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### Form 990-PF Department of the Treasury

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. 2011

For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number AGEE FAMILY FOUNDATION 01-0939828 Number and street (or P.O. box number it mail is not delivered to street address) Room/suite **B** Telephone number 800 GESSNER RD 1000 713-468-6866 City or town, state, and ZIP code C if exemption application is pending, check here 77024 HOUSTON, TX G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here ▶\$ 9,966,870. (Part I, column (d) must be on cash basis.) Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b) (c), and (d) may not for charitable purposes (cash basis only) expenses per books income income necessarily equal the amounts in column (a) ) 69,094 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 195,634. 195,634 STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) 32,187. 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 427,313. 32,187 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 8 Income modifications 10a Gross sales less returns and allowances 1 5 U 2 b Less Cost of goods sold c Gross profit or (loss) 27,885. 27,885 11 Other income STATEMENT 324,800 255,706. Total. Add lines 1 through 11 Ō. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 1.000. 1,000 **b** Accounting fees Ō. c Other professional fees 17 Interest STMT 4 11,868, 3,485 18 Taxes 0. 19 Depreciation and depletion 21 Travel, conferences, and meetings Printing and publications 17,829 STMT 5 17,829 23 Other expenses 24 Total operating and administrative 30,697 expenses. Add lines 13 through 23 22,314 О. 435,000 25 Contributions, gifts, grants paid 435,000. Total expenses and disbursements. 465,697 22,314 Add lines 24 and 25 435,000. 27 Subtract line 26 from line 12: -140,897 a Excess of revenue over expenses and disbursements 233,392 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A

10,172,689. Form **990-PF** (2011)

5

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

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.)				) Date aco		(d) Date sold (mo., day, yr.)		
a								
b SEE ATTACHED	STATEMENTS							
C						<u>.</u> .		
e e								
	(f) Depreciation allowed	(a) Cos	t or other basis	1	<u></u>	(h) Gair	or (loss)	<del></del>
(e) Gross sales price	(or allowable)		pense of sale	1			f) minus (	
a								
b		ļ						<u> </u>
<u>C</u>		ļ						
d = 427,313.			395,12	6.				32,187
	ng gain in column (h) and owned by	the foundation	· · · · · · · · · · · · · · · · · · ·		(1) (	Gains (Col	. (h) gain	<del></del>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		col. (	k), but no	t less thar rom col. (I	1 -0-) or
a								
b								
C		<u> </u>						
d e		+		<del></del>	<del> </del>			32,187
<del></del>	∫ If gain, also ente	er in Part I line	<del></del>	7				
2 Capital gain net income or (net o	apital loss) 🥤 If (loss), enter -	0- in Part I, line		升	2	<del></del>	<u> </u>	32,187
3 Net short-term capital gain or (ic if gain, also enter in Part I, line 8 if (loss), enter -0- in Part I, line 8		ind (6):		}	3		N/A	
	Jnder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estment Inco	me		
For optional use by domestic priva	te foundations subject to the section	4940(a) tax on	net investment in	ncome	.)			
if section 4940(d)(2) applies, leave	this part blank.							
f "Yes," the foundation does not qu	ction 4942 tax on the distributable a alify under section 4940(e). Do not c	omplete this pa	rt.					Yes X No
1 Enter the appropriate amount in	each column for each year; see inst	ructions before	making any entri			<del>,</del>		(4)
Base period years	(b) Adjusted qualifying di	stributions	Net value of no	(c) onchar	itable-use assets	(c		oution ratio ided by col. (c))
Calendar year (or tax year beginn 2010	iiig iii)   · · · · ·	72,921.			,122,600.		ioi. (b) uiv	.01708
2009		0.			,784,465.			.00000
2008								
2007					<del></del>	ļ		
2006						<del>                                     </del>	·=	
2 Total of line 1, column (d)						2		.01708
	5-year base period - divide the total	on line 2 by 5,	or by the number	r of yea	ars			702700
the foundation has been in exist	ence if less than 5 years	•	-			3		.00854
4 Enter the net value of noncharita	able-use assets for 2011 from Part X	, line 5				4	1	0,420,104
5 Multiply line 4 by line 3						5		89,009
	ome (10) of Death has 6753							
6 Enter 1% of net investment inco	ипе ( 1% от магт I, IINE 2/D)					6		2,334
7 Add lines 5 and 6						7		91,343
· · · · ·						8		435,000
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, check the box in Part VI, lin	ie 10, and comp	nete that part usin	ng a 19	√o tax rate.			

