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# 990-PF

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

OMB No 1545-0052

2011

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2011 or tax year beginning and ending Name of foundation Employer Identification number WOLFF FAMILY FOUNDATION 76-0236381 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite 20 BRIAR HOLLOW LANE 713-626-8050 City or town, state, and ZIP code If exemption application is pending, check here HOUSTON TX 77027 G Check all that apply Initial return of a former public charity Initial return 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change 85% test, check here and attach computation Name change H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method: X Cash I Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) 2,527,441 line 16) ▶ \$ (Part I, column (d) must be on cash basis ) (d) Disbursements Part | Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal income purposes the amounts in column (a) (see instructions) ) books cash basis only AM LANG Contributions, gifts, grants, etc., received (attach schedule) 海岸源区 10 5 1 1 1 C 2 Check ► X if the foundation is **not** required to attach Sch. B 3 11,753 11,750 Interest on savings and temporary cash investments 4 Dividends and interest from securities 35,187 35,187 5a Gross rents Net rental income or (loss) 55,274 STMT 1 6a Net gain or (loss) from sale of assets not on line 10 4. Gross sales price for all assets on line 6a 458,436 Capital gain net income (from Part IV, line 2) 948 چ پوسر . p j.: -- - . Net short-term capital gain . Argold Com. Income modifications 建镁. 18 J. T. 10a Gross sales less returns & allowances \$4 W.C Less. Cost of goods sold in Time. Gross profit or (loss) (attach schedule) (Mitane)d 11 Other income (attach schedule) 102,214 JA KANTA 12 48,885 Total. Add lines 1 through 11 Compensation of billions, directors, trustees, atc 13 /ி©peratingjand Aahilinstrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 2012 Legal fees (attach schedule) 16a Accounting fees (attach-schedule 570 570 Other professional fees (atlast schedule) 17 Interest Taxes (attach schedule) (see instructions) STMT 3 1,462 1,462 Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings Printing and publications 663 Other expenses (att. sch.) Total operating and administrative expenses. 2,695 0 Add lines 13 through 23 2,032 70,759 Contributions, orfts, grants paid 70 Total expenses and disbursements. Add lines 24 and 25 73,454 2,032 0 70, 759 27 3 Subtract line 26 from line 12. 28,760 Excess of revenue over expenses and disbursements

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

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

0

46,853

76-	02	36	:3	8	1

_  }**	Part I	Balance Sheets Attached schedules and amounts in the description or	olumn	Beginning of year	End o	f year
Ľ	гапи	should be for end-of-year amounts only (See instruct		(a) Book Value	(b) Book Value	(c) Fair Market Value
٦	1	Cash—non-interest-bearing		176,297	102,922	102,922
	2	Savings and temporary cash investments		1,446,795	757,930	757,930
-	3	Accounts receivable ▶	2,458			
	_	Less, allowance for doubtful accounts ▶	•	623	2,458	2,458
	4	Pledges receivable ▶		70 TO 1 TO 1		
	•	Less: allowance for doubtful accounts		2		
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	0					
		disqualified persons (attach schedule) (see				
	_	instructions)		A 59. A TANAMAT 19. 11.		A STANK THE
	7	Other notes and loans receivable (att schedule)	0		<u> 1 12 - 2 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
	_	Less, allowance for doubtful accounts	U			
ş	8	Inventories for sale or use		1 020	1 003	1,083
Assets	9	Prepaid expenses and deferred charges		1,020	1,083	1,083
٩	10a	Investments—U.S. and state government obligations (attach schedule)	F	040 000	1 600 040	1 636 930
i	b	Investments—corporate stock (attach schedule) SEE STN	IT 5	842,339	1,629,842	1,636,820
	C	Investments—corporate bonds (attach schedule)			<del> </del>	- * 8/T , 3*8/3 \chings
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach sch.)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)			····	77 30 3
	14	Land, buildings, and equipment. basis ▶ 2	6,228			
		Less accumulated depreciation (attach sch ) ► STMT 6		26,228	26,228	26,228
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)		2,493,302	2,520,463	2,527,441
T	17	Accounts payable and accrued expenses	•			
-	18	Grants payable				
S	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified person	s			
ā	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe	)			
- [	23	Total liabilities (add lines 17 through 22)	,	0	0	
+		Foundations that follow SFAS 117, check here	► X			
g		and complete lines 24 through 26 and lines 30 and 31.	-			
ces	24			2.493.302	2.520.463	
폡	24	Unrestricted		2,433,302	2,320,403	
Ba	25	Temporarily restricted				
ğ	26	Permanently restricted	_ —			
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here				
딝		and complete lines 27 through 31.				
2	27	Capital stock, trust principal, or current funds				
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
AS	29	Retained earnings, accumulated income, endowment, or other funds		· · · · · · · · · · · · · · · · · · ·		
ᇹ	30	Total net assets or fund balances (see instructions)		2,493,302	2,520,463	
z	31	Total liabilities and net assets/fund balances (see				
$\perp$		instructions)		2,493,302	2,520,463	
ी	Part I	Analysis of Changes in Net Assets or Fund Bal	ances			<del></del>
1	Total	I net assets or fund balances at beginning of year—Part II, column (a),	line 30 (mu	st agree with		
	end-c	of-year figure reported on prior year's return)			1	2,493,302
2		r amount from Part I, line 27a			2	28,760
		r increases not included in line 2 (itemize)			3	
		lines 1, 2, and 3			4	2,522,062
			7		5	1,599
		I net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (I	b), line 30_	6	2,520,463
<u>-</u>	: 2:=!			<u> </u>		Form 990-PF (2011)

