

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

_		dar year 2012 or tax year baginning MAY	22, 2012	, and ending	DEC 31, 2012) Open to public magection
_		foundation	LL, LVL	,	A Employer Identification	
		VEN AND MARCY SCHAEFFER	FAMILY			
		NDATION, INC.			45-5339818	3
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
P	0 1	BOX 309			(607)723-5	341
City	orto	own, state, and ZIP code			C If exemption application is a	pending, check here
I	TH	ACA, NY 14850				. —
G	heck	all that apply X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2. Foreign organizations m	eeting the 85% test.
		Address change	Name change	· · · · · · · · · · · · · · · · · · ·	2. Foreign organizations mocheck here and attach of	omputation
H_C	_	type of organization X Section 501(c)(3) ex	• •		E If private foundation sta	
			Other taxable private founda		under section 507(b)(1	, , ,
		rket value of all assets at end of year J Account		Accrual	F If the foundation is in a	
			her (specify)	hada l	under section 507(b)(1)(B), check here
-	\$	250007 . (Part I, colu			(-) (-)	(d) Disbursements
PE	ırt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	for charitable purposes
			2500000.		N/A	(cash basis only)
		Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B	2300000.		477.53	
	2	Interest on savings and temporary cash investments				· · · · · · · · · · · · · · · · · · ·
	4	Dividends and interest from securities	7.	7.		STATEMENT 1
	1	Gross rents				
	Ι.	Net rental income or (loss)				
		Net gain or (loss) from sale of assets not on line 10			 	**************************************
Ę	b	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)	***************************************	0.		
ď	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances		######################################	•••••••••••••••••••••••••••	
	b	Less Cost of goods sold				
	C	Gross profit or (loss)			<u> </u>	<u> </u>
	11	Other income	2500007.	7.		
	12	Total. Add lines 1 through 11	2500007.	0.		0.
	13	Compensation of officers, directors, trustees, etc	- 0.			· · ·
70	14	Other employee salaries and wages Pension plans, employee benefits	-			
္က	15	Legal fees				
S S	h	Accounting fees				-
CANNED ive Expenses	"	Other professional fees	-	F	FOUNTED	
		Interest			KEU LIVEU	
	18	Taxes		5		81
AV W inistra	19	Depreciation and depletion		02	MAY 2 0 2013	4.2
< ፟፮	20	Occupancy		区		图
o o o	21	Travel, conferences, and meetings			ARPAI 117	'
×	22	Printing and publications		1	BUEN. N.L.	
	23	Other expenses				
rati	24			_		_
ChU Operating	1	expenses. Add lines 13 through 23	0.	0.		0.
J	25	Contributions, gifts, grants paid	0.		<u> </u>	<u> </u>
	26	Total expenses and disbursements.	0.	0.		0.
	27	Add lines 24 and 25 Subtract line 26 from line 12	V •			· · · · · · · · · · · · · · · · · · ·
			2500007.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		7.	•	** ***********************************
	1	Adjusted net income (if negative, enter -0-)			N/A	
2235						Form QQQ-DE (2012)

FOI	IND	ΑΤΙ	ON.	INC.

45-5339818 Page 2

-		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
L	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		2500007.	2500007.
		Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			·
Assets	9	Prepaid expenses and deferred charges			
ğ		Investments - U S and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	ļ	Less. accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment. basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe			
	ļ				
	16	Total assets (to be completed by all filers)	0.	<u>2500007.</u>	2500007.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
			_		
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ခွ	24	Unrestricted			
ā	25	Temporarily restricted			
Ä	26	Permanently restricted			
Š	1	Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.		^	
ş	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.		
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	2500007. 2500007.	
ž	30	Total net assets or fund balances	0.	2500007.	
	<u> </u>		0.	2500007.	
_	31	Total liabilities and net assets/fund balances		2300007.	
F	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	0.
2		r amount from Part I, line 27a		2	2500007.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	2500007.
5		eases not included in line 2 (itemize)	 	5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2500007.

