 1	tax year beginning		ending		·	
2 If th	he tax year entered in line 1 is for less than 12 months,	check reas	on. Initial return Fin	al retur	'n	
_	Change in accounting period					
3a If th	his application is for Form 990.BL 990.BE 990.T 4790	or 6069 o	enter the tentative tax less any	1		
						5,784.
nonrefundable credits. See instructions. 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						<u>J,/04.</u>
		-		24		1,784.
estimated tax payments made Include any prior year overpayment allowed as a credit. 3b \$					φ	<u> </u>
c Ba		aument with	th this form if required	1		
	lance due. Subtract line 3b from line 3a. Include your pusing EFTPS (Electronic Federal Tax Payment System)			3c	s	4,000.

Form 8	868 (Rev 1-2011)					Page 2	
	u are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this bo	ж		▶ X	
	Only complete Part II if you have already been granted an a						
• If yo	u are filing for an Automatic 3-Month Extension, complet						
Part	II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the original (no c	opies n	eeded).		
Турес	Name of exempt organization			Employer identification number			
print	THE SCHAEFFER FOUNDATION					3	
File by the	I Number atreat and room or quita an It 3 U () have a	ee instruc	tions.				
due date							
return S	City, town or post office, state, and ZIP code. For a for	oreign add	lress, see instructions				
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applic	eation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	990	01					
Form !	990-BL	02	Form 1041-A			08	
Form !	990-EZ	03	Form 4720			09	
Form!	990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069		11		
	990-T (trust other than above)	_06	Form 8870			12	
STOP	! Do not complete Part II if you were not already granted		matic 3-month extension on a previou	usly file	d Form 8868.		
• 75	HAROLD SCHAEFF		י פון כש כשאסו פים	40 E	3303		
	e books are in the care of ► <u>#12_VILLAGE_DR</u> ephone No.► 636-949-5321	TAE M	FAX No ►	O OF	3303		
	he organization does not have an office or place of busines	e in the 11	——————————————————————————————————————				
	his is for a Group Return, enter the organization's four digit			ne ie foi	 r the whole arou	in check this	
box 1		-	ach a list with the names and ElNs of al				
4			BER 15, 2011	11101110	oro trio oxionole		
5	For calendar year 2010, or other tax year beginning		, and ending				
6	If the tax year entered in line 5 is for less than 12 months, or	check reas		Final r	eturn		
	Change in accounting period						
7	State in detail why you need the extension SEE ST	ATEME	NT 9				
					,		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					}		
				8a	\$	5,784.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					ł		
	tax payments made Include any prior year overpayment a	llowed as	a credit and any amount paid	8b		F 704	
previously with Form 8868 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					\$	5,784.	
С		•	ith this form, if required, by using	0-		0.	
	EFTPS (Electronic Federal Tax Payment System). See inst.		nd Verification	8c	\$		
Unde	penalties of perjury, I declare that I have examined this form, inclu			he heet r	nf my knowladna :	and helief	
it is tr	ue, correct, and complete, and that I am authorized to prepare this	form.	parry and conscious and statements, and to t		momougu		
Signa	ture > Barbara) Vantifer Title >	CPA		Date	8/10		
						8 (Rev 1-2011)	



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