X

3b

4a

Yes X No

N/A

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

b If "Yes," did it have excess business holdings in 2011 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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2011)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

during the year?

Pa	Irt X Minimum Investment Return (All domestic foundations r	nust cor	nplete this p	oart. Foreign foui	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc., p	urposes:			
a	Average monthly fair market value of securities	, ,	•	;	1a	10,254,871.
	Average of monthly cash balances				1b	10,254,871. 323,915.
	Fair market value of all other assets				1c	
d	Total (add lines 1a, b, and c)				1d	10,578,786.
е	Reduction claimed for blockage or other factors reported on lines 1a and					· · · · · · · · · · · · · · · · · · ·
	1c (attach detailed explanation)	1e		0.		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	10,578,786.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see ins	ructions)		4	158,682.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o		•		5	10,420,104.
6	Minimum investment return. Enter 5% of line 5				6	521,005.
P	Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here		private opera	ting foundations ar	nd certain	
1	Minimum investment return from Part X, line 6				1	521,005.
2a	Tax on investment income for 2011 from Part VI, line 5	2a		2,334.		
b	Income tax for 2011. (This does not include the tax from Part VI)	2b			]	
C	Add lines 2a and 2b				2c	2,334.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	2,334. 518,671.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	518,671.
6	Deduction from distributable amount (see instructions)				6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	rt XIII, line	1		7	518,671.
P	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:				
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	435,000.
þ	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 charita	able, etc.,	purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:					
a	Suitability test (prior IRS approval required)				3a	
þ	Cash distribution test (attach the required schedule)				3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a		XIII, line 4		4	435,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estment				
	income. Enter 1% of Part I, line 27b				5	2,334. 432,666.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years	when cal	culating whet	her the foundation	qualifies fo	r the section

4940(e) reduction of tax in those years.

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d)</b> 2011
1 Distributable amount for 2011 from Part XI,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
line 7			•	518,671.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			335,439.	]
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				1
¢ From 2008				•
dFrom 2009				
eFrom 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from	· · · · · · · · · · · · · · · · · · ·			
Part XII, line 4: ►\$ 435,000.		•		
a Applied to 2010, but not more than line 2a			335,439.	
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 2011 distributable amount				99,561.
e Remaining amount distributed out of corpus	0.			<del></del>
5 Excess distributions carryover applied to 2011	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:				
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			,
b Prior years' undistributed income. Subtract		<u> </u>		
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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				419,110.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			•
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	•			
not applied on line 5 or line 7	0.			• •
9 Excess distributions carryover to 2012.	•			• .
Subtract lines 7 and 8 from line 6a	0.			······································
10 Analysis of line 9:	. <del>-</del>	,		
a Excess from 2007		,		
b Excess from 2008		,		
c Excess from 2009			'	
d Excess from 2010				•
e Excess from 2011		<u> </u>		Form <b>000 DE</b> (2011)

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NONE

3 * Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	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
a Paid during the year	or substantial community	, sapan		
CHRISTIAN COMMUNITY SERVICE CENTER 3230 MERCER	N/A	OTHER PUBLIC	RELIGIOUS	
HOUSTON, TX 77027				25,000.
CHRISTUS FOUNDATION 1001 FANNIN STREET, #4665	N/A	OTHER PUBLIC	HEALTHCARE	
HOUSTON, TX 77002				83,333.
JOHN PAUL II CATHOLIC SCHOOL 1400 PARKWAY PLAZA	N/A	OTHER PUBLIC	EDUCATION	
HOUSTON, TX 77077				50,000.
ST AGNES ACADEMY 9000 BELLAIRE BLVD.	N/A	OTHER PUBLIC	EDUCATION	
HOUSTON, TX 77036				100,000
STRAKE JESUIT 8900 BELLAIRE BLVD.	N/A	OTHER PUBLIC	EDUCATION	<i>cc. cc</i> <b>n</b>
Total SEE CO	ONTINUATION SHE	<u> </u> ፑጥ/ርነ	<b>▶</b> 3a	66,667. 435,000.
b Approved for future payment	JANIAN SHE	11/15/	<b>→</b> 5a	433,000
NONE				
Total			<b>▶</b> 3b	0.

