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Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
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 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2015
Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation SCHEFFLER FAMILY FOUNDATION		A Employer identification number 59-2129811
Number and street (or P O box number if mail is not delivered to street address) 210 E ELDERBERRY CIRCLE	Room/suite	B Telephone number (see instructions) (561) 393-3515
City or town, state or province, country, and ZIP or foreign postal code ATHENS, GA 30605		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 889,879	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,826	5,826		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	7,668			
	b Gross sales price for all assets on line 6a 73,789				
	7 Capital gain net income (from Part IV, line 2)		9,089		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	33,233	33,233			
12 Total. Add lines 1 through 11	46,727	48,148			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	9,000	1,500		7,500
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	630			
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses (attach schedule).	3,017			3,017	
24 Total operating and administrative expenses. Add lines 13 through 23	12,647	1,500		10,517	
25 Contributions, gifts, grants paid	26,746			26,746	
26 Total expenses and disbursements. Add lines 24 and 25	39,393	1,500		37,263	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	7,334				
b Net investment income (if negative, enter -0-)		46,648			
c Adjusted net income (if negative, enter -0-)					

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	15,488	3,712	3,712
	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 schedule) ▶ _____ 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)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans	636,000	604,000	604,000
	13 Investments—other (attach schedule)	231,057	282,167	282,167
	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)	882,545	889,879	889,879	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	658,171	658,171	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	224,374	231,708		
30 Total net assets or fund balances (see instructions)	882,545	889,879		
31 Total liabilities and net assets/fund balances (see instructions)	882,545	889,879		

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	882,545
2	Enter amount from Part I, line 27a	2	7,334
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	889,879
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	889,879

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 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2 9,089
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 </div>	

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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			

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 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).	6
7 Add lines 5 and 6.	7
8 Enter qualifying distributions from Part XII, line 4.	8

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 page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total tax due is 19, overpayment is 19.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

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		No
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		No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14 The books are in care of ▶ <u>VINCE LAVIANO</u> Telephone no ▶ <u>(561) 393-3515</u> Located at ▶ <u>210 E ELDERBERRY CIRCLE ATHENS GA</u> ZIP+4 ▶ <u>30605</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	15		
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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) (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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
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 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 before 2015? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ 2014 , 20____ , 20____ , 20____			
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).	2b		No
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a 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 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>).	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

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 4945(d)(4)(A)? (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)? Yes No
 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? 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? Yes No
 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? Yes No

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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BRADLEY J LANGFORD 155 PINE RIDGE TRACE ATHENS, GA 30605	TRUSTEE 5 00	3,000	0	0
MELVIN PORTER PO BOX 28052 PRESCOTT VALLEY, AZ 86312	TRUSTEE 5 00	3,000	0	0
VINCENT LAVIANO 210 ELDERBERRY CIRCLE ATHENS, GA 30605	TRUSTEE 5 00	3,000	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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

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

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. ▶

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	
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 ▶

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.	1a	244,683
b	Average of monthly cash balances.	1b	22,429
c	Fair market value of all other assets (see instructions).	1c	604,000
d	Total (add lines 1a, b, and c).	1d	871,112
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	871,112
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	13,067
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	858,045
6	Minimum investment return. Enter 5% of line 5.	6	42,902

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	42,902
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	933
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	933
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	41,969
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	41,969
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	41,969

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.	1a	37,263
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,263
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	37,263

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				41,969
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			41,927	
b Total for prior years 2013, 20____, 20____		6,916		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>37,263</u>				
a Applied to 2014, but not more than line 2a			30,347	
b Applied to undistributed income of prior years (Election required—see instructions).		6,916		
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (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				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			11,580	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				41,969
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.				
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.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a 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. . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
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				
3 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 organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 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

