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Department of the Treasury  
Internal Revenue ServiceReturn of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545 0052

2012

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2012, or tax year beginning 7/01, 2012, and ending 6/30, 2013

E & M SCHREIBER FAMILY FOUNDATION  
180 RIVERSIDE DRIVE  
NEW YORK, NY 10024A Employer identification number  
13-3475648B Telephone number (see the instructions)  
718-972-6272G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name changeH Check type of organization: ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, column (c), line 16)  
\$ 1,503,168.  
J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) (Part I, column (d) must be on cash basis.)C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

## Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc. received (att sch)

15,000.

2 Check ☐ if the foundation is not req to att Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain/(loss) from sale of assets not on line 10

41,760.

b Gross sales price for all assets on line 6a 509,350.

7 Capital gain net income (from Part IV, line 2)

41,760.

8 Net short-term capital gain

21,856.

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit/(loss) (att sch)

11 Other income (attach schedule)

SEE STATEMENT 1

44,841.

12 Total. Add lines 1 through 11

101,601.

41,760.

21,856.

13 Compensation of officers, directors, trustees, etc

0.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach sch)

c Other prof fees (attach sch)

17 Interest

18 Taxes (attach schedule)(see instrs)

19 Depreciation (attach sch) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

SEE STATEMENT 2

94.

94.

94.

24 Total operating and administrative expenses. Add lines 13 through 23

94.

94.

94.

25 Contributions, gifts, grants paid PART XV

197,115.

197,115.

26 Total expenses and disbursements. Add lines 24 and 25

197,209.

94.

0.

197,209.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

-95,608.

b Net investment income (if negative, enter -0-)

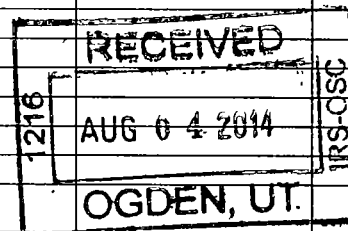
41,666.

c Adjusted net income (if negative, enter -0-)

21,856.

SCANNED AUG 07 2014

ADMINISTRATIVE AND OPERATING EXPENSES



11

| Part II Balance Sheets      |                                                                                                    | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)      |            | Beginning of year | End of year    |                       |
|-----------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|-------------------|----------------|-----------------------|
|                             |                                                                                                    |                                                                                                                         |            | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| ASSETS                      | 1                                                                                                  | Cash — non-interest-bearing                                                                                             |            | 23,457.           | 49,006.        | 49,005.               |
|                             | 2                                                                                                  | Savings and temporary cash investments                                                                                  |            |                   |                |                       |
|                             | 3                                                                                                  | 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 (attach schedule) (see instructions) |            |                   |                |                       |
|                             | 7                                                                                                  | Other notes and loans receivable (attach sch)                                                                           |            |                   |                |                       |
|                             |                                                                                                    | Less: allowance for doubtful accounts                                                                                   |            |                   |                |                       |
|                             | 8                                                                                                  | Inventories for sale or use                                                                                             |            |                   |                |                       |
|                             | 9                                                                                                  | Prepaid expenses and deferred charges                                                                                   |            |                   |                |                       |
|                             | 10a                                                                                                | Investments — U.S. and state government obligations (attach schedule)                                                   |            |                   |                |                       |
|                             | b                                                                                                  | Investments — corporate stock (attach schedule) STATEMENT 3                                                             | 264,360.   | 242,588.          | 242,588.       |                       |
|                             | c                                                                                                  | Investments — corporate bonds (attach schedule) STATEMENT 4                                                             | 68,433.    | 74,110.           | 74,110.        |                       |
|                             | 11                                                                                                 | Investments — land, buildings, and equipment: basis                                                                     |            |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule)                                                   |                                                                                                                         |            |                   |                |                       |
| 12                          | Investments — mortgage loans                                                                       |                                                                                                                         |            |                   |                |                       |
| 13                          | Investments — other (attach schedule) STATEMENT 5                                                  | 1,173,104.                                                                                                              | 1,137,465. | 1,137,465.        |                |                       |
| 14                          | Land, buildings, and equipment: basis                                                              |                                                                                                                         |            |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule)                                                   |                                                                                                                         |            |                   |                |                       |
| 15                          | Other assets (describe)                                                                            |                                                                                                                         |            |                   |                |                       |
| 16                          | Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)      |                                                                                                                         |            | 1,529,354.        | 1,503,169.     | 1,503,168.            |
| LIABILITIES                 | 17                                                                                                 | Accounts payable and accrued expenses                                                                                   |            |                   |                |                       |
|                             | 18                                                                                                 | Grants payable                                                                                                          |            |                   |                |                       |
|                             | 19                                                                                                 | Deferred revenue                                                                                                        |            |                   |                |                       |
|                             | 20                                                                                                 | Loans from officers, directors, trustees, & other disqualified persons                                                  |            |                   |                |                       |
|                             | 21                                                                                                 | Mortgages and other notes payable (attach schedule)                                                                     |            |                   |                |                       |
|                             | 22                                                                                                 | Other liabilities (describe) SEE STATEMENT 6                                                                            | 1.         | 2.                |                |                       |
|                             | 23                                                                                                 | Total liabilities (add lines 17 through 22)                                                                             | 1.         | 2.                |                |                       |
| NET FUND ASSETS OR BALANCES | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. |                                                                                                                         |            |                   |                |                       |
|                             | 24                                                                                                 | Unrestricted                                                                                                            |            |                   |                |                       |
|                             | 25                                                                                                 | Temporarily restricted                                                                                                  |            |                   |                |                       |
|                             | 26                                                                                                 | Permanently restricted                                                                                                  |            |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.              |                                                                                                                         |            | X                 |                |                       |
|                             | 27                                                                                                 | Capital stock, trust principal, or current funds                                                                        | 1,529,353. | 1,503,167.        |                |                       |
|                             | 28                                                                                                 | Paid-in or capital surplus, or land, building, and equipment fund                                                       |            |                   |                |                       |
|                             | 29                                                                                                 | Retained earnings, accumulated income, endowment, or other funds                                                        |            |                   |                |                       |
|                             | 30                                                                                                 | Total net assets or fund balances (see instructions)                                                                    | 1,529,353. | 1,503,167.        |                |                       |
|                             | 31                                                                                                 | Total liabilities and net assets/fund balances (see instructions)                                                       | 1,529,354. | 1,503,169.        |                |                       |