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

Enter gross amounts unless otherwise indicated.				by section 512-513 or 514 (e)	
,	(a) Business	(b)	Fxctu-	(d)	Related or exempt
1 Program service revenue;	code	Amount	cudo	Amount	function income
a					
b					
c	_				
d	_	<del></del>			
е					
1	_				
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	195,634.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	27,885.	
8 Gain or (loss) from sales of assets other than inventory			18	32,187.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c	_				
d	_				<u> </u>
e	_				
12 Subtotal. Add columns (b), (d), and (e)	<u></u>		0.	255,706.	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations				13	255,70

Line No.  ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
	<del></del>	
		·
123621 12-02-11	Form <b>990-PF</b>	(2011)

01111 220 1 14 (20 1	11000 1101101	1 001121111011		
Part XVII	Information Regarding	Fransfers To and	Transactions and Relationships	s With Noncharitable
•	<b>Exempt Organizations</b>			
		441 4 11	because the second and the second and a second and Established	04/a) a4

_ `		Exempt Organi				
			ectly engage in any of the following			Yes No
			(3) organizations) or in section 5		ations?	
<b>a</b>	Transfer <b>s</b>	from the reporting founda	ition to a noncharitable exempt or	ganization of:		
	(1) Cash					1a(1) X 1a(2) X
	(2) Other					1a(2) X
	Other tran					L
		of assets to a noncharitat				1b(1) X 1b(2) X
			ncharitable exempt organization			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	• •	al of facilities, equipment,		•		1b(3) X 1b(4) X
	· <i>'</i>	bursement arrangements				1b(5) X
	• •	s or loan guarantees	mbership or fundraising solicitati	nne		1b(6) X
	• •		iling lists, other assets, or paid er			1c X
	•		· ·		ays show the fair market value of the good	
		•			in any transaction or sharing arrangemen	
			other assets, or services received			
(a)Lıı	ne no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions.	and sharing arrangements
			N/A			
						_
						···
						<u>.</u>
		**		<u></u>		
						<del></del>
						· · · · · · · · · · · · · · · · · · ·
	L				<u> </u>	
2a		=	ctly affiliated with, or related to, or		ations described	Yes X No
			er than section 501(c)(3)) or in se	ction 52/?		Yes X No
D	If "Yes,"	complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relati	ionship
		N/A	gamzanon	(b) Typo of organization	(e) becomplient of foliation	
		H/A				<u>, , , , , , , , , , , , , , , , , , , </u>
					statements, and to the best of my knowledge ation of which preparer has any knowledge	May the IHS discuss this
Sig	gn   📐		On preparation of preparation of the	_		return with the preparer shown below (see instr.)?
He	, E	HAUTA 1	· Clega	10-30-12	Phesidant	X Yes No
	Si	1/		Date	Title Check   if   Pi	TIM
		Print/Type preparer's n	name Preparer's	signature	Date Check if PT self- employed	rin
Pa	id	ROBERT L	ERWIN, CPA	KILW.		201081306
	ılu eparel			LLP	10·25~(2)   I   Firm's EIN ▶ 74-	
	eparer se Only	L	DION & MEDION,	חחב /	LIIII S EIIV > 1 3	100010
<b>J</b> 3			002 ROGERDALE R	D. SUITE 200	<del></del>	
			OUSTON, TX 7707		Phone no. 283	1-759-1120
					1	Form <b>990-PF</b> (2011)
						. ,

123622 12-02-11

# Schedule B or 990-PF)

Department of the Treasury Internat Revenue Service

### Schedule of Contributors

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

OMB No. 1545 0047

Employer identification number

Name of the organization AGEE FAMILY FOUNDATION 01-0939828 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2011)

Name of organization

Employer identification number

AGEE	FAMILY FOUNDATION		1-0939828
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD & JUDITH AGEE  800 GESSNER, SUITE 1000  HOUSTON, TX 77024	\$ 29,094.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BAYOU WELL SERVICES, LLC  800 GESSNER, SUITE 1000  HOUSTON, TX 77024	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WAPITI OPERATING, LLC  800 GESSNER, SUITE 1000  HOUSTON, TN 77024	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
100450 04 0	NO 40	Cabadula D /Fa	

Name of organization

Employer identification number

# AGEE FAMILY FOUNDATION

01-0939828

Part II :	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed
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(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		<b>\$</b>	
(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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 01-23-12		Schedule B (Form 9	 990, 990-EZ, or 990-PF) (2