Form 990-PF (2011) WOLFF FAN	MILY FOUNDATION		76-0236381		Page 3
Part IV Capital Gains and	Losses for Tax on Investme	nt Income			
	the kınd(s) of property sold (e.g., real estate, ouse, 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 JPMORGAN #1007					
b					
С	<del></del>				
d			<del> </del>		
. е	·····		<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) us (f) minus (g)
a 1,948					1,948
<u>b</u>					
С					
d					
е					
Complete only for assets showing ga	ain in column (h) and owned by the for	undation on 12/31/	69		Col (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) i (j), if any		not less than -0-) or s (from col. (h))
a					1,948
b					
С					
_d					
_e				<del></del>	
2 Capital gain net income or (net capit	If gain, also enter in F			.	1,948
2 Not short torm control cair or (lane)	If (loss), enter -0- in F	_	<del>[ '</del>		1,940
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (6)	_		İ	
Part I, line 8	idilii (c) (see ilisti delions) ii (loss), e	inter -o- in			
	er Section 4940(e) for Reduce	ed Tax on Net			·
(For optional use by domestic private for				<del></del>	
	·	<b>L</b> , <b>L</b>	,		
f section 4940(d)(2) applies, leave this p	Jail Diank.				
Was the foundation liable for the section	4942 tax on the distributable amount	of any year in the	base period?		Yes X No
if "Yes," the foundation does not qualify	under section 4940(e). Do not comple	te this part	. <u> </u>		
1 Enter the appropriate amount in eac	h column for each year, see the instru	ctions before maki	ng any entries		
(a) Base period years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions		e of noncharitable-use assets	(col	(b) divided by col (c))
2010		932	2,571,00		0.022921
2009	145,		2,549,5		0.057007
2008	147,		3,056,98		0.048151
2007		648	2,455,68		0.030398
2006	135,	606	3,036,64	<u> </u>	0.044656
					0 000100
2 Total of line 1, column (d)				2	0.203133
3 Average distribution ratio for the 5-ye	*	ne 2 by 5, or by the	•		0 040627
number of years the foundation has	been in existence if less than 5 years			3	0.040627
A Fort office of out a set of color Walter		-			2 606 200
4 Enter the net value of noncharitable-	use assets for 2011 from Part X, line	5		4	2,606,398
F. Multiply has A by has 2					105 900
5 Multiply line 4 by line 3				5	105,890
6 Enter 19/ of not investment income	(19/ of Bort Line 27h)				469
6 Enter 1% of net investment income (	(170 OF PAIL I, IIII P 270)			6	
7 Add lines 5 and 6				,	106,359
Add lines 3 sild 0				7	
8 Enter qualifying distributions from Pa	art XII line 4			8	70,759
	ne 7, check the box in Part VI, line 1b,	and complete that	part using a 1% tay rate		,
Part VI instructions.	, enter the porm i art vi, ind 10,	and annipion that	a a	. 555 (115	
. GIL TI GIGUIDONO.					