	and Losses for Tax on In	vootmon	t Incomo			43-33	539616 Page 8
<u> </u>			Lincome	1(b) I	How acquired	(e) Date acquired	(d) Date cold
(a) LIST and desc 2-story brick wa	ribe the kind(s) of property sold (e g arehouse, or common stock, 200 shs	, real estate, MLC Co)		, P	low acquired - Purchase - Donation	(c) Date acquired (mo , day, yr)	d (d) Date sold (mo , day, yr)
1a				 - 	- Dollation		
	NE			 			
C 210				1			
d							
8							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (le (e) plus (f) min	
a							
b					<u> </u>		
C							
d							
							
Complete only for assets shown	ng gain in column (h) and owned by t					(I) Gains (Col. (h) g ol. (k), but not less	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (j), if any			Losses (from co	ol (h))
a			<u> </u>				
b							
C							
d							
<u> </u>							
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter -0-	in Part I, line In Part I, line	7 7	}	2		
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	d (6)					
If gain, also enter in Part I, line 8,		. , ,		- 1			
If (loss), enter -0- in Part I, line 8	1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dadasaa	Tour on No.		3		
	Inder Section 4940(e) for					come	N/A
(For optional use by domestic private	e foundations subject to the section 4	1940(a) tax on	ı net investment ii	ncome	3)		N/A
If section 4940(d)(2) applies, leave t	his part blank						
			t ha h				Yes No
	ction 4942 tax on the distributable am			1100 /			Yes No
1 Enter the appropriate amount in	ulify under section 4940(e) Do not co each column for each year, see the in	impiete triis pa istructions be	fore making any e	entries			
(a)	(b)			(c)	<u> </u>		(d)
Base periód years Calendar year (or tax year beginni	A distribution of the first of the second se	tributions	Net value of no		ritable-use asset		stribution ratio divided by col (c))
2011	,						
2010				-			
2009							
2008							
2007							
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the	5-year base period - divide the total of	on line 2 by 5,	or by the numbe	r of ye	ars		
the foundation has been in existe	ence if less than 5 years					3	
A Enter the net value of noncharita	ble-use assets for 2012 from Part X,	line 5				4	
	010 000 00000 101 001 010 110 110 110 1						
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)					6	<u></u>
7 Add lines 5 and 6						7	
8 Enter qualifying distributions from	m Part XII, line 4					8	
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the box in Part VI, line	1b, and com	plete that part usi	ng a 1	% tax rate.		
			·				Form 990-PF (2012

STEVEN AND MARCY SCHAEFFER FAMILY

Forn		-53398			Page 4
Pê	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ir	stru	ctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				0.
	of Part I, line 27b				
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3		↓			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>			0.
6	Credits/Payments				
	a 2012 estimated tax payments and 2011 overpayment credited to 2012				
	Exempt foreign organizations - tax withheld at source				
	: Tax paid with application for extension of time to file (Form 8868)				
	I Backup withholding erroneously withheld				^
7	Total credits and payments Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	 -			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	+			
	Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ► 11 art VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	— т		Vac	No
ıa	any political campaign?	<u> </u>	1a	103	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	F	1b		$\frac{x}{x}$
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or	r			<u> </u>
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		10		Х
	I Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year				
Ī	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$ 0 •	l			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.	Γ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. [4a		Х
b	ı If "Yes," has it filed a tax return on F orm 990- T for this year?	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ.,	5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or	1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1			v
_	remain in the governing instrument?		6	v	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	ļ-	7	Х	
0-	If "Yes," complete Part II, col. (c), and Part XV.				
oa	n Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
U	of each state as required by General Instruction G? If "No," attach explanation		8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	F	00		
,	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		g		х
10		 	10		X
	in 100, should be should b	Form		PF ((2012)