•			Employer recitation number					
GEE FA	MILY FOUNDATION	us) contributions to section 501/c	01-0939828					
-art III	year Complete columns (a) through (e) and the	following line entry. For organization	c)(7), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter rithe year. (Enter this information once)					
	Use duplicate copies of Part III if additional	space is needed.	(Inter this information once)					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) r drpose or girt	(c) 036 of gift	(d) Description of now gift is field					
-								
		(e) Transfer of gif	tt .					
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
-	<del></del>							
-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(a) a pass a give	(0) 000 01 gilt	(a) Description of now gift is field					
-								
_								
-		(a) Transfer of mi						
	(e) Transfer of gift							
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-			····					
-								
(2) 112								
(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	1 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					
-								
<del></del>   -								
		(e) Transfer of gif	ft					
	Transferee's name, address, and	17ID ± 4	Polationship of transferor to transferor					
-	iransieree's name, aucress, and	4 4 IF T 4	Relationship of transferor to transferee					
-								

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor OTHER PUBLIC THE REGIS SCHOOL N/A EDUCATION 7330 WESTVIEW DRIVE CHARITY 50,000. HOUSTON, TX 77055 N/A SW HEALTH TECHNOLOGY FOUNDATIO RESEARCH MEDICAL RESEARCH 3100 RICHMOND, STE 315 FOUNDATION HOUSTON, TN 77098 60,000. 110,000. Total from continuation sheets

Part IV Capital Gains and Loss	es for Tax on investment income					
	lescribe the kind(s) of property sold, k warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)		
1a GS LOCAL EMERGI	NG MARKETS	P	04/29/1108/12/11			
b GS LOCAL EMERGI		P	02/28/11/08/12/11			
c GS LOCAL EMERGI		P	07/29/1108/12/11			
d GS LOCAL EMERGI		Р	06/30/1108/12/11			
e GS LOCAL EMERGI		P	03/31/1108/12/11 01/31/1108/12/11			
,						
h GS LOCAL EMERGI	P	12/31/10/08/12/11				
GS LOCAL EMERGI			P	12/21/10/08/12/11		
	GROWTH FUND		P	10/21/1011/29/11		
	NCOME		P	10/21/1011/29/11 09/15/1011/29/11		
GS EMERGING MAR			P	06/21/1011/29/11		
m GS HIGH YIELD F			P	10/21/1011/29/11		
	AL REAL ESTATE		P	09/15/1011/29/11		
OGS INTERNATIONA		(g) Cost or other basis		n) Gain or (loss)		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		plus (f) minus (g)		
543.		568.	············	-25.		
545.		528. 587.	·	17. -16.		
c 571.		597.	<del>.</del>	-10.		
d 585. e 587.		584.		3.		
f 593.		570.		23.		
626		653.		-17 <b>.</b>		
3 007		3,046.		41.		
160,664.		158,000.		2,664.		
25,900.		25,649.		251.		
76,600.		75,032.		1,568.		
5,800.		6,532.		-732.		
m 18,600.		19,234.		-634.		
n 8,700.		10,361.		-1,661.		
7,200.	-	8,674.		-1,474.		
Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/31/69		osses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (j), if any		s of col. (h) gain over col. (k), not less than "-0-")		
a				-25.		
b				17.		
C				-16.		
d				-12.		
e				3.		
f				23.		
g				-17.		
h	<del></del>			41.		
I				2,664.		
J				251. 1,568.		
<u>k</u>				-732.		
	,			-/32. -634.		
<u>m</u>				-1,661.		
<u>n</u>				-1,474.		
0	. If name also ente	r in Part I, line 7		-1,4/4.		
2 Capital gain net income or (net ca		r in Part I, line 7 )-" in Part I, line 7	2			
3 Net short-term capital gain or (lost if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8		10 (0):	3			
in thousand of the art is little to	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·		