orn	1 990-PF (2011) WOLFF FAMILY FOUNDATION	76-0	236381			Page 6
Pa	art VII-B Statements Regarding Activities for Which Form	<u> 4720 May Be F</u>	Required (cont	inued)		
5a	During the year did the foundation pay or incur any amount to				- A 13	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?	Y	res 🗶 No	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(2) Influence the outcome of any specific public election (see section 4955); or to	o carry on,			1	
	directly or indirectly, any voter registration drive?		Y	/es X No /		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			res 🗶 No	A 150	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	_			\$ 24
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			res X 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?			res 🗓 No	74 NZ 3	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions o	lescribed in	]		
	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check he			▶ 🗂		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					
	because it maintained expenditure responsibility for the grant?		N/A 🗍 Y	res No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)		· Ш			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	v premiums				
-	on a personal benefit contract?	• • • • • • • • • • • • • • • • • • • •		res 🗓 No		
ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit conti		- 🗀	6b	X
~	If "Yes" to 6b, file Form 8870				S	¥ 3.55.3
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		res 🗓 No		
	If Yes, did the foundation receive any proceeds or have any net income attributa			N/A	7b	
7080	Information About Officers, Directors, Trustees, Fo					
	and Contractors		-9,	p	,	
1 L	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).			
				(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit	(e) Expense	
	,_,	devoted to position	` -0-)	plans and deferred compensation	other allo	wances
SE	E STATEMENT 8					
			-		1	
					ļ — — — — — — — — — — — — — — — — — — —	
		ļ				
2	Compensation of five highest-paid employees (other than those included o	n line 1—see inst	tructions). If none	e. enter		
_	"NONE."			•		
		(E) Title and supress		(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense other allo	
		devoted to position	,	compensation	Other and	wances
NO:	NE					
		}				
		J	]		]	
					1	
					1	
			· · · · · · · · · · · · · · · · · · ·			
			ĺ			
otal	number of other employees paid over \$50,000				<b>I</b>	0
		<del></del>	· _ · · · · · · · · · · · · · · · · · ·		orm 990-F	
				r,	I	. (~011)

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and Contractors (continued)	Trustees, Foundation Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional		
(a) Name and address of each person paid more than \$	\$50,000 (b) Type of service	(c) Compensation
NONE		
		_ [
<del></del>		
Total number of others receiving over \$50,000 for professional service	es	▶ 0
Part X-AV Summary of Direct Charitable Activiti	es	
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 N/A		
2		
3		
4		
Part IX-Ba Summary of Program-Related Investm	nents (see instructions)	
Describe the two largest program-related investments made by the foundation during the ta	ax 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

qualifies for the section 4940(e) reduction of tax in those years

P	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign found	dations,
	see instructions.)	15.5 T	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes.	1a	1,449,768
a	Average monthly fair market value of securities	1b	1,170,093
b	Average of monthly cash balances	1c	26,228
C	Fair market value of all other assets (see instructions)	1d	2,646,089
d	Total (add lines 1a, b, and c)	10	2,040,003
8	Reduction claimed for blockage or other factors reported on lines 1a and	o	
		<u></u>	0
2	Acquisition indebtedness applicable to line 1 assets	2	2,646,089
3	Subtract line 2 from line 1d	3	2,040,009
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		20 601
_	instructions)	4	39,691 2,606,398
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	130,320
6	Minimum investment return. Enter 5% of line 5	6	130,320
L Pi	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 )		130,320
1	Minimum investment return from Part X, line 6  Tax on investment income for 2011 from Part VI, line 5  2a  93	7	130,320
2a		4	
b	Income tax for 2011. (This does not include the tax from Part VI)	<u> </u>	027
С	Add lines 2a and 2b	2c	937 129,383
3	Distributable amount before adjustments Subtract line 2c from line 1	3	129,363
4	Recoveries of amounts treated as qualifying distributions	4	100 303
5	Add lines 3 and 4	5	129,383
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,		100 000
	line 1	7	129,383
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	TEE:	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	70,759
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		
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	70,759
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	70,759
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun	dation	<u></u>

Form 990-PF (2011)

Pa	urt XIII Undistributed Income (see instructions)				
·····		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				129,383
2	Undistributed income, if any, as of the end of 2011.				
а	Enter amount for 2010 only			50,068	
b	Total for prior years: 20, 20, 20		·		
3	Excess distributions carryover, if any, to 2011:				
а	From 2006				
b	From 2007				
C	From 2008				
d	From 2009				
θ	From 2010				
f	Total of lines 3a through e	7 (* 33.50 × 3.50 *			
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$ 70,759			FO 069	
	Applied to 2010, but not more than line 2a			50,068	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		ar victoria		
С	Treated as distributions out of corpus (Election				
	required—see instructions)		59E. 7 T. 1		20,691
	Applied to 2011 distributable amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20,031
e	Remaining amount distributed out of corpus				######################################
5	Excess distributions carryover applied to 2011			1. 48.884	1.657.132.81: 15. 2.88
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
U	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	**************************************			
	Prior years' undistributed income Subtract		1984 (3) 309 365 139		er value i i i
	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	<b>3</b>	-	11.57 <b>13.4</b> 14.5 2	
	amount—see instructions		_		
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2012				108,692
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	1362 6 511 207078			的工作器(一点·博力制度)。
10	Analysis of line 9				
а	Excess from 2007				
þ	Excess from 2008				
С	Excess from 2009				
d	Excess from 2010				
е	Excess from 2011	ENTER BELIEVED IN THE		<ul> <li>** ** ** ** ** ** ** ** ** ** ** ** **</li></ul>	THE STREET STREET, STORY

