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### Forr

Form	990-PF		<b>Seturn of Private</b>		•	2015			
Form 990-PF  Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.  Or Section 4947(a)(1) Trust Treated as Private Foundation  Do not enter social security numbers on this form as it may be made public.  Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.									
Intern	al Revenue Service		m 990-PF and its separate		s.gov/form990pf.	Open to Public Inspection			
		or tax year beginning		, and ending	T				
	ne of foundation	M			A Employer identification	n number			
		ND FRANKLYN SCHA	EFER FAMILY		25 7005227				
	OUNDATION			10-4-1	35-708523	<u> </u>			
	•	ox number if mail is not delivered to street	( address)	Room/suite	B Telephone number	700			
	_	REEK FARMS ROAD			516-883-2				
	or town, state or pro	ovince, country, and ZIP or foreign ${f T}$ , ${f NY}$ ${f 11050}$	oostal code		C If exemption application is	pending, check here			
G	heck all that apply:	X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here			
		Final return	Amended return						
		Address change	Name change		Foreign organizations mechack here and attach of	computation			
H C	heck type of organiz	ation: X Section 501(c)(3) e:	xempt private foundation		E If private foundation st	atus was terminated			
	Section 4947(a)(1	) nonexempt charitable trust 🔲	Other taxable private founda	ition	under section 507(b)(1				
1 Fa	ur market value of all	assets at end of year   J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination			
(fr	om Part II, col (c),		ther (specify)		under section 507(b)(				
		1,726,668 (Part I, colu	ımn (d) must be on cash l	basis)	<u> </u>				
Pa	(The total of amo	evenue and Expenses ounts in columns (b), (c), and (d) may not at the amounts in column (a) )	(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	1,991,796.	·	N/A				
		of the foundation is not required to attach Sch. B	, , , , , , , , , , , , , , , , , , , ,						
	3 Interest on saving	s and temporary							
		interest from securities	33,872.	33,872	,	STATEMENT 1			
	5a Gross rents			•					
	<b>b</b> Net rental income	or (loss)							
	6a Net gain or (loss)	from sale of assets not on line 10				,			
ě	b Gross sales price assets on line 6a								
Revenue		ncome (from Part IV, Itne 2)		0					
č	8 Net short-term	capital gain			•				
	9 Income modifi								
	10a Gross sales less and allowances	returns							
	<b>b</b> Less Cost of goo	ods sold							
	c Gross profit or	(loss)							
	11 Other income								
	12 Total. Add line	s 1 through 11	2,025,668.	33,872	•				
	13 Compensation of	officers, directors, trustees, etc	0.	0	•	0.			
	14 Other employe	e salaries and wages							
	15 Pension plans,	employee benefits							
Ses	16a Legal fees								
, e	<b>b</b> Accounting fee								
, Ω	c Other professi	onal feesSTMT\2	1,210.	1,210		0.			
<u>ĕ</u> .	17 Interest	FIRST							
rat	18 Taxes	ich ich							
nist	19 Depreciation a	nd depletion 2016							
<u>Ξ</u>	20 Occupancy	NUV A - 1051							
16a Legal fees b Accounting fees c Other professional fees STMT 2 17 Interest 18 Taxes 19 Depreciation and depletion 2016 20 Occupancy NO 2016 21 Travel, conferences, and meetings 22 Printing and publications									
E 22 Printing and publications									
g	23 Other expense	STMT 3	460.	0	•	0.			
Operating	24 Total operatin	g and administrative							
ğ	expenses. Add	l lines 13 through 23	1,670.	1,210	•	0.			
O	25 Contributions	gifte, grante paid	10 005			10 005			

SCANNED DEC-F-2016

	24 Total operating and administrative			
		1 670	1 210	1
L	expenses. Add lines 13 through 23	1,670.	1,210.	0.
,	25 Contributions, gifts, grants paid	19,905.		19,905.
	26 Total expenses and disbursements.		-	
	Add lines 24 and 25	21,575.	1,210.	 19,905.
	27 Subtract line 26 from line 12;			
	Excess of revenue over expenses and disbursements	2,004,093.		