## Part III Analysis of Changes in Net Assets or Fund Balances

|   |                                                                                                                                                            |   |            |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,529,353. |
| 2 | Enter amount from Part I, line 27a                                                                                                                         | 2 | -95,608.   |
| 3 | Other increases not included in line 2 (itemize) SEE STATEMENT 7                                                                                           | 3 | 69,422.    |
| 4 | Add lines 1, 2, and 3                                                                                                                                      | 4 | 1,503,167. |
| 5 | Decreases not included in line 2 (itemize)                                                                                                                 | 5 |            |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30                                                      | 6 | 1,503,167. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

|                                                                                                                                          |                                                  |                                         |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
| 1 a SEE STATEMENT 8                                                                                                                      |                                                  |                                         |                                     |
| b                                                                                                                                        |                                                  |                                         |                                     |
| c                                                                                                                                        |                                                  |                                         |                                     |
| d                                                                                                                                        |                                                  |                                         |                                     |
| e                                                                                                                                        |                                                  |                                         |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a                     |                                            |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                     | (i) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (j) Fair Market Value<br>as of 12/31/69                                                     | (k) Adjusted basis<br>as of 12/31/69 | (l) Excess of column (i)<br>over column (j), if any |                                                                                                       |
| a                                                                                           |                                      |                                                     |                                                                                                       |
| b                                                                                           |                                      |                                                     |                                                                                                       |
| c                                                                                           |                                      |                                                     |                                                                                                       |
| d                                                                                           |                                      |                                                     |                                                                                                       |
| e                                                                                           |                                      |                                                     |                                                                                                       |

|                                                                                 |                                                                                                                                                                                                          |   |         |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 2 Capital gain net income or (net capital loss)                                 | <div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div>                                | 2 | 41,760. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | <div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br/>           in Part I, line 8         </div> | 3 | 21,856. |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
|-------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| 2011                                                                    | 256,896.                                 |                                                 |                                                                 |
| 2010                                                                    | 22,150.                                  |                                                 |                                                                 |
| 2009                                                                    | 20,451.                                  |                                                 |                                                                 |
| 2008                                                                    | 77,227.                                  |                                                 |                                                                 |
| 2007                                                                    | 59,791.                                  |                                                 |                                                                 |

|                                                                                                                                                                                |   |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 |          |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 |          |
| 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5                                                                                                 | 4 |          |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 |          |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 417.     |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 417.     |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 197,209. |

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. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

|                                                                                                                                                                                                                                     |     |          |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs) |     |          |      |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                        |     | 1        | 417. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                         |     |          |      |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         |     | 2        | 0.   |
| 3 Add lines 1 and 2                                                                                                                                                                                                                 |     | 3        | 417. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       |     | 4        | 0.   |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                    |     | 5        | 417. |
| 6 Credits/Payments                                                                                                                                                                                                                  |     |          |      |
| a 2012 estimated tax pmts and 2011 overpayment credited to 2012                                                                                                                                                                     | 6 a |          |      |
| b Exempt foreign organizations – tax withheld at source                                                                                                                                                                             | 6 b |          |      |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                               | 6 c |          |      |
| d Backup withholding erroneously withheld                                                                                                                                                                                           | 6 d |          |      |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                               | 7   |          | 0.   |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | 8   |          |      |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                     | 9   |          | 417. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                        | 10  |          |      |
| 11 Enter the amount of line 10 to be. Credited to 2013 estimated tax                                                                                                                                                                | 11  | Refunded |      |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                            |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?<br><i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> |     | X  |
| c Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                       |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.                                                                                                                              |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.                                                                                                                                                                               |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If 'Yes,' attach a detailed description of the activities</i>                                                                                                                                                                               |     | X  |
| 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? <i>If 'Yes,' attach a conformed copy of the changes</i>                                                                                                                 |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                     |     | X  |
| b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                           | N/A |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If 'Yes,' attach the statement required by General Instruction T.</i>                                                                                                                                                                        |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                |     | X  |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>                                                                                                                                                                                                        | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions)<br>N/A                                                                                                                                                                                                                                       |     |    |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>                                                                                                                        | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>                                                                                       |     | X  |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>                                                                                                                                                                                                        |     | X  |

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Form 990-PF (2012)