STEVEN AND MARCY SCHAEFFER FAMILY

<u>Form</u>	1990-PF (2012) FOUNDATION, INC.	45-5339	9818		Page 5
	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		_ <u>X</u> _
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?			
	If "Yes," attach statement (see instructions)		12	••	<u> </u>
13			13	X	
	Website address ► N/A The books are in care of ► STEVEN F. SCHAEFFER Telephone no I	16071	722	F 2 /	1
14		ZIP+4 >14	1850	334	
45	Located at ► PO BOX 309, ITHACA, NY Control 4047(x)(4) recovered the stable tweet files form 1000 PE to leave of Form 1001. Check hors.	ZIP+4 <u>1</u>	1030	_	\Box
10	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	10		Yes	No
10	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign		ļ		
	country		<u> </u>		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	During the year did the foundation (either directly or indirectly)				
	(-) gag	es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		s X No			
	(4) (4)	s X No			
	(1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	s X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	. w.			
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after	s X No			
		12 TV NO			
ı	o if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	16		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/ A ▶□			
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
•	before the first day of the tax year beginning in 2012?		10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1		
-	defined in section 4942(j)(3) or 4942(j)(5))				
	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin	g			
		s X No			
	If "Yes," list the years				
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	4-			
	statement - see instructions)	N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
3	[=]	es X No			
	• ·				
١	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons aft May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d				
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C				
	Form 4720, to determine if the foundation had excess business holdings in 2012)	, N/A	3b		
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	,	4a		X
	b Did the foundation mivest during the year any amount in a mainter that would jeopardize its chantable purposes: b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	e that		• • • • • • • • • • • • • • • • • • • •	··· ······
,	had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b		Х
		Fo	rm 990	-PF(

0

Total number of other employees paid over \$50,000

	DIEARN WAD LIWICI	
Form 990-PF (2012)	FOUNDATION, INC.	

Part VIII Information About Officers, Directors, Trustees, Foundation Manag Paid Employees, and Contractors (continued)	ers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	b) Type of service	(c) Compensation
NONE	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part tX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information s number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expenses
1 N/A		
2		
3		
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		
Total. Add lines 1 through 3	 	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1a	0.
b	Average of monthly cash balances	1b	357144.
C	Fair market value of all other assets	10	
-	Total (add lines 1a, b, and c)	1d	357144.
	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	357144.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5357.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	351787.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	10795.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	10795.
	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	10795.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	10795.
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	10795.
<u> </u>	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
þ	Program-related investments - total from Part IX-B	16	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	e section

Form 990-PF (2012) FOUNDATION, INC.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		· · · · · · · · · · · · · · · · · · ·		10705
line 7	######################################			10795.
2 Undistributed income, if any, as of the end of 2012			,	i
a Enter amount for 2011 only	······································		0.	,
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012		•		**************************************
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 0 .				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior	····			
		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	V •			0.
d Applied to 2012 distributable amount	0.			
e Remaining amount distributed out of corpus	0.	 		0.
5 Excess distributions carryover applied to 2012 (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:				
2 Corpus Add Ilnes 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		İ
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				10795.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				
B LAUGSS HUIII ZU IZ	<u> </u>	<u> 1</u>	<u> </u>	Form 990-DE (2012)

	ION, INC.	1.0-4.7/1	A	45-53 N/A	39818 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶ └	40.40/1/01	240(1/5)
b Check box to indicate whether the found		ng foundation described i		4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.00.	Prior 3 years	(4) 0000	/a\ Tatal
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
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					
·					
exempt activities					_
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon				1	
a "Assets" alternative test - enter					
(1) Value of all assets					
(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					
securities loans (section	İ				
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)	1				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t			i tile iodiladion	1100 40,000 01 111	010 111 000010
		dollons./	-		
1 Information Regarding Foundation					
a List any managers of the foundation wh	o have contributed more	than 2% of the total conti	ibutions received by the	toundation before the cio	se of any tax
year (but only if they have contributed r	nore man \$5,000) (See S	86(1011 307(0)(2))			
NONE				 	
b List any managers of the foundation wh			or an equally large portion	n of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here X if the foundation of				ot accept unsolicited regi	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indi-	viduals or organizations u	nder other conditions, co	implete items 2a, b, c, an	d d
a The name, address, and telephone num					· · · · · · · · · · · · · · · · · · ·
ם זוום וומווום, מענובסט, מווע נפופטווטוופ וועזוו	וטטר טו פ-ווומוו טו נוופ פונאל	on to minorii appiications s			
E The farmer has been as a large state of the	tion and materials that the	ould induids			
b The form in which applications should t	be submitted and informa	tion and materials they sh	Iouia Inciua e		
c Any submission deadlines					
				· · · · · · ·	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or o	other factors	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution **Amount** Name and address (home or business) recipient a Paid during the year NONE ▶ 3a ٥. Total b Approved for future payment NONE **▶** 3b 0. Total