32,662.

N/A

c Adjusted net income (if negative, enter -0-) 523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

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

Form **990-PF** (2015)

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<u> </u>		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		12,297.	12,297.
		Savings and temporary cash investments	-		
			<del></del>		
	3	Accounts receivable			
ļ		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			
Ì		disqualified persons			
	7	_ ` ` ` ` <b>_</b> _			
	′	Other notes and loans receivable			
i	_	Less; allowance for doubtful accounts			
ets		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۷	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	c	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
					I
		Less accumulated depreciation			<u> </u>
		Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 4 )	0.	1,991,796.	1,714,371.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	2,004,093.	1,726,668.
_	17	Accounts payable and accrued expenses		, , , , , , , , , , , , , , , , , , , ,	
		Grants payable			
ies	19	Deferred revenue			{
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>	
iab	21	Mortgages and other notes payable		***	
	22	Other liabilities (describe			
					1
	23	Total liabilities (add lines 17 through 22)	0.	0.	
-	Ť	Foundations that follow SFAS 117, check here			
	1	Touristations that follows of the first show more			
Ø	١	and complete lines 24 through 26 and lines 30 and 31.			
alances	ı	Unrestricted			
Ē	25	Temporarily restricted		·	
B	26	Permanently restricted			
Fund B	1	Foundations that do not follow SFAS 117, check here			
Ē	}	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	i	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	l	, , , , , , , , , , , , , , , , , , , ,	0.	2,004,093.	
ž	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,004,093.	1
ž	30	Total net assets or fund balances	0.	4,004,093.	1
	31	Total liabilities and net assets/fund balances	0.	2,004,093.	
		III Analysis of Changes in Net Assets or Fund B	alances		
Р	art	Analysis of Changes in Net Assets of Fund b	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
٠		st agree with end-of-year figure reported on prior year's return)		11	٥.
	•			2	2,004,093.
		r amount from Part I, line 27a		<u> </u>	2,004,055.
		r increases not included in line 2 (itemize)			2 004 002
		lines 1, 2, and 3		4	2,004,093.
		eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,004,093.

Form 990-PF (2015)

FOUNDATION

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Page 3

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income						
	ribe the kind(s) of property sold (e.grehouse; or common stock, 200 sh			` P	How acquir - Purchase - Donation	'   '	c) Date acqu (mo., day, y	red r.)	(d) Date sold (mo., day, yr.)
1a									
b NO	NE								
C		•							
d							•		
e	· · · · · · · · · · · · · · · · · · ·								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain o (e) plus (f) r		
a		1							
b									
С		1							
d		İ							
е		† · · · · · · ·							
	ng gain in column (h) and owned by	the foundation	on 12/31/69			715	Gains (Col. (f	h) dain	miniis
	(j) Adjusted basis	1	cess of col. (1)				(k), but not le		
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (fron		
		<del> </del>							
<u>a</u>		<u> </u>							
b		-							
_ <b>c</b>		<b>↓</b>							
_d		1							
e									<del></del>
2 Capital gain net income or (net ca	If gain, also enter apital loss)	er in Part I, line 0- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	and (6):							
If gain, also enter in Part I, line 8,	,	(0).		_ ]					
If (loss), enter -0- in Part I, line 8				- J	3				
Part V   Qualification U	Inder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estmer	it Inco	ome		
(For optional use by domestic private				_					N/A
(1 of optional doc by domestic private	c roundations subject to the section	1 +3+0(u) wx 01	i ilot ilivostiliolit il	1001111	••,				21, 22
If section 4940(d)(2) applies, leave t	hıs part blank.								
Miles Ab a few adatus a lab la fee Ab a sec	A 4040 A		<b>4</b>	10					
Was the foundation liable for the sec			•	rioaz					Yes No
If "Yes," the foundation does not qua									
	each column for each year; see the	instructions be	nore making any e	nuries	š.		1		78\
(a) Base period years	(b)			(c)	)		İ	Distrib	(d) ution ratio
Calendar year (or tax year beginni	ing in) Adjusted qualifying di	istributions	Net value of no	ncha	ritable-use	use assets (col. (b) divided by col. (c))			
2014									
2013									•
2012						_			
2011									
2010							1		
		<del></del>	<del></del>					-	
2 Total of line 1, column (d)							2		
, , ,	E year base period divide the total	l on line 2 by E	or by the number	of w	ore		-		
3 Average distribution ratio for the		i on line 2 by 5,	or by the number	UI ye	ais				
the foundation has been in existe	ince ir iess than 5 years						3		
4 Enter the net value of noncharital	ble-use assets for 2015 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)									
Enter 170 of not invosariont income (170 of 1 at 1, into 270)									
7. Add been 6 and 6									
7 Add lines 5 and 6					<del></del>				
8 Enter qualifying distributions from	m Part XII, line 4						8		
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, lin	ie 1b, and comp	plete that part usin	ig a 1	% tax rate.				

# ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION

Part VII   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4940(c) or 4948 - see instructions)	Form 990-PF (2015) FOUNDATION			5-7085			Page 4
Date of ruling or determination littler.  if citath copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶			, or 494	18 - see i	nstru	ctio	ns)
b Domestic doundations that meet the section 4947(a) requirements in Part V, check here ▶			1				
of Part I, line 27b c All other domestic foundations enter 2% of line 27b, Exampt foreign erganizations enter 4% of Part I, line 12, col. (b).  2 Tax under actions 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  5 Subsitile A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-  5 Credits-Pyments:  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withhelid at source  c Tax paid with application for extension of time to file (Form 8868)  6 Backup withholding erroleously withhelid  7 Told circents and gayments. Add lines 5a through 8d  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  9 Tax due, If the load of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total or lines 5 and 8 is more than line 7, enter amount ower paid  10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than 100 duming the year (either directly or indirectly) for political jumposes (see instructions for the definition)?  10 If spend more than 5 100 duming the year (either directly or indirectly) for political jumposes (see instructions for the definition)?  11 If I X  12 If Yes No  13 If X  14 If X  15 If X  16 If X  16 If X  17 If X is the foundation in 4 is an explanation of the activities and coppess of any materials published or distributed by the foundation in 4 is an explanation of the activities and coppess of any materials published or distribu	Date of ruling or determination letter: (attach copy of letter if nec	essary-see instructions)				_	
c All other domestic foundations enter 2% of line 27b, Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-)  3 653.  4 Substite A (microme) bit (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-)  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero riess, enter -0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero riess, enter -0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero riess, enter -0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero riess, enter -0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero riess, enter -0-  6 Tax paid with application for extension of time to file (Form 8868)  6 Explain the second with application for extension of time to file (Form 8868)  7 Total credits and payments. Add lines 5 at through 5d  8 Enter any pearly for underpayment of estimated tax. Check here □ if Form 2220 is attached  9 Tax due. If the folial of lines 5 and 8 is more than line 7, enter amount over line 10 or oversyment. Illine 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 33.2 refunded ▶ 13  12 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?  1 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?  1 During the answer is Y'es' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation on accommentor with the activities.  1 During the amount (if any) of tax on political expenditures (section 4955) imposed during the year?  1 If Yes, it and the amount (i	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► L and enter 1%	<b>}</b>	1		6	<u>53.</u>
2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 5 John 4 (notione) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax due 4 the ongraphments and 2014 overpayment credited to 2015 5 Exampt foreign organizations -1 with whited its source c Tax paid with application for extension of time to file (Form 8868) 6 Exit any peasity for underpayment of estimated tax. Check here	·						
3 d 553.  4 Subtite A (encomp) tax (domestor section 4947(s)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment incomes. Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on investment incomes. Subtract line 4 from line 3. If zero or less, enter -0-  5 Cordist/Payments;  2 2015 estimated tax payments and 2014 overpayment credited to 2015  6 Exempt foreign organizations - tax withheld at source  6 Tax pad with application for excession of time to the (Form 8868)  6 Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6 although 6d  8 Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6 although 6d  8 Enter any pearity for underpayment of estimated tax. Check here □ if Form 2220 is attached  9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower paid  10 Overpayment, Ill line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Sand 8, enter the amount overpaid  11 Exter the amount of line 10 to be: Credited to 2016 estimated tax ► Sand 8, enter the amount overpaid  11 Exter the amount of line 10 to be: Credited to 2016 estimated tax ► Sand 8, enter the amount overpaid  11 Exter the amount of line 10 to be: Credited to 2016 estimated tax ► Sand 8, enter the amount overpaid  12 Exter the amount of line 10 to be: Credited to 2016 estimated tax ► Sand 8, enter the amount overpaid  13 Exter the amount of line 10 to be: Credited to 2016 estimated tax ► Sand 8, enter the amount overpaid  10 Line answer is "Yes" to 1a or 1b, attach a detailed descriptions  11 During the tax year, did the foundation attempt to unifluence any national, state, or local legislation or did it participate or intervene in any potical examplant.  12 Exter the amount of line 10 to be: Credited to 2016 estimated tax ► Check here  13 Line answer is "Yes" to 1a or 1b, attach a detailed description or the activities and copies o			'				^