VINCE LAVIANO
 210 ELDERBERRY CIRCLE
 ATHENS, GA 30605
 (706) 534-0416
 BRADLEYLANGFORD@YAHOO.COM

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED

c Any submission deadlines

SEE ATTACHED

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

SEE ATTACHED

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	26,746
b <i>Approved for future payment</i>				
Total			▶ 3b	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUAN CARLOS ALBRECHT 1840 WEST 62 ST APT 315 HIALEAH,FL 33012			FOR EDUCATION	560
JUAN JOEL ALBRECHT 1840 WEST 62 ST APT315 HIALEAH,FL 33012			FOR EDUCATION	600
SAJUNE BLANCHARD 76 NE 169 ST NORTH MIAMI,FL 33162			FOR EDUCATION	420
ERICATREA NICOLE COLLIER 2191 NE 168 ST APT 6A NORTH MIAMI,FL 33162			FOR EDUCATION	620
KARLOS FELIX GONGON FUENTES PO BOX 822 DORADO,PR 00646			FOR EDUCATION	460
JASON GONZALEZ 3140 NW 34 ST MIAMI,FL 33142			FOR EDUCATION	640
FOSHALIE MICHELLE HENDRY 142 BLOOMINGTON DR ATHENS,GA 30606			FOR EDUCATION	420
SHEKINAH QUI-CHELLE HENDRY 142 BLOOMINGTON DR ATHENS,GA 30606			FOR EDUCATION	520
BYLLINGSTON JEAN 1550 SW 47 TER APT 1233 GAINSVILLE,FL 32607			FOR EDUCATION	520
ROSE LOSEKAR LORNA JEAN-MARY PO BOX 380732 MIAMI,FL 33238			FOR EDUCATION	580
FABRICE FOTSING KENGNE 305 UNIVERSITY CIR ATHENS,GA 30605			FOR EDUCATION	600
TRE LOUIS KING 1552 NE 152 ST NORTH MIAMI BEACH,FL 33162			FOR EDUCATION	600
CHRISTINE KONTOS 7962 SW 186 ST CUTLER BAY,FL 33157			FOR EDUCATION	460
ROBERTO LAMOSO DEONIZ C/15BZN 103-B BO MAMEYAL DORADO,PR 00646			FOR EDUCATION	640
NATHANAEL JOSEPH LANCASTER 208 SEMINOLE PALMS DR GREENACRES,FL 33463			FOR EDUCATION	480
Total				26,746

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASHLYNNE SHULAMMITE MACNEE 1618 UNIVERSITY DR ARLINGTON, TX 76013			FOR EDUCATION	540
ALLIYAH MARY MANNS 18901 NW 7 CT MIAMI, FL 33169			FOR EDUCATION	520
ABIGAIL RAWORTH MINER 2041 DANIELS BRIDGE RD ATHENS, GA 30606			FOR EDUCATION	500
ZACHARY LINDOL MINER 2041 DANIELS BRIDGE RD ATHENS, GA 30606			FOR EDUCATION	500
MARTHA ROSA REYES TAMAYO 6491 W 22 LN HIALEAH, FL 33016			FOR EDUCATION	620
SUSANA RIVERA 7831 W 29 WAY APT 201 HIALEAH GARDENS, FL 33018			FOR EDUCATION	660
JOSEPH WARD SANDLIN 1422 PARKLAWN DR MURFREESBORO, TN 37130			FOR EDUCATION	480
AUNDREA RENEE SBARDELLA 4431 NW 18 PLACE GAINSVILLE, FL 32605			FOR EDUCATION	580
LAURA VALERON 1320 NW 24 ST APT 701 MIAMI, FL 33142			FOR EDUCATION	600
ELIANY VALERON 17830 NW 67 AVE APT C HIALEAH, FL 33105			FOR EDUCATION	600
SAMUEL TEMITOPE YUSUF 305 UNIVERSITY CIR ATHENS, GA 30605			FOR EDUCATION	760
MONETTE CADET 545 NE 121 ST MIAMI, FL 33161			FOR EDUCATION	340
BENNY DESIR 14615 NW 13 AVE MIAMI, FL 33167			FOR EDUCATION	390
KARLOS FELIX GONGON FUENTES PO BOX 822 DORADO, PR 00646			FOR EDUCATION	646
JASON GONZALEZ 3140 NW 34 ST MIAMI, FL 33142			FOR EDUCATION	570
Total			▶ 3a	26,746