<u>For</u>	n 990-PF (2011) WOLFF FAMILY	FOUNDATIO	N	76-02363	81	Page <b>10</b>
	art XIV Private Operating For			t VII-A, question 9	)	
1a						
	foundation, and the ruling is effective for	2011, enter the date of	of the ruling	•		
b	Check box to indicate whether the foundation		-	bed in section 4	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for		· · · · · · · · · · · · · · · · · · ·			
	each year listed					1
ь	85% of line 2a					
c	Qualifying distributions from Part XII,					<del> </del>
·	line 4 for each year listed					
d	Amounts included in line 2c not used directly	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>
•	for active conduct of exempt activities					
е	Qualifying distributions made directly					<del> </del>
٠	for active conduct of exempt activities.					Į.
	Subtract line 2d from line 2c					j
3	Complete 3a, b, or c for the					
3	, ,	!				1
-	alternative test relied upon: "Assets" alternative test—enter					
а	(1) Value of all assets	1				1
	(2) Value of all assets (2) Value of assets qualifying under			<del> </del>	<del> </del>	<del> </del>
L	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3			<del></del>	<del></del>	<del> </del>
b					ļ	
	of minimum investment return shown in				1	1
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					]
	dividends, rents, payments on					
	securities loans (section				}	1
	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				1	
	an exempt organization					ļ
	(4) Gross investment income					<u> </u>
Pé	<u>rrt XV</u> Supplementary Inform			the foundation h	ad \$5,000 or mor	e in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	-				
а	List any managers of the foundation who				=	
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000).	(See section 507(d)(2	))	
	N/A					
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporate	ion (or an equally large	e portion of the	
	ownership of a partnership or other entity	) of which the foundati	ion has a 10% or great	ter interest		
	N/A		<del></del>			
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Progra	ams:		•
	Check here ▶ ☐ if the foundation only	makes contributions	to preselected charitat	ole organizations and o	does not accept	
	unsolicited requests for funds If the found	dation makes gifts, gra	ants, etc (see instructi	ions) to individuals or o	organizations under	
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone numb	er of the person to wh	om applications shoul	d be addressed		
	N/A	·				
				_		
b	The form in which applications should be	submitted and informa	ation and materials the	ey should include		
	N/A			,		
	Any submission deadlines:				<del></del>	<del></del>
-	N/A					
d	Any restrictions or limitations on awards,	such as by geography	cal areas charitable fi	elds kinds of institution	ns or other	
u	factors	casii as by googiapilii	our areas, enantable III	orae, miles of mistitutio	, or other	
	N/A					
AA						Form <b>990-PF</b> (2011)
~^						FORM 220-F F (2011)

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year SEE STATEMENT 9	or substantial contributor			
				70,75
Total			▶ 3a	70,75
N/A				

Part XVI-A Analysis of Income-Producing	Activities	<del></del>		
inter gross amounts unless otherwise indicated.	Unrelated busine (a) Business code	ss income Excluded  (b) (c) Amount Exclusion code	by section 512, 513, or 514  (d)  Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue				(599 Instructions)
a				
b				
С				
d				
e				
f				
g Fees and contracts from government agencies				
2 Membership dues and assessments				
Interest on savings and temporary cash investments		14	11,753	
Dividends and interest from securities		14	35,187	
5 Net rental income or (loss) from real estate:			No. COM. SANS	a de la carrie
			**************************************	
a Debt-financed property		<del></del>		
b Not debt-financed property				
Net rental income or (loss) from personal property				
7 Other investment income			1 040	F2 204
B Gain or (loss) from sales of assets other than inventory		14	1,948	53,326
Net income or (loss) from special events				
O Gross profit or (loss) from sales of inventory				
1 Other revenue: a		<del></del>		
b				
c				<del></del>
d				
e				
2 Subtotal Add columns (b), (d), and (e)		0	48,888	53,326
3 Total. Add line 12, columns (b), (d), and (e)			13	102,214
See worksheet in line 13 instructions to verify calculations)				
Rart XVI-B Relationship of Activities to the	Accomplishment o	f Exempt Purposes	S	
Line No. Explain below how each activity for which inco	ome is reported in column	(e) of Part XVI-A contrib	uted importantly to the	
▼ accomplishment of the foundation's exempt p				ns)
N/A	•			
				_
			,	
	· · · · · · · · · · · · · · · · · · ·			
			<del></del>	
	<del></del>		<del>- · ·</del>	
	<del></del>			