er gross amounts unless otherwise indicated.		d business income		ded by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exemption function income
•			1		
	_		+		
			 		
	1 1		1		<u></u>
			1		
Fees and contracts from government agencies					
1embership dues and assessments					
nterest on savings and temporary cash					
ivestments					
ividends and interest from securities			14	7.	
et rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal			ŀ		
roperty					
Other investment income			↓		
Gain or (loss) from sales of assets other			ł		
han inventory					
let income or (loss) from special events					
iross profit or (loss) from sales of inventory			ļ		
other revenue			1		
			ļ		
	-		-		
			 		
	ſ				
1					
Subtotal Add columns (b), (d), and (e)		0.		7.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations	s)			13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations out XVI-B Relationship of Activitie e No. Explain below how each activity for which it	es to the Acco	emplishment of E	xemp	t Purposes	
iubtotal Add columns (b), (d), and (e) iotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie e No. Explain below how each activity for which in	es to the Acco	emplishment of E	xemp	t Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations Relationship of Activitie e No. Explain below how each activity for which	es to the Acco	emplishment of E	xemp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Acco	emplishment of E	xemp	t Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations Relationship of Activitie e No. Explain below how each activity for which	es to the Acco	emplishment of E	xemp	t Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations Relationship of Activitie e No. Explain below how each activity for which	es to the Acco	emplishment of E	xemp	t Purposes	

	۰ ۵ (۵				IAEFFER FAMIL	Υ	15 5	339818	5	
Part	0-PF (2		ATION, IN		and Transportions	and Deletions			Page 1	3
Part	VAN 3	Exempt Organ		isters 10	and Transactions a	and Relations	nips with None	naritable		
1 Dic	1 600 000			of the follows	ng with any other organizati	on described in sect	ron FO1/c) of		res N	_
					ig with any other organizati 27, relating to political organ		1011 30 1(0) 01		103 11	-
	•	from the reporting found			• •	1124(10113*				
	Cash	morn the reporting rounds	ation to a nonchante	מטוס פאסוווףנ טו	yamzation or.			1a(1)	x	
	Other	accate .						1a(2)	X	
		sactions						1.00-7		
		of assets to a noncharita	ible evernit ornania:	ation				16(1)	X	
٠.		ases of assets from a no						16(2)	$-\frac{1}{X}$	
٠,		of facilities, equipment,	•	0.80				1b(3)	X	
		oursement arrangements					•	1b(4)	X	
		or loan guarantees						1b(5)	Х	
		mance of services or me	embership or fundra	using solicitatio	ons			10(6)	Х	_
		facilities, equipment, ma		•				10	Х	_
	-		-		edule Column (b) should al	ways show the fair r	narket value of the goo	ds, other asse	ts,	_
		*		_	ed less than fair market vali					
co	umn (d) the value of the goods,								_
(a) Line r	10	(b) Amount involved	(c) Name o	of noncharitable	e exempt organization	(d) Description	of transfers, transactions,	and sharing arra	ngements	_
				N/A						
										_
										_
						<u> </u>				_
			ļ						.	_
		- 								_
										_
	-									_
	_									_
					 					