**Part 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 |   | X   |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)                                                                                                                                               | 12 |   | X   |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <u>N/A</u>                                                                                                                                                                                      | 13 | X |     |
| 14 | The books are in care of <u>MORRIS SCHREIBER</u><br>Located at <u>1715-44TH STREET BROOKLYN NY</u><br>Telephone no <u>718-972-6272</u><br>ZIP + 4 <u>11204</u>                                                                                                                                                                         |    |   |     |
| 15 | 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 <u>N/A</u>                                                                                                                                         | 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, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u> | 16 |   | X   |

**Part 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                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| 1 a During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 termination of government service, if terminating within 90 days)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here <u></u>                                                                                                                                                                             | 1 b                          | N/A                                    |
| c 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?                                                                                                                                                                                                                                                                                                        | 1 c                          | X                                      |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                  |                              |                                        |
| 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) beginning before 2012?<br>If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)                                                                                                                                                                                       | 2 b                          | N/A                                    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>                                                                                                                                                                                                                                                                                                                                  |                              |                                        |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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) | 3 b                          | N/A                                    |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                              | 4 a                          | X                                      |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?                                                                                                                                                                                                                                                              | 4 b                          | X                                      |

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**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))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b 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 shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7 b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address                                        | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| MARY SCHREIBER<br>180 RIVERSIDE DRIVE<br>NEW YORK, NY 10024 | DIRECTOR<br>0                                             | 0.                                        | 0.                                                                    | 0.                                    |
| MORRIS SCHREIBER<br>1715 44TH STREET<br>BROOKLYN, NY 11204  | DIRECTOR<br>10.00                                         | 0.                                        | 0.                                                                    | 0.                                    |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

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

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                     |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
| Total number of others receiving over \$50,000 for professional services |                     | 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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|       | Expenses |
|-------|----------|
| 1 N/A |          |
| 2     |          |
| 3     |          |
| 4     |          |

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

|                                                        | Amount |
|--------------------------------------------------------|--------|
| 1 N/A                                                  |        |
| 2                                                      |        |
| All other program-related investments See instructions |        |
| 3                                                      |        |
| Total. Add lines 1 through 3                           | 0      |

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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                                                             | 1 a    |
| b | Average of monthly cash balances                                                                            | 1 b    |
| c | Fair market value of all other assets (see instructions)                                                    | 1 c    |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                       | 1 d 0. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1 e    |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                        | 2      |
| 3 | Subtract line 2 from line 1d                                                                                | 3      |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4      |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 0.   |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | 6 0.   |

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|     |                                                                                                           |          |
|-----|-----------------------------------------------------------------------------------------------------------|----------|
| 1   | Minimum investment return from Part X, line 6                                                             | 1        |
| 2 a | Tax on investment income for 2012 from Part VI, line 5                                                    | 2 a 417. |
| b   | Income tax for 2012. (This does not include the tax from Part VI.)                                        | 2 b      |
| c   | Add lines 2a and 2b                                                                                       | 2 c 417. |
| 3   | Distributable amount before adjustments. Subtract line 2c from line 1                                     | 3 -417.  |
| 4   | Recoveries of amounts treated as qualifying distributions                                                 | 4        |
| 5   | Add lines 3 and 4                                                                                         | 5 -417.  |
| 6   | Deduction from distributable amount (see instructions)                                                    | 6        |
| 7   | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 0.     |

**Part 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                                                                        | 1 a 197,209. |
| b | Program-related investments — total from Part IX-B                                                                                                   | 1 b          |
| 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)                                                                                                       | 3 a          |
| b | Cash distribution test (attach the required schedule)                                                                                                | 3 b          |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | 4 197,209.   |
| 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 (see instructions) | 5 417.       |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                                | 6 196,792.   |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011 | (d)<br>2012 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2012 from Part XI, line 7                                                                                                                       |               |                            |             | 0.          |
| <b>2</b> Undistributed income, if any, as of the end of 2012:                                                                                                                     |               |                            |             |             |
| <b>a</b> Enter amount for 2011 only                                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Total for prior years: 20 __, 20 __, 20 __                                                                                                                               |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2012:                                                                                                                         |               |                            |             |             |
| <b>a</b> From 2007                                                                                                                                                                | 60,570.       |                            |             |             |
| <b>b</b> From 2008                                                                                                                                                                | 77,495.       |                            |             |             |
| <b>c</b> From 2009                                                                                                                                                                | 20,451.       |                            |             |             |
| <b>d</b> From 2010                                                                                                                                                                | 22,150.       |                            |             |             |
| <b>e</b> From 2011                                                                                                                                                                |               |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 180,666.      |                            |             |             |
| <b>4</b> Qualifying distributions for 2012 from Part XII, line 4: \$ 197,209.                                                                                                     |               |                            |             |             |
| <b>a</b> Applied to 2011, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Applied to undistributed income of prior years (Election required — see instructions)                                                                                    |               | 0.                         |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required — see instructions)                                                                                            | 0.            |                            |             |             |
| <b>d</b> Applied to 2012 distributable amount                                                                                                                                     |               |                            |             | 0.          |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 197,209.      |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )                                        | 0.            |                            |             | 0.          |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 377,875.      |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               | 0.                         |             |             |
| <b>c</b> 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.                         |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions                                                                                                         |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions                                                                          |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013                                                                |               |                            |             | 0.          |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  | 0.            |                            |             |             |
| <b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)                                                                              | 60,570.       |                            |             |             |
| <b>9</b> Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a                                                                                              | 317,305.      |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| <b>a</b> Excess from 2008                                                                                                                                                         | 77,495.       |                            |             |             |
| <b>b</b> Excess from 2009                                                                                                                                                         | 20,451.       |                            |             |             |
| <b>c</b> Excess from 2010                                                                                                                                                         | 22,150.       |                            |             |             |
| <b>d</b> Excess from 2011                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2012                                                                                                                                                         | 197,209.      |                            |             |             |