Form 99	0-PF (201	11) WOLFF FAN	MILY FO	OUNDATION	·	7	5-0236381			Pag	ge 13
Part		Information Reg		ansfers To an	d Transacti	ons and Re	lationships W	ith Nonch	aritable		
		<b>Exempt Organiz</b>	ations								
	-	anization directly or ind		-						Yes	No
		01(c) of the Code (other	er than section	on 501(c)(3) orgai	nizations) or in s	ection 527, rel	ating to political				
•	ganization							-			
		om the reporting found	ation to a no	ncharitable exem	ipt organization	or.			1a(1)	-23-55	X
	Cash Other as	ecate							1a(1)	-	X
	her transa									Si.	He H
		f assets to a noncharit	able exempt	organization					1b(1)		X
٠,		ses of assets from a no	•	•	ion				1b(2)		X
(3)	Rental	of facilities, equipment,	or other ass	sets					1b(3)		X
(4)	Reimbu	rsement arrangements	3						1b(4)		X
(5)	Loans o	r loan guarantees							1b(5)		X
		ance of services or mo		•					1b(6)	<b> </b>	X
	_	acilities, equipment, m	-	-	, ,				_1c		<u>X</u>
		r to any of the above		•	_		•				
		goods, other assets, o									
	ne no	transaction or sharing (b) Amount involved		of nonchantable exem		T	Description of transfers,				
N/A	110 110	(D) Altiourit involved	(0) (42)	O HORGINATION BABII	ipt organization	(4)	Description of transfers,	Talisactions, and	artering arrangeme		
				·							
				<del></del>	<del></del> -	<del>                                     </del>					
					·	<b></b>					
						ļ <u> </u>					
		 				<u> </u>					
						<del></del>	<del></del>				
			<u> </u>	<del></del>		<del> </del>					
							<del></del>				
		<del></del>		<del></del>		<del> </del>	<del></del>				
						<del> </del>					
2a is t	he founda	ation directly or indirec	tly affiliated	with or related to	one or more ta	x-exempt orga	nızatıons				
		section 501(c) of the	•	•	•					es X	No
		nplete the following sc		•	~ "				_	_	•
	(a	) Name of organization		(b) Type of	organization		(c) Descr	iption of relationsh	ıιρ		
N/2	A										
							<del></del>				
				 <del> </del>	<u> </u>						
				<del></del>		<del> </del>					
	Undernen	alties of perjury, I declare the	t I have every	and this rature. Include	a accompanying ecl	adulas and states	nents and to the best of	f my knowledge s	and holiaf it is true		
		alties of perjury, I declare the id complete Declaration of p						·			
									e IRS discuss this r e preparer shown b		- 1
	<	<del></del>				1		(see in:	structions)?	Yes	No
ign	<b>N</b> S	<b>/</b> //	•		1	m/4/12	N Pre	sident			
lere	Signa	ture of officer or trustee	2		Date	Colotta	Title				
	<del></del>	pe preparer's name			Preparer's signati	ıre			Date	<u></u>	<u> </u>
aid		property o heart				.[			$\sqrt{1}$ . 1	Check self-em	if
reparer	EDWAR	D H. KAMINSKI			1 ~	- W			いいし		
se Only		· PANTA		COMPANY,	P.C.			PTIN	P00171	629	)
•			RICHM	OND STE	1150			Firm's EIN			
	<u> </u>	HOUST	ON, TX	77042				Phone no	713-78		
									Form 95	90-PF	(2011)