			 			- 				_
			 					<u></u>		_
	+							 -		_
	_									—
									-	_
20 10	h a fa	dation discally as advant	the officetor with an	related to and	as mare toy evernat ergen	Izationa dagarihad				_
		501(c) of the Code (other	•	•	or more tax-exempt organi	izations described		Yes	X No	•
		mplete the following sch	•)(3)) UI III 5 8 6	(101) 527			163	[<u>23</u>] 190	,
וו ע	165, 60	(a) Name of org			(b) Type of organization		(c) Description of relati	onship		_
	-	N/A			(-/ //-		(,,			_
						 	·			_
			 ·- ·- ·- ·- ·- ·- · - ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-							_
	_									_
										_
					ng accompanying schedules and			May the IRS dis	cuss this	ī
Sign	and be	lief, it is true, correct, and cor	nplete Decimation of b	eparer (other tha	in taxpayer) is based on all inform	nation of which prepare	r has any knowledge	return with the shown below (s	preparer	
Here		Marcu	Ochaelk		15/14/13	PRESI	DENT	X Yes	☐ N	٥
	Sign	ature of o fficer or trustee	11)		Date	Title				
		Print/Type preparer's na	ame (/O	Preparer's s	Ignature	Date		TIN		-
_				1/1			self- employed			
Paid		CARL A. MA				05/10/13		2004044		_
Prep	arer	Firm's name ► JOH	IN G. ULLN	MAN & A	SSOC., INC.		Firm's EIN ► 16-	-111314	1	

607-936-3785

Phone no

Firm's address ▶ P.O. BOX 1424

CORNING, NY 14830

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Name of the organization

STEVEN AND MARCY SCHAEFFER FAMILY

Employer identification number

FOUNDATION, INC.

45-5339818

		CITOI	11 1011	11101							
Organiz	ation type (check or	ne):									
Filers of	:	Section	on:								
Form 99	0 or 990-EZ		501(c)() (enter number) orga	nızatıon						
			4947(a)(1) ı	onexempt charitable	trust not trea	ted as a priv	vate found	ation			
			527 politica	iorganization							
Form 99	0-PF	X	X 501(c)(3) exempt private foundation								
			4947(a)(1) ı	onexempt charitable	trust treated	as a private	foundation	1			
			501(c)(3) ta	xable private foundati	on						
				eneral Rule or a Spec nization can check bo		he General	Rule and a	Special Rul	e. See inst	ructions.	
General	Rule										
X	For an organization contributor. Comple	-		90-EZ, or 990-PF that	received, dur	ing the year	, \$5,000 or	more (in mo	ney or pro	perty) from	any one
Special	Rules										
	509(a)(1) and 170(b	b)(1)(A)(vi) and rece	ing Form 990 or 990-E ived from any one coi II, line 1h, or (ii) Form	ntributor, duri	ng the year,	a contribu	ition of the g			
	total contributions	of more	e than \$1,00	anization filing Form 9 00 for use exclusively t r animals. Complete F	or religious, o	:hantable, s					
	contributions for us If this box is checken purpose. Do not co	se <i>exclu</i> ed, ente omplete	usively for re er here the any of the	anization filing Form 9 eligious, charitable, etc total contributions that parts unless the General es of \$5,000 or more co	c., purposes, it were receiv e ral Rule app	but these co ed during th lies to this c	ontributions ie year for a	s did not tota an <i>exclusivel</i>	al to more ' ly religious,	than \$1,000 , charitable, ionexclusiv	0. , etc.,
but it m	An organization thust answer "No" on	nat is no Part IV	ot covered i	by the General Rule ar s Form 990; or check ents of Schedule B (F	nd/or the Spe the box on lir	cial Rules d	orm 990-E2				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization STEVEN AND MARCY SCHAEFFER FAMILY FOUNDATION, INC.

Employer identification number 45-5339818

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVEN F. AND MARCY C. SCHAEFFER PO BOX 309 ITHACA, NY 14850	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
STEVEN AND MARCY SCHAEFFER FAMILY
FOUNDATION, INC.