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**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to any<br>foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| <b>a</b> Paid during the year<br>SEE STATEMENT 10 |                                                                                                                    |                                      |                                     |          |
| <b>Total</b>                                      |                                                                                                                    |                                      | <b>3 a</b>                          | 197,115. |
| <b>b</b> Approved for future payment              |                                                                                                                    |                                      |                                     |          |
| <b>Total</b>                                      |                                                                                                                    |                                      | <b>3 b</b>                          |          |

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated |                                                          | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------|----------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                |                                                          | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                                                    |
| 1                                              | Program service revenue                                  |                           |               |                                      |               |                                                                    |
| a                                              | DIVIDENDS/STOCK PORTFOLIO                                |                           |               |                                      |               | 44,830.                                                            |
| b                                              | MERRILL INTEREST                                         |                           |               |                                      |               | 11.                                                                |
| c                                              |                                                          |                           |               |                                      |               |                                                                    |
| d                                              |                                                          |                           |               |                                      |               |                                                                    |
| e                                              |                                                          |                           |               |                                      |               |                                                                    |
| f                                              |                                                          |                           |               |                                      |               |                                                                    |
| g                                              | Fees and contracts from government agencies              |                           |               |                                      |               |                                                                    |
| 2                                              | Membership dues and assessments                          |                           |               |                                      |               |                                                                    |
| 3                                              | Interest on savings and temporary cash investments       |                           |               |                                      |               |                                                                    |
| 4                                              | Dividends and interest from securities                   |                           |               |                                      |               |                                                                    |
| 5                                              | Net rental income or (loss) from real estate             |                           |               |                                      |               |                                                                    |
| a                                              | Debt-financed property                                   |                           |               |                                      |               |                                                                    |
| b                                              | Not debt-financed property                               |                           |               |                                      |               |                                                                    |
| 6                                              | Net rental income or (loss) from personal property       |                           |               |                                      |               |                                                                    |
| 7                                              | Other investment income                                  |                           |               |                                      |               |                                                                    |
| 8                                              | Gain or (loss) from sales of assets other than inventory |                           |               |                                      | 15,590.       | 26,170.                                                            |
| 9                                              | Net income or (loss) from special events                 |                           |               |                                      |               |                                                                    |
| 10                                             | Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |                                                                    |
| 11                                             | Other revenue                                            |                           |               |                                      |               |                                                                    |
| a                                              |                                                          |                           |               |                                      |               |                                                                    |
| b                                              |                                                          |                           |               |                                      |               |                                                                    |
| c                                              |                                                          |                           |               |                                      |               |                                                                    |
| d                                              |                                                          |                           |               |                                      |               |                                                                    |
| e                                              |                                                          |                           |               |                                      |               |                                                                    |
| 12                                             | Subtotal. Add columns (b), (d), and (e)                  |                           |               |                                      | 15,590.       | 71,011.                                                            |
| 13                                             | Total. Add line 12, columns (b), (d), and (e)            |                           |               |                                      | 13            | 86,601.                                                            |

(See worksheet in line 13 instructions to verify calculations )

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2012**

Name of the organization

**E & M SCHREIBER FAMILY FOUNDATION**

Employer identification number

**13-3475648**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA 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

Employer identification number

E &amp; M SCHREIBER FAMILY FOUNDATION

13-3475648

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                  |
|---------------|------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | MORRIS SCHREIBER<br>1715 44TH STREET<br>BROOKLYN, NY 11204 | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                            | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



Employer identification number

13-3475648.

## Part II

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                           | N/A                                          |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |

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

Name of organization

E &amp; M SCHREIBER FAMILY FOUNDATION

Employer identification number

13-3475648

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)****organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once. See instructions.)

\$ N/A

Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                  | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|---------------------------|-----------------------------------------|--------------------|------------------------------------------|
|                           | N/A                                     |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           | (e)<br>Transfer of gift                 |                    |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |
|                           |                                         |                    |                                          |

BAA

## E &amp; M SCHREIBER FAMILY FOUNDATION

13-3475648

STATEMENT 1  
FORM 990-PF, PART I, LINE 11  
OTHER INCOME

|                           | (A)<br>REVENUE<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|---------------------------|-----------------------------|---------------------------------|-------------------------------|
| DIVIDENDS/STOCK PORTFOLIO | \$ 44,830.                  |                                 |                               |
| MERRILL INTEREST          | 11.                         |                                 |                               |
| TOTAL                     | \$ 44,841.                  | \$ 0.                           | \$ 0.                         |

STATEMENT 2  
FORM 990-PF, PART I, LINE 23  
OTHER EXPENSES

|              | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|--------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| BANK CHARGES | \$ 94.                       | \$ 94.                          |                               | \$ 94.                        |
| TOTAL        | \$ 94.                       | \$ 94.                          | \$ 0.                         | \$ 94.                        |