Part IV Capital Gains and Los	sses for Tax on Investment Income				
(a) List and 2-story br	describe the kind(s) of property soluck warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	P - Purchase D - Donation	(mo., day, yr.)	(d) Date sold (mo., day, yr.)
ta GS LARGE CAP V	ALUE FUND	P	10/21/10		
b GS REAL ESTATE		P	09/15/10		
	NTERNATIONAL EQU	P	10/21/10		
d GS US EQUITY D	IVIDEND AND PREM	IUM	P	09/15/10	11/29/11
e CAPITAL GAINS	DIVIDENDS				
f				<u> </u>	
g				<u> </u>	
h				ļ	
1					
1				<del> </del>	
<u>k</u>				<del> </del>	ļ
				-	
m		<del></del>		1	
<u>n</u>					<del></del>
0	(f) Depreciation allowed	(g) Cost or other basis	<del></del>	h) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		plus (f) minus (g)	
a 24,300.	<u> </u>	26,303.			-2,003.
b 8,900.		8,689.			211.
c 14,000.		16,661.			-2,661.
d 35,000.		32,858.	· · · · · · · · · · · · · · · · · · ·		2,142.
e 34,502.					34,502.
f			-		
g					
h					
1					
1				·	
k					
<u> </u>			<del></del>		
m					
n	<u> </u>	<del> </del>			<del></del>
Complete only for agents show	Ing gain in column (h) and owned by	the foundation on 12/31/60	(1)	nana (fram ani (h)	· · · · · · · · · · · · · · · · · · ·
Complete only for assets shown	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	osses (from col. (h) s of col. (h) gain ove	er col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		not less than "-0-")	
a					-2,003.
b		<del> </del>			211.
C					-2,661.
d					2,142.
e			·		34,502.
f					
g					
h					
1				<del></del>	
1					
<u>k</u>	<del> </del>		<del></del>		
<u> </u>	<del> </del>	<del>                                     </del>			
<u>m</u>		<del>                                     </del>	<del> </del>		
n		<del> </del>		<del></del>	<del></del>
0			<del></del>		
2 Capital gain net income or (net o	capital loss) { If gain, also ent	er in Part I, line 7 -0-" in Part I, line 7	2		32,187.
	oss) as defined in sections 1222(5) a	I			
If gain, also enter in Part I, line 8	uss) as denneu in Sections (222(5) 8 8. column (c).	and (0).			
If (loss), enter "-0-" in Part I, line	8	]	3	N/A	

AGEE FAMILY FOUNDATION

orm 886	8 (Rev. 1 2012)					Page 2		
ا ا	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this	box		► X		
<b>Vote.</b> On	ly complete Part II if you have already been granted an a	utomatic (	3-month extension on a previously fil	ed Form 8	868.			
■ If you a	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I (on page 1).					
Part II	Additional (Not Automatic) 3-Month Ex	xtensior	of Time. Only file the original	al (no co	pies n	eeded).		
			Enter filer's	dentifyin	g numb	er, see instructions		
Type or	ype or Name of exempt organization or other filer, see instructions					ation number (EIN) or		
print								
File by the	ACRE PANTLY POINDAUTON					X 01-0939828		
due date for Number, street, and room or suite no. If a P O box, see instructions. So				Social sec	Social security number (SSN)			
etun See 800 GESSNER RD, NO. 1000								
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions					
	HOUSTON, TX 77024							
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4		
		•						
Applicat	ion	Return	Application			Return		
ls For		Code	ls For			Code		
Form 990	)	01						
Form 99	D-BL	02	Form 1041-A			08		
Form 99	D-EZ	01	Form 4720			09		
Form 99	)-PF	04	Form 5227			10		
Form 99	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	ously file	d Form	8868.		
	RICHARD AGEE							
	ooks are in the care of ▶ 800 GESSNER RD	, STE	. 1000 - HOUSTON,	rx 77	024			
Telep	hone No ➤ 713-468-6866		FAX No. ►					
<ul><li>If the</li></ul>	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □		
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the wh	ole group, check this		
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	ali memb	ers the	extension is for		
4 ire	equest an additional 3-month extension of time until	NOVEM	BER 15, 2012					
<b>5</b> Fo	r calendar year $2011$ , or other tax year beginning $\_$		, and ending	9				
6 If 1	the tax year entered in line 5 is for less than 12 months, o	check reas	on Initial return	Final r	eturn			
	Change in accounting period							
	ate in detail why you need the extension							
	DDITIONAL TIME IS NEEDED TO			FROM	3RD	PARTIES TO		
<u>P</u>	REPARE A COMPLETE AND ACCURA	TE RE	TURN					
				<b></b>				
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
	nrefundable credits. See instructions.			8a	\$	2,334.		
<b>b</b> If	this application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and estimated					
ta	x payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid	<u> </u>				
_	reviously with Form 8868.			8b	\$	2,800.		
с Ва	alance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using					
EF	TPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.		
	<del>-</del>		st be completed for Part II o	-				
Under pe it is true,	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this fe	ding accomporm.	panying schedules and statements, and to	the best o	f my kno	wledge and belief,		
Signature	Title ▶			Date				
					F.	9969 (Dev. 1 9919)		