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter-0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter-0- 6 Gredite/Pyryments; a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations – tax withheld at source c Tax paid with application for extension of time to file (Form 8869) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5a through 60 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax due. If the total of lines 5a and 8, enter the amount owed 9 Tax due. If the total of lines 5a and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 bit of: credited the 2015 estimated tax. 12 During the tax year, dot the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any potional campaign? 1a During the tax year, dot the foundation or full expert (either directly or indirectly) for political purposes (see instructions for the definition)? 1b th d spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b the answer is 'yea': to 1 ard 1b, attach a detailed description of the activities c Did the foundation his Form 1120-POL for this year?  1c Elette the remitters entire and the supplementary of the activities c Did the foundation his Form 1120-POL for this year?  1c Elette the remitters entire simplements? If 'yes, 'attach a conformance copy of the changes 3 has the foundation his part of the activities 3 has the foundation engaged in any activities that have not previously been reported to the IRS?  1f 'Yes,' attach a detailed description of the activities  1 his Yes, 'attach the statement required by General Instruction To Arthur the activities  2 by shapuage in the governing i		thers enter -0-)	<b>—</b>				
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 GredisPayments: 6 CredisPayments: 7 Creaming foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to fite (Form 8869) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5 althrough 50 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 1.5. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to bic. Creditle to 2016 estimated tax ▶ 12 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? 10 Durit is spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 11 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities 10 On the foundation he Form 1120-POL for this year? 2 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities 3 Attach a detailed of description of the activities 4 Durit is pendidation the Form 1120-POL for this year? 2 If the undatation. Be form 1120-POL for this year? 3 If the undatation. Be form 1120-POL for this year? 4 If Yes, "attach a detailed description of the activities 5 Wish there a liquidation, termination, dissolution, or substantial contraction or undatation and any include this have not previously been reported to the IRS?  If Yes, "attach a detailed description of the activities  If Yes, attach a detailed description of the activities  If Yes, attach a detailed description of the activities  If Yes, attach a detailed description of the			⊢			0	
6 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withhelid at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5a through 6d 8 Enter lavy penalty for underpayment of estimated tax. Check here ☐ d Form 2220 is attached 9 Tax due. If the bolat of lines 5a and 8 is more than tain to 2, enter amount owed 9 Tax due. If the bolat of lines 5a and 8 is more than tain part 2, enter amount owed 9 To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 33.2 . Refunded ▶ 11  Part VII-A   Statements Regarding Activities 1a 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?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation high year (1) on the year?  (1) On the foundation. ▶ \$ 0 . (2) On foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 .  2 Has the foundation made any changes, not previously reported to the IRS?  If "Yes," attach in a certained business gross concerned \$1,000 or more during the year?  If "Yes," that it did a tax return on Form 990-T for this year?  If "Yes," that it did a tax return on Form 990-T for this year?  If "Yes," that it has a pay the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction 6?	· · · · · · · · · · · · · · · · · · ·	thers enter -U-)				-	
a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add these 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 11 Enter the amount of line 10 to be; Credited to 2016 estimated tax ► 332. Refunded ► 11 0.332.  11 Enter the amount of line 10 to be; Credited to 2016 estimated tax ► 332. Refunded ► 11 0.  Part VII-A Statements Regarding Activities 1a 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 campagin?  15 Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  16 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities 10 Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  18 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities 19 Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  19 If Yes, "attach a detailed description in activities 2 Dut the foundation hile Form 1120-POL for this year?  20 Dut the foundation madagers, by \$0 O (2) On foundation managers, \$0 O O O O O O O O O O O O O O O O O O			⊢	5		0	33.
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 60 8 Enter any pensity for underpayment of estimated tax. Check here		1 - 1					
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ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION 35-7085237 Form 990-PF (2015) Page 5 Part VII-A | Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X If "Yes," attach statement (see instructions) 12 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 14 The books are in care of ▶ ROSALIND SCHAEFER Telephone no. ► 516-883-2790 ZIP+4 ▶11050 Located at ▶ 120 WEST CREEK FARMS ROAD, SANDS POINT. NY 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year **▶** 15 | Yes No 16 At any time during calendar year 2015, 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? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country 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 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here 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 X before the first day of the tax year beginning in 2015? 1c 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2015? If "Yes," list the years 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 N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year?