STATEMENT 3  
FORM 990-PF, PART II, LINE 10B  
INVESTMENTS - CORPORATE STOCKS

| CORPORATE STOCKS                       | VALUATION<br>METHOD | BOOK<br>VALUE | FAIR MARKET<br>VALUE |
|----------------------------------------|---------------------|---------------|----------------------|
| VANKAMPEN COMSTOCK FUND                | COST                | \$ 0.         | \$ 0.                |
| 300 EASTMAN KODAK                      | COST                | 38.           | 38.                  |
| 200 AMGEN                              | COST                | 19,732.       | 19,732.              |
| 175 CISCO SYSTEM                       | COST                | 4,259.        | 4,259.               |
| 300(OCT.SPLIT150)ORACLE                | COST                | 9,213.        | 9,213.               |
| 250 XEROX CORP                         | COST                | 2,268.        | 2,268.               |
| 316 HEWLETT-PACKARD CO                 | COST                | 7,837.        | 7,837.               |
| 1200 GENERAL ELECTRIC                  | COST                | 27,828.       | 27,828.              |
| 500 COCA COLA.COM                      | COST                | 40,110.       | 40,110.              |
| 200 BRISTOL MYERS SQUIBB               | COST                | 8,938.        | 8,938.               |
| 300 ABBOT LABS                         | COST                | 10,464.       | 10,464.              |
| 700 WELLS FARGO                        | COST                | 28,889.       | 28,889.              |
| YUM BRANDS INC                         | COST                | 8,321.        | 8,321.               |
| 20 ZIMMER HOLDINGS INC                 | COST                | 1,499.        | 1,499.               |
| NUVEEN QUALITY PREFERRED INC 266       | COST                | 0.            | 0.                   |
| 50 HOSPIRA INC                         | COST                | 1,916.        | 1,916.               |
| 700 MICROSOFT INC                      | COST                | 24,182.       | 24,182.              |
| 151 IBERDROLA SA SPON ADR/SC.POWR EX   | COST                | 3,077.        | 3,077.               |
| 100 FREEPORT-MCMORAN COPPER & GOLD INC | COST                | 5,522.        | 5,522.               |
| 300 A T & T INC                        | COST                | 10,620.       | 10,620.              |
| 300 PFIZER INC                         | COST                | 8,403.        | 8,403.               |
| CENTURYLINK INC                        | COST                | 7,070.        | 7,070.               |
| ABBVIE INC SHS                         | COST                | 12,402.       | 12,402.              |
| TOTAL                                  |                     | \$ 242,588.   | \$ 242,588.          |

## E &amp; M SCHREIBER FAMILY FOUNDATION

13-3475648

**STATEMENT 4**  
**FORM 990-PF, PART II, LINE 10C**  
**INVESTMENTS - CORPORATE BONDS**

| <u>CORPORATE BONDS</u>           | <u>VALUATION<br/>METHOD</u> | <u>BOOK<br/>VALUE</u> | <u>FAIR MARKET<br/>VALUE</u> |
|----------------------------------|-----------------------------|-----------------------|------------------------------|
| LLORD ABBETT BOND DEBENTURE FUND | COST                        | \$ 74,110.            | \$ 74,110.                   |
|                                  | TOTAL                       | \$ 74,110.            | \$ 74,110.                   |

**STATEMENT 5**  
**FORM 990-PF, PART II, LINE 13**  
**INVESTMENTS - OTHER**

| <u>OTHER INVESTMENTS</u>                 | <u>VALUATION<br/>METHOD</u> | <u>BOOK<br/>VALUE</u> | <u>FAIR MARKET<br/>VALUE</u> |
|------------------------------------------|-----------------------------|-----------------------|------------------------------|
| FIDELITY FUND                            | COST                        | \$ 0.                 | \$ 0.                        |
| FIDELITY TREND                           | COST                        | 118,143.              | 118,143.                     |
| BULL & BEAR (MIDAS) FUND 2674.714 SHRS   | COST                        | 50,097.               | 50,097.                      |
| CASH IN MERRILL LYNCH A/C                | COST                        | 0.                    | 0.                           |
| NUVEEN TRADEWINDS VAL OPP FUND A         | COST                        | 0.                    | 0.                           |
| SELIGMAN COMMUNICATIONS                  | COST                        | 4,971.                | 4,971.                       |
| ING REAL ESTATE FUND                     | COST                        | 0.                    | 0.                           |
| VAN KAMPEN AMERICAN FRANCH FUND A        | COST                        | 0.                    | 0.                           |
| WELLS FARGO GROWTH                       | COST                        | 198,215.              | 198,215.                     |
| 538.818 LORD ABBETT VALUE OPP FD A       | COST                        | 10,411.               | 10,411.                      |
| 1000 NUVEEN ENRGY MLP TOTAL RETURN FD    | COST                        | 0.                    | 0.                           |
| 258.695 ING GLOBAL VALUE CHOICE FD A     | COST                        | 0.                    | 0.                           |
| 600 ING GLOBL ADV & PREM OPP FD          | COST                        | 0.                    | 0.                           |
| 654.07GOLDMAN SACHS TECHNOL TOLLKEEPER A | COST                        | 0.                    | 0.                           |
| 819.672 GABELLI ENTERPRISE MNGRS&ACQ A   | COST                        | 0.                    | 0.                           |
| 854.7616 FT 2662 MEGA-CAP PORT SER 17 M  | COST                        | 0.                    | 0.                           |
| 850 CALAMOS STRAT TOT RETURN FD          | COST                        | 0.                    | 0.                           |
| FT 3114 HIGH DIV EQUITY                  | COST                        | 0.                    | 0.                           |
| FT 3245 EQUITY CLOSED                    | COST                        | 0.                    | 0.                           |
| FT 3299 EQUITY CLOSED                    | COST                        | 0.                    | 0.                           |
| FT 3363 HIGH DIV EQUITY                  | COST                        | 0.                    | 0.                           |
| FT 3401 EQUITY                           | COST                        | 0.                    | 0.                           |
| FT 3637 EQUITY                           | COST                        | 0.                    | 0.                           |
| FT 3230 EQUITY CLOSED FUND               | COST                        | 0.                    | 0.                           |
| DREYFUS GREATER CHINA A                  | COST                        | 14,311.               | 14,311.                      |
| NEUBERGER BERMAN EQUITY FUND             | COST                        | 0.                    | 0.                           |
| VIRTUS REAL ESTATE                       | COST                        | 166,289.              | 166,289.                     |
| INVESCO                                  | COST                        | 138,942.              | 138,942.                     |
| PRUDENTIAL FINANCIAL SERVICES            | COST                        | 47,565.               | 47,565.                      |
| UNIT FT HOME BUILDERS RECOVERY SELECT 3  | COST                        | 10,728.               | 10,728.                      |
| UNIT FT HIGH DIV EQUITY 7                | COST                        | 494.                  | 494.                         |
| ANNALY CAPITAL MNGMNT INC.               | COST                        | 8,799.                | 8,799.                       |
| COHEN & STEERS LTD.                      | COST                        | 22,500.               | 22,500.                      |
| NEUBERGER REAL ESTATE                    | COST                        | 41,080.               | 41,080.                      |
| UNIT FT EQUITY ADVANTAGE 18              | COST                        | 625.                  | 625.                         |
| UNIT FT EQUITY ADVANTAGE 20              | COST                        | 51,545.               | 51,545.                      |
| UNIT FT EQUITY ADVANTAGE 22              | COST                        | 37,932.               | 37,932.                      |
| UNIT FT FINANCIALS SELECT 42             | COST                        | 11,713.               | 11,713.                      |
| TOTAL OTHER INVESTMENTS                  |                             | \$ 934,360.           | \$ 934,360.                  |