Employer identification number

45-5339818

Part I (a) No. Irom Part I (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Part I (e) FMV (or estimate) (see instructions) (d) Part I (e) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) Date receive (g) FMV (or estimate) (see instructions) (g) Date receive (g) FMV (or estimate) (see instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. from Part I (b) Description of noncash property given FMV (or estimate) (see instructions) Date receive (see instructions) Date	No. from		FMV (or estimate)	(d) Date received	
(a) No. rom Description of noncash property given S					
No. (a) Description of noncash property given			\$		
(a) No. 10	No. from		FMV (or estimate)	(d) Date received	
No. (a) No. (b) (b) (c) FMV (or estimate) (see instructions) (d) Date receive (e) No. (form (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (form (see instructions) (g) Date receive (g) Date receive (g) FMV (or estimate) (see instructions) (h) Date receive (g) Date receive (h) Date receive (g) Date receive			\$		
(a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions)	No. from		FMV (or estimate)	(d) Date received	
No. from Description of noncash property given \$	-		\$		
(a) No. Tom Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (a) No. Tom Description of noncash property given (c) FMV (or estimate) (d) FMV (or estimate) (see instructions) Date receive	No. rom		FMV (or estimate)	(d) Date received	
No. (b) FMV (or estimate) (see instructions) (a) No. (b) (b) (c) FMV (or estimate) (see instructions) (c) (d) Date receive (d) (e) FMV (or estimate) (f) FMV (or estimate) (g) Date receive			\$		
(a) No. (b) FMV (or estimate) Form Description of noncash property given (c) FMV (or estimate) (see instructions) Date receive	No. rom		FMV (or estimate)	(d) Date received	
No. (b) FMV (or estimate) (d) From Description of noncash property given (see instructions) Date received			\$		
	No. from		FMV (or estimate)	(d) Date received	
\$					

•									
Name of org	N AND MARCY SCHAEFFER FA	MILY	Page Employer identification number						
FOUNDA Part III	ATION, INC. Exclusively religious, charitable, etc., indivive year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	e following line entry. For organizations of contributions of \$1,000 or less for the y	(8), or (10) organizations that total more than \$1,000 for the pmpleting Part III, enter lear (Enter this information once.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and	.,	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
j	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	DIVIDENDS	AND	INTEREST	FROM	SECURIT	IES		STATI	EMENT	1
SOURCE			GROSS AMO	UNT	CAPITA DIVI				JMN (A))
MORGAN STANLEY SMITH	BARNEY	•		7.			0.			7.
TOTAL TO FM 990-PF, I	PART I, LN	4		7.		-	0.			7.
FORM 990-PF PAF			OF OFFICE			s		STATI	EMENT	2
NAME AND ADDRESS			TITLE A		COMPE SATIO		BEN		EXPENS ACCOUN	
MARCY C. SCHAEFFER PO BOX 309 ITHACA, NY 14850			DIRECTOR, 0.25	PRE	SIDENT	0.		0.		0.
STEVEN F. SCHAEFFER PO BOX 309 ITHACA, NY 14850			DIRECTOR, 0.25	TRE	ASURER	0.		0.		0.
KELSEY JANE GARDNER PO BOX 309 ITHACA, NY 14850			DIRECTOR, 0.10	ASS	ITANT TR	EASU	RER	0.		0.
JULIE SCHAEFFER PO BOX 309 ITHACA, NY 14850			DIRECTOR, 0.10	VIC	E PRESID	ENT 0.		0.		0.
LESLIE D. WAGNER PO BOX 309 ITHACA, NY 14850			DIRECTOR 0.10			0.		0.		0.
JAMES R. FRANZ PO BOX 309 ITHACA, NY 14850			DIRECTOR, 0.10	SEC	RETARY	0.		0.		0.
ANDREA KABCENELL PO BOX 309 ITHACA, NY 14850			DIRECTOR 0.10			0.		0.		0.
TOTALS INCLUDED ON 99	90-PF, PAG	E 6,	PART VIII			0.		0.		0.