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Description		How Received	Whom Sold	Date Acquired
Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
AMERICAN EXPRESS	 S		PURCHASE		1/01/10
2/04/11 \$	4,254 \$	3,941 \$	\$	\$	313
AUTOMATIC DATA	PROCESSING	•	PURCHASE		3/10/06
2/04/11	4,822	4,281			541
BANK OF AMERICA			PURCHASE		1/01/09
2/04/11	3,289	11,776			-8,487
CICSO SYSTEMS			PURCHASE		8/30 <b>/</b> 07
2/04/11	2,148	3,202			-1,054
CITIGROUP			PURCHASE		1/01/109
2/04/11	906	9,473			-8 <b>,</b> 567
FLUOR CORP			PURCHASE		8/30 <b>/</b> 07
2/04/11	2,692	2,516			176
FOMENTO ECONOMIC		•	PURCHASE		9/18/108
2/04/11	5,290	3,861			1,429
HALLIBURTON CO	-,	-,	PURCHASE		8/30/07
2/04/11	4,473	3,453			1,020
HOME DEPOT	-,	-,	PURCHASE		2/15/05
2/04/11	5,406	6,401			-995
INTEL CORP	0, -00	0, -02	PURCHASE		1/01/09
2/04/11	8,568	13,301	-01.01.02		-4,733
ISHARES EMERGINO		10,001	PURCHASE		4/18/07
2/04/11	148,094	131,206	TOROLLIDE		16,888
ISHARES ALL COUN		131,200	PURCHASE		6/02/09
2/04/11	49,875	36,787	TOMOTHER		13,088
ELI LILLY	49,073	30,707	PURCHASE		7/10/01
2/04/11	1,726	3,810	FUNCIASE		-2,084
MEDTRONIC INC	1,720	3,010	PURCHASE		8/30/07
	1 005	2 652	PURCHASE		-748
2/04/11	1,905	2,653	PURCHASE		7/10/01
MERCK & CO	2 224	6 112	FUNCHASE		-2,879
2/04/11	3,234	6,113	הנום <i>כ</i> נו <b>ז</b> כוד		2/15/05
NEWS CORP	2 214	2 201	PURCHASE		-77 -77
2/04/11	3,314	3,391	חנום מנוא מדו		
PRAXAIR INC.	4 CE1	0 761	PURCHASE		3/10/06
2/04/11	4,651	2,761	DIID GIID GD		1,890
RIO TINTO	F 710		PURCHASE		8/30/07
2/04/11	5,713	5,343	D11D G113 GE		370
TARGET	5 226	0 500	PURCHASE		8/17/01
2/04/11	5,326	3,702			1,624
TEXAS INSTRUMENT		2 400	PURCHASE		8/30/07
2/04/11	3,497	3,428			69
WALMART STORES			PURCHASE		1/01/09
2/04/11	5,497	4,855			642
CONOCOPHILLIPS			PURCHASE		6/18/04
5/16/11	10,656	5,760			4,896
EXXONMOBIL			PURCHASE		1/01/09
5/16/11	12,033	5,830			6,203
GENERAL ELECTRIC			PURCHASE		1/01/09
5/16/11	7,828	14,170			-6,342
HSBC HOLDINGS			PURCHASE		1/01/09
5/16/11	7,239	9,284			-2,045
ISHARES ALL COUN			PURCHASE		6/02/09
5/16/11	100,282	73 <b>,</b> 575			26,707
					l

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

	Description		How Received	Whor Sold	
Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
MCGRAW HILL COS			PURCHASE		7/10/01
5/16/11 \$	8,383 \$	6,690 \$	\$		\$ 1,693
PHILLIP MORRIS	•	,	PURCHASE		7/10/01
5/16/11	13,574	4,795			8,779
ROYAL DUTCH SHE	LL	·	PURCHASE		12/03/03
5/16/11	6,910	4,633			2,277
TOTAL SA	•	,	PURCHASE		6/16/09
5/16/11	5,716	5,471			245
WALGREEN CO			PURCHASE		7/10/01
5/16/11	8,910	6,700			2,210
MARSH & MCLENNA	N SETTLEMENT		PURCHASE		1/01/09
11/04/11	277				277
TOTAL \$	456,488 \$	403,162 \$	0 \$	0	\$ 53,326

### Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description

	 Total	_	Net Investment	_	Adjusted Net_	_	Charitable Purpose
INDIRECT ACCOUNTING FEES							
	\$ 570	\$	570	\$_		\$_	
TOTAL	\$ 570	\$_	570	\$_	0	\$_	0

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description

	Total	<u>l</u> ı	Net nvestment	Adjusted Net	l 	Charitable Purpose	_
FOREIGN TAX		-			-		
	\$ 1,462	\$	1,462	\$	\$_		
TOTAL	\$ 1,462	\$	1,462	\$	0 \$	(	<u> </u>

### Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description

 Total	Net Investment	Adjusted Net	Charitable Purpose
Ś	Ś	Ś	Ś

**EXPENSES** 

MISCELLANEOUS EXP

1

76-	00	26	20	4
70-	UZ	ುರ	ುಂ	-1

#### Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

_		
Desc	rintin	n
	いしいう	

		Total		_	Net Investment	_	Adjusted Net	_	Charitable Purpose
MEALS	5	\$	662	\$		\$		\$	
TOTAL	2	\$ 	663	_	0	\$_	0	\$_	0

#### Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

	 Beginning of Year	 End of Year	Basis of Valuation	•	Fair Market Value
CORPORATE EQUITIES					
	\$ 842,339	\$ 1,629,842	COST	\$_	1,636,820
TOTAL	\$ 842,339	\$ 1,629,842		\$_	1,636,820

#### Statement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description

		Beginning Net Book	_	End Cost / Basis	End Acci Depre		Net FMV
WESTWAY	\$	26,228	\$	26,228	\$	\$	26,228
TOTAL	\$ <u></u>	26,228	\$_	26,228	\$	0 \$	26,228

#### Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Aı	mount
50% MEALS	\$	662
FEDERAL INCOME TAX		937
TOTAL	\$	1,599

#### Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address

	Title	Average Hours	Compensation	Benefits	Expenses
DAVID S. WOLFF	PRESIDENT	1.00	0	0	0
20 BRIAR HOLLOW LANE	PRESIDENI	1.00	Ü	O	0