## E &amp; M SCHREIBER FAMILY FOUNDATION

13-3475648

STATEMENT 5 (CONTINUED)  
FORM 990-PF, PART II, LINE 13  
INVESTMENTS - OTHER

OTHER PUBLICLY TRADED SECURITIES

|                                          |      |    |          |    |          |
|------------------------------------------|------|----|----------|----|----------|
| OPPENHEIMER GLOBAL FUND-A                | COST | \$ | 0.       | \$ | 0.       |
| B-R 266 NUVEEN QT ICM                    | COST |    | 0.       |    | 0.       |
| FIRST EAGLE GLOB FD-CL A                 | COST |    | 0.       |    | 0.       |
| 75 ZIMMER HOLDINGS INC                   | COST |    | 5,621.   |    | 5,621.   |
| 86 DELAWARE EMERGING MKTS                | COST |    | 1,193.   |    | 1,193.   |
| EATON VANCE ENHANCED EQUITY INC          | COST |    | 14,530.  |    | 14,530.  |
| NFJ STRATEGY FUND                        | COST |    | 12,048.  |    | 12,048.  |
| DWS RREEF WORLD R.E.TACTCL STRATEG FD337 | COST |    | 7,624.   |    | 7,624.   |
| IVY ASSET STRATEGY FD CL A               | COST |    | 0.       |    | 0.       |
| 18.0617 BLACKROCK REAL ASSET EQUITY TR   | COST |    | 156.     |    | 156.     |
| COMSTOCK PARTNERS CAP VAL FD A           | COST |    | 0.       |    | 0.       |
| EATON VANCE ATLANTA CAPITAL SMID CAPFDA  | COST |    | 0.       |    | 0.       |
| PUTNAM VOYAGER FD A                      | COST |    | 0.       |    | 0.       |
| 2027 COLUMBIA SELIGMAN                   | COST |    | 82,975.  |    | 82,975.  |
| JOHN HANCOCK FINANCIAL IND               | COST |    | 74,323.  |    | 74,323.  |
| TOTAL OTHER PUBLICLY TRADED SECURITIES   |      | \$ | 198,470. | \$ | 198,470. |

OTHER SECURITIES

|                                      |      |    |            |    |            |
|--------------------------------------|------|----|------------|----|------------|
| EATON VANCE TAX-MNGD GL DIV EQ IN FD | COST |    | 4,635.     |    | 4,635.     |
| TOTAL OTHER SECURITIES               |      | \$ | 4,635.     | \$ | 4,635.     |
| TOTAL                                |      | \$ | 1,137,465. | \$ | 1,137,465. |

STATEMENT 6  
FORM 990-PF, PART II, LINE 22  
OTHER LIABILITIES

ROUNDING.

2.  
TOTAL \$ 2.

STATEMENT 7  
FORM 990-PF, PART III, LINE 3  
OTHER INCREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

\$ 69,422.  
TOTAL \$ 69,422.