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTOPHER GONZALEZ 3140 NW 34 ST MIAMI, FL 33142			FOR EDUCATION	500
OSHALIE MICHELLE HENDRY 140 BLOOMINGTON DR ATHENS, GA 30605			FOR EDUCATION	370
BYLLINGSTON JEAN 1550 SW 47 TER APT 1233 GAINSVILLE, FL 32607			FOR EDUCATION	580
RITHLY D JOACHIM 1290 NE 110 ST MIAMI, FL 33161			FOR EDUCATION	580
FABRICE FOTSING KENGNE 305 UNIVERSITY CIR ATHENS, GA 30602			FOR EDUCATION	540
TRE LOUIS KING 1552 NE 152 ST NORTH MIAMI BEACH, FL 33162			FOR EDUCATION	520
MELISSA KONTOS 7962 SW 186 ST CUTLER BAY, FL 33157			FOR EDUCATION	370
JHENELL ASHLEE LIANG 5241 BAILEY DR ELLENWOOD, GA 30294			FOR EDUCATION	420
ROBERTO LAMOSO DEONIZ C/15BZN 103-B BO MAYEMAL DORADO, PR 00646			FOR EDUCATION	490
GARRETT JOHN MACNEE 1618 UNIVERSITY DR ARLINGTON, TX 76013			FOR EDUCATION	360
ASHLYNNE SHULAMMITE MACNEE 1618 UNIVERSITY DR ARLINGTON, TX 76013			FOR EDUCATION	450
ALLIYAH MARY MANNS 1001 OCALA RD APT 203 TALLAHASSEE, FL 32304			FOR EDUCATION	340
EMILY GILLETTE MINER 2041 DANIELS BRIDGE RD ATHENS, GA 30606			FOR EDUCATION	390
ZACHARY LINDOL MINER 2041 DANIELS BRIDGE RD ATHENS, GA 30606			FOR EDUCATION	390
MARTHA ROSA REYES-TAMAYO 6491 W 22 LN HIALEAH, FL 33016			FOR EDUCATION	570
Total ▶ 3a				26,746

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUSANA RIVERA 7831 W 29 WAY APT 201 HIALEAH, FL 33018				570
JURITZA YARI RIVERA-CARMONA PO BOX 2911 MAYAGUEZ, PR 00681				570
JOSEPH WARD SANDLIN 1422 PARKLAWN DR MURFREESBORO, TN 37130				500
KEVON RASHOD SMITH 20474 NW 19 AVE MIAMI GARDENS, FL 33056				260
LAURA VALERON 1320 NW 35 ST APT 701 MIAMI, FL 33142				540
ELIANY VALERON 17830 NW 67 AVE APT C HIALEAH, FL 33015				520
JOSHUA VILDOR 695 NE 143 ST NORTH MIAMI, FL 33161				490
Total				26,746

TY 2015 Accounting Fees Schedule**Name:** SCHEFFLER FAMILY FOUNDATION**EIN:** 59-2129811

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	630			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: SCHEFFLER FAMILY FOUNDATION

EIN: 59-2129811

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
EDWARD JONES - BOX A ST	2015-02	PURCHASE			7,717	7,749			-32	
EDWARD JONES - BOX D LT		PURCHASE			56,983	58,372			-1,389	

TY 2015 Investments - Other Schedule**Name:** SCHEFFLER FAMILY FOUNDATION**EIN:** 59-2129811

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EDWARD JONES 163-15451-1-6		282,167	282,167

TY 2015 Other Expenses Schedule**Name:** SCHEFFLER FAMILY FOUNDATION**EIN:** 59-2129811