HOUSTON TX 77027

# Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address

Address					
- <del></del>	Title	Average Hours	Compensation	Benefits	Expenses
DAVID L. LANE 20 BRIAR HOLLOW LANE HOUSTON TX 77027	VP	1.00	0	0	0
KRIS Y. MARNEY 20 BRIAR HOLLOW LANE HOUSTON TX 77027	SECRETARY	1.00	0	0	0
DAVID W. HIGHTOWER  20 BRIAR HOLLOW LANE  HOUSTON TX 77027	TREASURER	1.00	0	0	0
MARY C. WOLFF  20 BRIAR HOLLOW LANE  HOUSTON TX 77027	TRUSTEE	1.00	0	0	0
CAROLYN W. DORROS 20 BRIAR HOLLOW LANE HOUSTON TX 77027	TRUSTEE	1.00	0	0	0
ELIZABETH W. ROGERS 20 BRIAR HOLLOW LANE HOUSTON TX 77027	TRUSTEE	1.00	0	0	0
RICHARD J. BRAEMER	TRUSTEE	1.00	0	0	0

8

# Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address

Average

Title Ho

Hours Compensation

Benefits

**Expenses** 

20 BRIAR HOLLOW LANE

HOUSTON TX 77027

# Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address	Address			
Relationship Status	Purpose	Amount			
CONGREGATION BETH ISRAEL	5600 NORTH BRAESWOOD RELIGIOUS	HOUSTON TX 77096 10,283			
GREATER HOUSTON PRESERVAT	712 MAIN ST #110 CIVIC	HOUSTON TX 77002-3207 2,000			
HOUSTON GRAND OPERA	510 PRESTON ST CIVIC	HOUSTON TX 77002 15,000			
NANTUCKET CONSERVATION FO	118 CLIFF RD	NANTUCKET MA 02554 1,000			
NANTUCKET MUSICAL ARTS	P.O. BOX 897 CIVIC	NANTUCKET MA 02554 676			
NANTUCKET PRESERVATION	TWO UNION ST CIVIC	NANTUCKET MA 02554 1,000			
TEXAS CHILDRENS HOSPITAL	P.O. BOX 300630 MEDICAL	HOUSTON TX 77230-0630 4,750			
HOUSTON CINEMA ARTS SOC	4409 MONTROSE BLVD	HOUSTON TX 77006 1,000			
GAY HILL/MOUND HILL/CEDAR HILL	405 THIELLEMAN LANE	BRENHAM TX 78333 1,000			
MEYERSVILLE FIRE DEPARTMENT	2231 MEYERSVILLE ROAD CIVIC	MEYERSVILLE TX 77974 1,000			
PRAIRIE HILL FIRE DEPARTMENT	P.O. BOX 58	PRAIRIE HILL TX 76678 1,000			
PROSTATE CANCER FOUNDATION	1250 FOURTH ST MEDICAL	SANTA MONICA CA 90401 1,250			
BREAK THROUGH HOUSTON	2401 CLAREMONT LANE CIVIC	HOUSTON TX 77019			
RICE UNIVERSITY	P.O. BOX 1892 EDUCATION	HOUSTON TX 77251-1892 12,500			
NANTUCKET HISTORICAL ASSOCIATION		NANTUCKET MA 02554 5,000			
CONGREGATION SHIRAT HA YAM	P.O. BOX 1145 RELIGIOUS	NANTUCKET MA 02554 250			
MD ANDERSON CANCER CENTER	P.O. BOX 301439 MEDICAL	HOUSTON TX 77230-1439			
BOSTON MEDICAL CENTER	LINCOLN PLACE MEDICAL	FOXBORO MA 02035 250			

76-0236381

# **Federal Statements**

# Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address	Address
Relationship	Status	Purpose	Amount
UC DAVIS HEALTH SYST		4900 BROADWAY #1150	SACRAMENTO CA 95820 5,000
CONGREGATION EMANU E	_	TWO LAKE ST	SAN FRANCISCO CA 94118 2,500
HOUSTON MUSEUM OF NA	TURAL SCIENCE CI	ONE HERMANN CIR DR	HOUSTON TX 77030 2,500
STAR OF HOPE HOMELES		6897 ARDMORE ST	HOUSTON TX 77054 250
WASHINGTON TX VFD	CI	P.O. BOX 46	WASHINGTON TX 77880 250
NANTUCKET HISTORICAL		P.O. BOX 1016	NANTUCKET MA 02554 1,300
TOTAL			70,759