## E &amp; M SCHREIBER FAMILY FOUNDATION

13-3475648

**STATEMENT 8**  
**FORM 990-PF, PART IV, LINE 1**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

| ITEM | (A) DESCRIPTION                  | (B) HOW<br>ACQUIRED | (C) DATE<br>ACQUIRED | (D) DATE<br>SOLD |
|------|----------------------------------|---------------------|----------------------|------------------|
| 1    | 850 CALAMOS STRG TTL RETURN FD   | PURCHASED           | 2/16/2011            | 5/08/2013        |
| 2    | 800 COHEN & STEERS               | PURCHASED           | 7/26/2012            | 5/08/2013        |
| 3    | 600 ING GLBL ADVTG & PREM OPP    | PURCHASED           | 2/16/2011            | 5/08/2013        |
| 4    | 7384 UNIT FT EQUITY ADVANTAGE 19 | PURCHASED           | VARIOUS              | 5/25/2013        |
| 5    | 290 UNIT FT EQUITY ADVANTAGE 19  | PURCHASED           | VARIOUS              | 5/25/2013        |
| 6    | 7680 UNIT FT EQUITY ADVANTAGE 19 | PURCHASED           | VARIOUS              | 5/25/2013        |
| 7    | 266 NUVEEN QUASL PFD INC FD      | PURCHASED           | VARIOUS              | 5/08/2013        |
| 8    | 1350 ANNALY CAPITAL MNGNT INC    | PURCHASED           | 7/12/2019            | 5/08/2013        |
| 9    | 9690 FT 3114 HIGH DIVD EQUITY    | PURCHASED           | VARIOUS              | 7/18/2012        |
| 10   | 8671 FT 3230 EQUITY CLOSED END   | PURCHASED           | VARIOUS              | 8/14/2012        |
| 11   | .9774 FT 3230 EQUITY CLOSED END  | PURCHASED           | 3/26/2013            | 3/26/2013        |
| 12   | 3490 FT 3245 HIGH DIVD EQUITY    | PURCHASED           | VARIOUS              | 2/11/2013        |
| 13   | 800 COHEN & STEERS               | PURCHASED           | 7/26/2012            | 2/15/2013        |
| 14   | 4220 FT 3363 HIGH DIVD EQUITY    | PURCHASED           | VARIOUS              | 2/11/2013        |
| 15   | 1000 NUVEEN MLP ENERGY FUND      | PURCHASED           | 2/23/2011            | 4/24/2013        |
| 16   | 461.467 COLUMBIA SELIGMAN        | PURCHASED           | 7/29/2011            | 3/25/2013        |
| 17   | CAPITAL GAIN DIVIDENDS           |                     |                      |                  |

| ITEM | (E)<br>GROSS<br>SALES | (F)<br>DEPREC.<br>ALLOWED | (G)<br>COST<br>BASIS | (H)<br>GAIN<br>(LOSS) | (I)<br>FMV<br>12/31/69 | (J)<br>ADJ. BAS.<br>12/31/69 | (K)<br>EXCESS<br>(I)-(J) | (L)<br>GAIN<br>(LOSS) |
|------|-----------------------|---------------------------|----------------------|-----------------------|------------------------|------------------------------|--------------------------|-----------------------|
| 1    | 8,870.                |                           | 8,342.               | 528.                  |                        |                              |                          | \$ 528.               |
| 2    | 21,160.               |                           | 20,000.              | 1,160.                |                        |                              |                          | 1,160.                |
| 3    | 7,747.                |                           | 8,299.               | -552.                 |                        |                              |                          | -552.                 |
| 4    | 33.                   |                           | 33.                  | 0.                    |                        |                              |                          | 0.                    |
| 5    | 1.                    |                           | 1.                   | 0.                    |                        |                              |                          | 0.                    |
| 6    | 90,890.               |                           | 86,512.              | 4,378.                |                        |                              |                          | 4,378.                |
| 7    | 2,358.                |                           | 2,394.               | -36.                  |                        |                              |                          | -36.                  |
| 8    | 20,031.               |                           | 23,287.              | -3,256.               |                        |                              |                          | -3,256.               |
| 9    | 110,812.              |                           | 98,433.              | 12,379.               |                        |                              |                          | 12,379.               |
| 10   | 87,084.               |                           | 83,613.              | 3,471.                |                        |                              |                          | 3,471.                |
| 11   | 10.                   |                           | 0.                   | 10.                   |                        |                              |                          | 10.                   |
| 12   | 39,097.               |                           | 35,864.              | 3,233.                |                        |                              |                          | 3,233.                |
| 13   | 20,237.               |                           | 20,000.              | 237.                  |                        |                              |                          | 237.                  |
| 14   | 45,374.               |                           | 40,752.              | 4,622.                |                        |                              |                          | 4,622.                |
| 15   | 20,056.               |                           | 18,736.              | 1,320.                |                        |                              |                          | 1,320.                |
| 16   | 20,000.               |                           | 21,324.              | -1,324.               |                        |                              |                          | -1,324.               |
| 17   |                       |                           |                      |                       |                        |                              |                          | 15,590.               |
|      |                       |                           |                      |                       |                        |                              | TOTAL                    | \$ 41,760.            |

**STATEMENT 9**  
**FORM 990-PF, PART XV, LINE 2A-D**  
**APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME: MORRIS SCHREIBER

CARE OF:

STREET ADDRESS: 1715 44TH STREET

CITY, STATE, ZIP CODE: BROOKLYN, NY 11204

TELEPHONE: 718-972-9692

E-MAIL ADDRESS:

FORM AND CONTENT:

WRITTEN LETTER CONTAINING LATEST PARAPHANALIA ABOUT THE  
 CHARITABLE  
 PURPOSE FOR WHICH THE GRANT WOULD BE USED.

E &amp; M SCHREIBER FAMILY FOUNDATION

13-3475648

**STATEMENT 9 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 2A-D**  
**APPLICATION SUBMISSION INFORMATION**

SUBMISSION DEADLINES: 30 DAYS BEFORE END OF FISCAL YEAR  
 RESTRICTIONS ON AWARDS: FIRST APPROVAL MUST BE UNANIMOUS. SUBSEQUENT GRANTS @  
 DISCRETION OF SINGLE TRUSTEE.