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
STORAGE RENTAL	480			480
PHONE	753			753
OFFICE EXPENSE	1,784			1,784

TY 2015 Other Income Schedule**Name:** SCHEFFLER FAMILY FOUNDATION**EIN:** 59-2129811

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MORTGAGE LOAN INTEREST INCOME	33,233	33,233	

SCHEFFLER FAMILY FOUNDATION

210 Elderberry Circle, Athens, GA 30605 Tel (706) 534-0416 FAX (706) 534-0434 e-mail Scheffler.FF@Charter.net

Spring 2015 SCHOLARSHIP APPLICATION

Due January 30, 2015

Student's Name: (FN) _____ (MN) _____ (LN) _____

Date of Birth: _____ Soc Sec # _____ E-Mail address: _____
E-Mail address must be kept current.
We must be notified immediately of any change.

Permanent Mailing Address

Home Telephone Number: () - _____ Other: () - _____ Cell: () - _____
Name and address of College or University you will be attending

Year entering or in progress on the due date of this application (check one), Freshman__ Sophomore__ Junior__ Senior__

Number of credit hours you will be taking this term: _____ (12 min) Is this your first application to "The Scheffler Family Foundation"? (Y/N) _____

Expected semester college expenses:
Semester Tuition: \$ _____ Semester Books & Supplies: \$ _____ Semester Room & Board: \$ _____

Other educational grants or loans you expect to receive (source & amount):

Parent and Student Financial Statement:

Annual Income: (amount and source)

\$ _____

\$ _____

Major Expenses: other than college:

\$ _____

\$ _____

Family composition:

When not attending school do you live with your parents? _____

\$ _____

\$ _____

\$ _____

\$ _____

Explain your need for financial assistance (You may use additional sheets if necessary)

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

The Scheffler Family Foundation reserves the right to reject, without notice, any application that is not legible and complete, containing all information requested. Student must take 12 credits per semester and maintain a 2.0 GPA.

- A copy of the following must accompany this application:
1. your most recent Income Tax return complete with all schedules.
 2. your parents most recent Income Tax return complete with all schedules
 3. a complete copy of your transcript of grades.
 4. Evidence of enrollment for this term (including number of credits).
 5. Signed "Instructions To Applicant"

All documents must be mailed to the above address with original signatures.

PARENT'S SIGNATURE DATE

PARENT'S SIGNATURE DATE

STUDENT'S SIGNATURE DATE

SCHEFFLER FAMILY FOUNDATION

210 Elderberry Circle, Athens, GA 30605

TELEPHONE (706) 534-0416

FAX (706) 534-0434

E-Mail: Scheffler FF@Charter.net

Instructions To Applicants

Please read carefully, sign and return with your application.

The Scheffler Family Foundation is a scholarship fund founded by Jean Ann Scheffler for the purpose of assisting needy students in their endeavor to achieve a higher education.

Acceptance, qualification, and the continued renewal of this scholarship depends upon your academic performance, need, and the availability of scholarship funds. You must maintain a grade point average of at least 2.0 and be taking a minimum of 12 credit hours per semester to be considered.

In order to obtain assistance for the next term please **complete** the enclosed or attached application and return it, to us, together with a signed copy of this letter, by the date indicated on the application. Assistance will be awarded based upon grades, work load, financial need, and availability of funds. The application must be received, by us, at the above address, via USPS no later than the due date indicated on the application. Applications, or supporting documents, sent by FAX or e-mail will not be accepted nor acknowledged, except by prior arrangement. If for some reason this date is impossible to meet, please notify us of the delay, with reason, in writing prior to the due date **Please follow all instructions on the application, as incomplete, late, e-mailed or FAXed applications will not be considered nor replied to.**

Sincerely yours,

Scheffler Family Foundation
Trustees

Bradley J. Langford
Vincent R. Laviano
Melvin B. Porter

I have read the above instructions and agree to abide by them.

Applicants Name (Please print)

Applicants signature

Applicants Social Security Number

Date