123842 01-06-12

If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	s box		<b>▶</b> X
Note. Only complete Part II if you have already been granted an a		, ,	led Form	3868.	~
If you are filing for an Automatic 3-Month Extension, comple				<del></del>	
Part II Additional (Not Automatic) 3-Month E	xtensioi	<del></del>		<del></del>	
	· · · · ·	Enter filer's		g number, see	
Type or Name of exempt organization or other filer, see instru	Employer identification number (EIN) or				
print PANTLY BOIDINGS			[TE]	01 0030	000
due date for Number except and room or suite no. If a P.O. box of			X	01-0939	
filing your CECCNED DD NO 1000	see instruc	tions.	Social se	curity number (	SSN)
return Size OUU GESSIVER RD, INO. 1000  City, town or post office, state, and ZIP code For a fi	oroign add	Irona con materiations			
HOUSTON, TX 77024	oreign add	ress, see instructions			
		<del></del>			
Enter the Return code for the return that this application is for (fil	o a copara	to application for each return)			0 4
Effet the Neturn code for the return that this application is for the	o a sopara	te application for each return)			
Application	Return	Application			Return
ls For	Code	ls For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870		<del></del>	12
STOP! Do not complete Part II if you were not already grante	d an autor	matic 3-month extension on a pre	viously file	ed Form 8868.	
RICHARD AGEE					
• The books are in the care of ▶ 800 GESSNER RD	, STE	. 1000 - HOUSTON,	<u>TX 77</u>	024	
Telephone No ► 713-468-6866		FAX No 🕨			
If the organization does not have an office or place of business		•			<b>▶</b> ∟
If this is for a Group Return, enter the organization's four digit				-	
		ach a list with the names and EINs o	f all memb	ers the extensi	on is for.
	MOAFM	BER 15, 2012.			
<ul> <li>For calendar year <u>2011</u>, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> </ul>	chack reas	, and endir	Final i	oturo.	
Change in accounting period	CHOCK IGAS	initial return [	rinau i	etum	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	GATHE	R ALL INFORMATION	FROM	3RD PAR	TIES TO
PREPARE A COMPLETE AND ACCURA					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	2,334.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid			
previously with Form 8868.	· · · · · · · · · · · · · · · · · · ·		8b	\$	2,800.
c Balance due. Subtract line 8b from line 8a. Include your p	ayment wr	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See inst			8c	\$	0.
		st be completed for Part II	-		
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this t	ding accomp	panying schedules and statements, and t	o the best o	of my knowledge	and belief,
1 11-1 (3		600	_	<b>.</b> છ.	
Signature Title		<u> </u>	Date		11/13
				Form <b>886</b>	8 (Rev. 1-2012)

FORM 990-PF DIVIDEND	S AND	INTERI	EST FROM	SECU	JRITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS	COLUMN (A	)
GOLDMAN SACHS	-		230,136.		34,502.	195,6	34.
TOTAL TO FM 990-PF, PART I, L	N 4		230,136.		34,502.	195,6	
FORM 990-PF	0	THER II	NCOME			STATEMENT	2
DESCRIPTION		:	(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
OTHER INVESTMENT INCOME			27,	885.	27,885	•	
TOTAL TO FORM 990-PF, PART I,	LINE	11	27,	885.	27,885	•	
FORM 990-PF	AC	COUNTI	NG FEES		<u></u>	STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
LEGAL AND PROFESSIONAL		1,000.	1	,000	•		0.
TO FORM 990-PF, PG 1, LN 16B		1,000.	1	,000	•		0.
FORM 990-PF		TAX	ES	<del></del>	<del></del>	STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
FOREIGN TAXES PAID ON DIVIDENDS SECTION 4940(E) TAX	<i>,</i>	3,485. 8,383.	3	,485 0			0.
TO FORM 990-PF, PG 1, LN 18	1	1,868.	3	,485	•	<del></del>	0.
=		<del></del>			= <del></del>		

FORM 990-PF	OTHER E	EXPENSES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
DUES AND SUBSCRIPTIONS BANK CHARGES COMPUTER EXPENSES INVESTMENT FEES	695. 20. 250. 16,864.		695. 20. 250. 864.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	17,829.	17,	829.			0.
FORM 990-PF	OTHER INV	/ESTMENTS			STATEMENT	6
DESCRIPTION		ALUATION METHOD	вос	OK VALUE	FAIR MARKE VALUE	T
INVESTMENTS HELD AT GOLDMAN	SACHS	FMV	10	0,008,431.	9,802,6	12.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	•	10	0,008,431.	9,802,6	12.