b If "Yes," did it have excess business holdings in 2015 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

X

3b

4a

N/A

FORM 990-PF (2015) FOUNDATION	F 4700 M D	<b>5</b>	35-70852	3/	Page 6
Part VII-B   Statements Regarding Activities for Which	1 Form 4/20 May Be I	Requirea (contin	ued)		<del></del>
5a During the year did the foundation pay or incur any amount to:		┌	<b>.</b>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,					
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organiza	tion described in section				
4945(d)(4)(A)? (see instructions)			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or i				
the prevention of cruelty to children or animals?		Ye	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify i	under the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see ins	tructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	k here		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	n from the tax because it mainta	iined			
expenditure responsibility for the grant?	Ŋ	1/A	es L No	1	ł
If "Yes," attach the statement required by Regulations section 53 49	945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on			- 1	1
a personal benefit contract?		Yo	es 🗶 No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					T
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attr	ibutable to the transaction?		N/A	7b	T
Part VIII Information About Officers, Directors, Tru	stees, Foundation Ma	anagers, Highly	у		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and the	eir compensation.				
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Ex	pense it, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allow	ances
ROSALIND SCHAEFER	TRUSTEE		·		
120 WEST CREEK FARMS ROAD		1			
SANDS POINT, NY 11050	0.00	0.	0.		0.
PHILIP SCHAEFER	TRUSTEE				
105 KETTLE CREEK ROAD	_			İ	
WESTON, CT 06883	0.00	0.	0.	•	0.
DIANE SCHAEFER AMPAGOUMIAN	TRUSTEE				
209 PARK STREET					
NEW CANAAN, CT 06840	0.00	0.	0.		0.
·		1			
<del></del>	7		:		
	7		ŀ	1	
2 Compensation of five highest-paid employees (other than those	included on line 1). If none	, enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Component	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	t, other ances
NONE					
	7	1		1	
-				<u> </u>	
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	$\dashv$				
Tatal number of other employees part over \$50,000	_L	1		<u> </u>	0
Total number of other employees paid over \$50,000			<u> </u>		