76-0236381	Federal Statements							
Taxable Interest on Investments								
Description	Unrelated Exclusion Postal US Amount Business Code Code Code Obs (\$ or %)							
JPMORGAN #1007 JPMORGAN #3947 ENCORE BANK #3653	\$ 10,735 863 152 14							
TOTAL	\$ 11,750							
	Tax-Exempt Interest on Investments							
Description	Unrelated Exclusion Postal InState Amount Business Code Code Muni (\$ or %)							
JPMORGAN #1007	\$ 3							
TOTAL	\$3							
	Taxable Dividends from Securities							
Description	Unrelated Exclusion Postal US Amount Business Code Code Code Obs (\$ or %)							
JPMORGAN #1007	\$35,187							
011101(01111    1007								

(Rev January 2012)

Department of the Treasury Internal Revenue Service

cation for Extension of Time To Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

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

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

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

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

Type or	Name of exempt organization or other fil	Employer identification number (EIN) or	
print			
File by the	WOLFF FAMILY FOUNDA	rion	X 76-0236381
due date for filing your return See	Number, street, and room or suite no If 20 BRIAR HOLLOW LAND	· · · · · · · · · · · · · · · · · · ·	Social security number (SSN)
Instructions	City, town or post office, state, and ZIP of HOUSTON	rode For a foreign address, see instructions  TX 77027	
Enter the Re	turn code for the return that this application	s for (file a separate application for each return)	04

Application	Return	Application	Return
ls For	Code	ls For	Code
Form 990	01	Form 990-T (corporation)	07
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	12

KRIS Y. MARNEY, SECRETARY 20 BRIAR HOLLOW LANE

				~ ~	 ***	 ,,	
_					 _		

The books are in the care of ► HOUSTON

77027

	Telephone No. ► FAX No. ►  If the organization does not have an office or place of business in the United States, check this box			▶ □
		his is		
	he whole group, check this box  If it is for part of the group, check this box  and attack	-		
	t with the names and EINs of all members the extension is for	",		
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until $08/15/12$ , to file the exempt organization return for the organization named above. The extension for the organization's return for:	IS		
	► X calendar year 2011 or			•
2	tax year beginning , and ending  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period		<u> </u>	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		}	_
	nonrefundable credits. See instructions	3a	\$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	-		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,023
C	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	70 FO 6-		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form 8868 (F	 Rev. 1-2012)					Page 2
	filing for an Additional (Not Automatic) 3-Month E	xtension.co	mplete only Part II and check this box			▶ X
	omplete Part II if you have already been granted an a					ت
	filing for an Automatic 3-Month Extension, compl					
Part II	Additional (Not Automatic) 3-Month E			o copies	needed)	
			Enter filer's	identifyii	ng number, s	see instructions
Type or Name of exempt organization or other filer, see instructions Emplo						number (EIN) or
print				_		
Edo by the	WOLFF FAMILY FOUNDATION			<del>,                                    </del>	<u>-023638</u>	
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instruc	ctions	Socials	security number	(SSN)
filing your	20 BRIAR HOLLOW LANE					
return See instructions	City, town or post office, state, and ZIP code For	-				
	HOUSTON	X 77027				
Enter the Ret	urn code for the return that this application is for (file	e a separate a	pplication for each return)			04
			I	<del></del>		
Application	n	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990-E		02	Form 1041-A			08
Form 990-E		01	Form 4720			09
Form 990-F		04	Form 5227			10
	(sec 401(a) or 408(a) trust)	05	Form 6069	•		11
Form 990-1	(trust other than above)	06	Form 8870			12
STOP! Do no	ot complete Part II if you were not already granted	d an automat	ic 3-month extension on a previousl	y filed Fo	rm 8868.	
Telephon If the orga If this is for the whole list with the nu I reque: For calc If the ta	anization does not have an office or place of busines or a Group Return, enter the organization's four digit	FAX No ss in the Unite t Group Exem art of the grou  L/15/12 ng check reason	ed States, check this box ption Number (GEN)  p, check this box  If this and  and  and  and ending  Initial return  TIONAL TIME TO GATH	attach a		77027 ▶ □
nonrefu <b>b</b> If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, indable credits. See instructions. pplication is for Form 990-PF, 990-T, 4720, or 6069.	, enter any re	fundable credits and	8a	\$	937
	ted tax payments made. Include any prior year overp	payment allow	veu as a credit and any	8b	s	2,023
	t paid previously with Form 8868 se due. Subtract line 8b from line 8a. Include your pa	avment with the	ns form, if required, by using EFTPS	05	<del>-</del>	<u> </u>
	onic Federal Tax Payment System) See instructions	-	no loun, it logation, by doing Et 11 o	8c	\$	0
Licone			- A har a secondada di San Dané II a sa		•	
Under penalti knowledge ar	Signature and Verifies of perjury, I declare that I have examined this for and belief, it is true, correct, and complete, and that I	m, including a	ist be completed for Part II on accompanying schedules and statemend to prepare this form		the best of m	у
Signature >		т	ttle ► SECRETARY		Date -	08/07/12
					Form	8868 (Rev 1-2012)