**STATEMENT 10**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

| NAME AND ADDRESS                                                                     | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT   | AMOUNT     |
|--------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------|------------|
| YESHIVA MKOR CHAIM<br>1571 55TH STREET<br>BROOKLYN, NY 11219, NY<br>11219            | NONE                  | N/A                       | EDUCATIONAL           | \$ 34,900. |
| YESH.FARM SETTLEMNT/NITRA<br>GPO<br>MOUNT KISCO, NY 10549, NY<br>10549               | NONE                  | N/A                       | EDUCATIONAL           | 2,000.     |
| AM.FR. OF BRISKER YESHIVA<br>1 MAPLEWOOD LANE/PO B 107<br>MONSEY, NY 10952, NY 10952 | NONE                  | N/A                       | EDUCATIONAL<br>GRANTS | 30,000.    |
| FRIENDS OF MOSDOS GUR<br>1310 48TH STREET<br>BROOKLYN, NY 11219, NY<br>11219         | NONE                  | N/A                       | FELLOWSHIP GRANT      | 50,000.    |
| TALMUD TORAH BAIS AVRAHAM                                                            |                       |                           |                       | 215.       |
| BAIS DIN OF LAKEWOOD<br>100 9ST.<br>LAKEWOOD, NJ 08701                               | NONE                  | N/A                       | SCHOLARSHIP           | 30,000.    |
| AMERICAN FRIENDS OF YESHIVA<br>ME                                                    |                       |                           |                       | 10,000.    |
| YESHIVA TIFERETH SHMUEL<br>DALEXA                                                    |                       |                           |                       | 15,000.    |
| KEREN ORAH                                                                           |                       |                           |                       | 10,000.    |
| AMERICAN FRIENDS OF ??                                                               |                       |                           |                       | 15,000.    |
| TOTAL \$                                                                             |                       |                           |                       | 197,115.   |

2012

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

E & M SCHREIBER FAMILY FOUNDATION

13-3475648

CONSISTS OF THE FOLLOWING ITEMS:  
DIVIDENDS ON STOCK & MUTUAL FUNDS



Form **8868**

(Rev. January 2013)

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

|                                                                                            |                                                                                         |  |                                         |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions                            |  | Employer identification number (EIN) or |
|                                                                                            | <b>E &amp; M SCHREIBER FAMILY FOUNDATION</b>                                            |  | <b>13-3475648</b>                       |
|                                                                                            | Number, street, and room or suite number. If a P.O. box, see instructions               |  | Social security number (SSN)            |
|                                                                                            | <b>180 RIVERSIDE DRIVE</b>                                                              |  |                                         |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions |  |                                         |
|                                                                                            | <b>NEW YORK, , NY 10024</b>                                                             |  |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return).

**04**

| Application Is For                          | Return Code | Application Is For       | Return Code |
|---------------------------------------------|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                                 | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                      | 03          | Form 4720                | 09          |
| Form 990-PF                                 | 04          | Form 5227                | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                | 12          |

- The books are in the care of ▶ MORRIS SCHREIBER

Telephone No ▶ 718-972-6272FAX No ▶ 845-354-4972

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶ ☐ calendar year 20 \_\_\_\_ or
- ▶ ☒ tax year beginning 7/01, 20 12, and ending 6/30, 20 13

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

|                                                                                                                                                                                             |              |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| <b>3a</b> 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                                   | <b>3a</b> \$ | <b>417.</b> |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | <b>3b</b> \$ | <b>0.</b>   |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions             | <b>3c</b> \$ | <b>417.</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 1-2013)

FIF20501L 01/21/13

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|                                                                                                     |                                                                                         | Enter filer's identifying number, see instructions |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions                            | Employer identification number (EIN) or            |
|                                                                                                     | E & M SCHREIBER FAMILY FOUNDATION                                                       | 13-3475648                                         |
|                                                                                                     | Number, street, and room or suite number. If a P.O. box, see instructions               | Social security number (SSN)                       |
|                                                                                                     | JACK FOGEL & CO. C.P.A.'S<br>521 5TH AVE                                                |                                                    |
|                                                                                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                                    |
|                                                                                                     | NEW YORK, NY 10017                                                                      |                                                    |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For                          | Return Code | Application Is For | Return Code |
|---------------------------------------------|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          |                    |             |
| Form 990-BL                                 | 02          | Form 1041-A        | 08          |
| Form 4720 (individual)                      | 03          | Form 4720          | 09          |
| Form 990-PF                                 | 04          | Form 5227          | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ▶ MORRIS SCHREIBER  
Telephone No. ▶ 718-972-6272 FAX No. ▶ 845-354-4972
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 14
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 12, and ending 6/30, 20 13
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period
- 7 State in detail why you need the extension THE TRUSTEE RECENTLY PASSED AWAY & THE INFORMATION IS UNAVAILABLE AT THIS TIME

|                                                                                                                                                                                                                                           |              |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| <b>8a</b> 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                                                                                 | <b>8a</b> \$ | 417. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> \$ | 0.   |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions                                                           | <b>8c</b> \$ | 417. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶

Title ▶ DIRECTOR

Date ▶

BAA

FIFZ0502L 01/21/13

Form 8868 (Rev 1-2013)