**FOUNDATION** Form 990-PF (2015) 35-7085237 Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions.

Total. Add lines 1 through 3

# ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION

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	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<u> </u>
a	Average monthly fair market value of securities	1a	795,990.
b	Average of monthly cash balances	1b	795,990. 5,350.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	10	801,340.
	Reduction claimed for blockage or other factors reported on lines 1a and		
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	801,340.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,020.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	789,320.
6	Minimum investment return. Enter 5% of line 5	6	39,466.
_	art XI   Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	······································
_	foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	39,466.
2a			
b	Income tax for 2015. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	653.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,813.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	38,813.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	38,813.
P	art XII Qualifying Distributions (see instructions)		
		<del>, ,</del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40.00
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	19,905.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	··-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	19,905.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,905.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part VI	Calpus	1 cars prior to 2014	2014	2013
1 Distributable amount for 2015 from Part XI, line 7				38,813.
2 Undistributed income, if any, as of the end of 2015				30,0231
a Enter amount for 2014 only			0.	
b Total for prior years:	-			
g rounts protycers.		0.		
3 Excess distributions carryover, if any, to 2015:			-	
a From 2010				
b From 2011			i	
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from		·		
Part XII, line 4: ▶\$ 19,905.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				19,905.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				1
be distributed in 2016				18,908.
7 Amounts treated as distributions out of			1	
corpus to satisfy requirements imposed by		İ		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		<u></u>	-
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			· · · <del>-</del>
9 Excess distributions carryover to 2016.		Ì		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015		<u> </u>	<u> </u>	Form 000-DE (2015)

ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION 35-7085237 Page 10 Form 990-PF (2015) Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling 4942(j)(3) or (5)(ر) 4942 لَـ b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2015 (b) 2014 (c) 2013 (d) 2012 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year ALZHEIMER'S RESEARCH FOUNDATION NONE TO IMPROVE THE CARE OF 110 EAST 42ND STREET, 16TH FL PEOPLE LIVING WITH NEW YORK, NY 10017 ALZHEIMER'S TO ENHANCE THEIR QUALITY OF LIFE; AND FINDING A CURE FOR 500. NONE TO FIGHT ANTI-SEMITISM ANTI-DEPAMATION LEAGUE 605 3RD AVE AND ALL FORMS OF NEW YORK, NY 10158 BIGOTRY IN THE U.S. AND ABROAD THROUGH INFORMATION 500. VOLUNTEERS FOR WILDLIFE, INC NONE TO PRESERVE AND 194A BAYVILLE RD ENHANCE LONG ISLAND'S LOCUST VALLEY, NY 11560 WILDLIFE AND NATURAL ECOSYSTEMS. REHABILITATION OF 1,000. NONE ASPCA TO PROVIDE EFFECTIVE 424 E. 92ND STREET MEANS FOR THE PREVENTION OF CRUELTY NEW YORK, NY 10128 TO ANIMALS THROUGHOUT THE UNITED STATES. 12,500. GUIDE DOG FOUNDATION NONE TO IMPROVE THE QUALITY 371 JERICHO TURNPIKE OF LIFE FOR PEOPLE WHO SMITHTOWN, NY 11787 ARE BLIND, HAVE LOW VISION, OR HAVE OTHER SPECIAL NEEDS. 500. SEE CONTINUATION SHEET(S) 19,905. Total ➤ 3a b Approved for future payment NONE Total **▶** 3b

### ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION

Form 990-PF (2015)

35-7085237 Page 12

Part XVI-A Analysis of Income-Prod					
Enter gross amounts unless otherwise indicated.	Unrelated b (a) Business	usiness income (b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
С					
d					
e	_ [				
f	_ []	-0			
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			14	33,872.	
5 Net rental income or (loss) from real estate:			+	33,072.	
a Debt-financed property	<del>                                     </del>	<del></del>	<del> </del>	<del></del>	<u></u>
b Not debt-financed property			+ +		<del> </del>
6 Net rental income or (loss) from personal	<del> </del> -		+ +		
property			1		
7 Other investment income	<del>                                     </del>	<del></del>	+ +		
8 Gain or (loss) from sales of assets other			+ +		
than inventory					
9 Net income or (loss) from special events			1 1-		
10 Gross profit or (loss) from sales of inventory		<del></del>			
11 Other revenue:		-			
a			}		
b		•	1 1		
c			1		
d					
e		-			
12 Subtotal. Add columns (b), (d), and (e)		0	•	33,872.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	33,872.
(See worksheet in line 13 instructions to verify calculations.	)				
Part XVI-B Relationship of Activities	s to the Accom	plishment of E	xempt l	Purposes	
Line No. Explain below how each activity for which in			A contribute	ed importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by provioing lunus	for such purposes).			
					.,,,
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Form 990-PF (2015)

FOUNDATION

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Part 2	(VII			sfers To a	ind Transactions a	and Relations	nips With Noncha	ritable	9	
4 D.d	45	Exempt Organ		of the following	a with a six other occasions	an described in section	na 501(a) of	1	Yes	No
	-				g with any other organization		טוו טט ו(ט) טו		163	140
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations:  a Transfers from the reporting foundation to a noncharitable exempt organization of:						izations?				
	Cash	rom the reporting founds	ation to a noncharita	inie exempt orê	janization of,			1a(1)		х
	Other	accate				•		1a(1)		$\frac{x}{x}$
		assets sactions:			•			18(2)		<del></del> -
		of assets to a noncharital	hle exempt organiza	ition				1b(1)		х
		ases of assets from a noi	· ·					1b(2)		X
٠,		l of facilities, equipment,	•	organization				1b(3)		X
٠,		oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
		mance of services or me	mbership or fundra	isina solicitatio	ns			1b(6)	<u> </u>	X
		facilities, equipment, ma	·	-				1c		X
	_		• .		dule, Column (b) should ah	ways show the fair m	narket value of the goods, o	other ass	ets,	
or s	services	given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, s	how in		
col	u <b>mn (d</b>	) the value of the goods,	other assets, or sen	vices received.						
(a)Line n	•	(b) Amount involved	(c) Name o		exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
				N/A						
			ļ							
	_									
	_									
		·								
			-			<del> </del>				
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2a Ist	he four	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın s	ection	501(c) of the Code (other	r than section 501(d	:)(3)) or in sect	on 527?			Yes	X	□No
<b>b</b> If "	Yes," co	mplete the following sch								
		(a) Name of org	janization		(b) Type of organization	(	(c) Description of relations	hip		
		N/A			<u>.</u> .					
	_		<u> </u>	<del> </del>						
	Ünder	penalties of periury. I declare	that I have examined the	ns return, includin	g accompanying schedules and	statements, and to the	best of my knowledge			
Sign					n taxpayer) is based on all inform		has any knowledge retu	y the IRS im with th	e prepai	rer
Here		Kasalia .	Acha. 1		1/-15-16	TRUSTE		Wn below Yes		No
	Sign	ature of officer or trustee	· · · · · ·		Date	Title		- I CO		_ NO
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check If PTIN			
self- employed										
Paid		ANDREW ROT	TER		UK) KETUL.	11/14/16	P0	0449	684	
Prep	arer	Firm's name ► CIT		ERMAN &	CO, LLP	<u> </u>	Firm's EIN ► 22-2			
Use (	Only				-					
		Fırm's address ▶ 52	9 FIFTH A	AVENUE						
		NE	W YORK, 1	NY 1001	7-4683		Phone no. 212-6	97-1	000	

# ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION

35-7085237

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ENRY M. JACKSON FOUNDATION	NONE		PARTICIPATION IN	
501 FOURTH AVENUE, SUITE 1580			POLICIES OF	
EATTLE, WA 98101			INTERNATIONAL AFFAIRS	
			EDUCATION, HUMAN	
			RIGHTS, ENVIRONMENT	20
THE UNITED STATES EQUESTRIAN TEAM	NONE		TO PROVIDE THE	
FOUNDATION			NECESSARY RESOURCES TO	
1040 POTTERSVILLE RD,			MAKE EQUESTRIAN	
GLADSTONE, NJ 07934			COMPETITIVE EXCELLENCE	
DIONE, NO 07331			POSSIBLE	4,00
A FOUNDATION OF PHILANTROPIC FUNDS	NONE		PUBLIC CHARITY THAT	
520 EIGHTH AVE, 20TH FL	ĺ		PROVIDES TOTAL	
NEW YORK, NY 10018			MANAGEMENT OF	
·			CHARITABLE GIVING.	70
		· · · · · · · · · · · · · · · · · · ·		
				<del></del>
			<del>                                     </del>	
Table Annual Control of the Control				
Total from continuation sheets				4,90

ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION 35-7085237 **Supplementary Information** 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - ALZHEIMER'S RESEARCH FOUNDATION TO IMPROVE THE CARE OF PEOPLE LIVING WITH ALZHEIMER'S TO ENHANCE THEIR QUALITY OF LIFE; AND FINDING A CURE FOR ALZHEIMER DISEASE. NAME OF RECIPIENT - ANTI-DEFAMATION LEAGUE TO FIGHT ANTI-SEMITISM AND ALL FORMS OF BIGOTRY IN THE U.S. AND ABROAD THROUGH INFORMATION, EDUCATION, LEGISLATION AND ADVOCACY. NAME OF RECIPIENT - VOLUNTEERS FOR WILDLIFE, INC TO PRESERVE AND ENHANCE LONG ISLAND'S WILDLIFE AND NATURAL ECOSYSTEMS. REHABILITATION OF SICK, INJURED AND ORPHANED WILDLIFE. NAME OF RECIPIENT - HENRY M. JACKSON FOUNDATION PARTICIPATION IN POLICIES OF INTERNATIONAL AFFAIRS EDUCATION, HUMAN RIGHTS, ENVIRONMENT AND NATURAL RESOURCES MANAGEMENT, AND PUBLIC SERVICE.

## 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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization ROSALIND AND FRANKLYN SCHAEFER FAMILY

FOUNDATION

**Employer identification number** 

35-7085237

Organizati	ion type (check or	ie;
Filers of:		Section:
Form 990 o	or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-PF		X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
-	=	covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General R	ule	
	ŭ	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.
Special Ru	ules	
se	ections 509(a)(1) a ny one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ir, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II
ye	ear, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for truelty to children or animals. Complete Parts I, II, and III
y is p	ear, contributions checked, enter h urpose Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
Caution.	An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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 its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ROSALIND AND FRANKLYN SCHAEFER FAMILY FOUNDATION

Employer identification number

35-7085237

Part I	Contributors (see instructions) Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSALIND SCHAEFER  120 WEST CREEK FARMS ROAD  SANDS POINT, NY 11050	\$ 1,991,796.	Person Payroll Oncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	6.15	\$Schedule B / Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization

### ROSALIND AND FRANKLYN SCHAEFER FAMILY

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

DUND	ATION	35	-7085237
art II	Noncash Property (see instructions) Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
		\$ 1,991,796.	07/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	

Employer identification number

### ROSALIND AND FRANKLYN SCHAEFER FAMILY

	11
FOUNDATION OF THE PROPERTY OF	

OUNDA' Part III	Exclusively religious, charitable, etc., continued the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for //ing line entry. For organizations less for the year (Finerthis into once)			
	Use duplicate copies of Part III if addition	al space is needed.	/Enter this was a season			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

FORM 990-PF DIVIDENT	DS AND	INTER	EST FRO	M SECUR	ITIES	STATEMENT	1
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
CHARLES SCHWAB # 9311 33,87	2.	(	).	33,872.	33,87	<u> </u>	
TO PART I, LINE 4 33,872		2.		33,872.	33,87	22.	
FORM 990-PF	OTHER	PROFESS	SIONAL	FEES		STATEMENT	
DESCRIPTION	EXP	(A) ENSES BOOKS	(B NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
INVESTMENT FEES		1,210.	1,210.				0.
TO FORM 990-PF, PG 1, LN 16C		1,210.		1,210.			0.
FORM 990-PF	(	OTHER E	XPENSES	<u> </u>		STATEMENT	3
DESCRIPTION	EXP	(A) ENSES BOOKS	(B NET IN MENT I	WEST-	(C) ADJUSTEI NET INCOM		
OTHER EXPENSE POSTAL CHARGES		345. 115.					0.
TO FORM 990-PF, PG 1, LN 23		460.		0.			0.
FORM 990-PF		OTHER 2	ASSETS			STATEMENT	
			NING OF K VALUE		OF YEAR K VALUE	FAIR MARKET VALUE	2
DESCRIPTION		YR BOO	K VILLOI				
DESCRIPTION  INVESTMENTS- CORPORATE STOCK		YR BOO.		). 1	,991,796.	1,714,37	71.