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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

OMB No 1545-0052

F	or cal	endar year 2011 or tax year beginning					, and endin	g	3	, 20
		of foundation					·	_	A Employer identifi	cation number
	THE	OEHMIG FOUNDATION							76-026001	4
	Numb	er and street (or P O box number if mail is not delive	ered to s	treet	address)		Room/suit	e i	B Telephone numb	er (see instructions)
									(71	3) 877-8257
	9 GI	REENWAY PLAZA					2400			
_	City o	r town, state, and ZIP code				,***				
									If exemption applica	ation is
	HOUS	STON, TX 77046							pending, check here	
_		ck all that apply Initial return		Ti	nitial return	of a former p	oublic charit	v l	1. Foreign organizat	tions check here
		Final return		_	Amended re	•		´ `	2. Foreign organiza	
		Address change		٦,	Name chang	е			85% test, check h	
Н	Che	ck type of organization X Section 501	(c)(3)					╗.	,	
ſ	\neg	ection 4947(a)(1) nonexempt charitable trust				rivate founda	tion	- '	E if private foundation under section 507/b	n status was terminated
ī					thod X C		rual	٦,		ın a 60-month termination
	of ye		ther (- [)(1)(B), check here
						n cash basis.)				
G	art I	Analysis of Revenue and Expenses (The	1-	۱ Pa	enue and	(h) h! - t - :		,	. A .dt a .a .d	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		exper	nses per	(b) Net inve		(C)	Adjusted net income	for charitable purposes
		column (a) (see instructions))		bo	ooks	,,,,,				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .								
	2	Check If the foundation is not required to attach Sch B								
	3	Interest on savings and temporary cash investments								
	4	Dividends and interest from securities			31		31.			ATCH 1
	5 a	Gross rents								
	b	Net rental income or (loss)								
<u>a</u>	6 a	Net gain or (loss) from sale of assets not on line 10			450					
E L	, р	Gross sales price for all assets on line 6a 456.								
Revenue	7	Capital gain net income (from Part IV, line 2) .					450.			
Œ	8	Net short-term capital gain	L							
	9	Income modifications · · · · · · · · · · ·								
	10 a	Gross sales less returns and allowances • • • •								
	ь	Less Cost of goods sold .	ļ							
	c	Gross profit or (loss) (attach schedule)		=						
	11	Other income (attach schedule)	ID-		401		401			
_	12	Total. Add lines 1 through 1111		عزي	481.		481.			1
	13	Compensation of officers, directors, trustees, etc	42	18	(,				
s	14	Other employee salaries and wages .1. 5. 2	1177	10	\	ļ				
JSe	13	Tension plans, employed welleng		75	<u> </u>					
je j	16a	Legal fees (attach schedule)	117	<u> </u>	4,321.		4 321			
Operating and Administrative Expenses	b	Accounting fees (attach schedus EN	<u>u</u> !		4,321. 313.	ļ	4,321. 313.			
₹	С	Other professional fees (attach-schedule)			133.		133.			
tra	17	Interest ATTACHMENT 4	 	<u> </u>	45.		133.			
ij	18	Taxes (attach schedule) (see instructions)			45.	ļ				-
Ξ	19	Depreciation (attach schedule) and depletion.				 				·
A	20	Occupancy								
2	21	Travel, conferences, and meetings				 				
g	22	Printing and publications ATCH 6			1,912.		47.			
ŧ	23	Other expenses (attach schedule) ATCH 6			1,312.		- 7/-		 	
era	24	Total operating and administrative expenses.			6,724.		4,814.			
ô		Add lines 13 through 23			133,185.	 	1,017.			133,185.
-	25	Contributions, gifts, grants paid			139,909.		4,814.			133,185.
_	26	Total expenses and disbursements, Add lines 24 and 25			139,309.	-	7,017.			1 133, 163
	27	Subtract line 26 from line 12			139,428.					
		Excess of revenue over expenses and disbursements			137,420.	 	-			
		Net investment income (if negative, enter -0-)	<u> </u>				- 			
_		Adjusted net income (if negative, enter -0-) perwork Reduction Act Notice, see instructions				<u> </u>	CH 3 JSA	. * >	ל אוויכני ל	Form 990-PF (2011)
710	1 Fag	reiwork Reduction Act House, see instructions					J J J3A		ATCH 5	1 Ulin 330-FF (2011)

For Paperwork Reduction Act Notice, see Instructions.

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Ð	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
_	ai t ii	Datatice Stiects	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	9,562.	5,109.	5,109.
			cash investments	441,990.	175,412.	175,412.
- 1	3	Accounts receivable				
		Less: allowance for dou	btful accounts ▶			
	4	Pledges receivable				
		Less: allowance for dou	btful accounts ▶			
			officers, directors, trustees, and other			
ı			tach schedule) (see instructions)			
			eceivable (attach schedule)			
			btful accounts ▶			
			е			
Assets			eferred charges	750.	705.	705.
SS			e government obligations (attach schedule)			
1			stock (attach schedule) ATCH. 7	8,180.	139,828.	150,354.
		· ·	bonds (attach schedule)	· - · · · · · · · · · · · · · · ·		
		Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	s, >			
	13 14	Investments - mortgage Investments - other (atta Land, buildings, and	loans			
	15	Other assets (describe	-)			
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see p	age 1, item I)	460,482.	321,054.	331,580.
	17	Accounts payable and a	accrued expenses			
	18	Grants payable		:		
S	19	Deferred revenue				
₫			ors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other no	otes payable (attach schedule)			
	22	Other liabilities (describe	e ▶) [
	23	Total liabilities (add line	es 17 through 22)	0	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			low SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			<u> </u>	_
Balances	25	Temporarily restricted				
Bal	26					_
ᇢ	27		not follow SFAS 117,			
Ξ			plete lines 27 through 31. 🕨 🗓			
ö	27	Capital stock, trust prin	cipal, or current funds			
ts	28		r land, bldg, and equipment fund			
SSe	29	Retained earnings, accumi	ulated income, endowment, or other funds	460,482.	321,054.	
Ž	28 29 30 31	Total net assets or fund	d balances (see instructions)	460,482.	321,054.	
Š	31		net assets/fund balances (see			
			<u> </u>	460,482.	321,054.	
F	art II	Analysis of Cha	anges in Net Assets or Fund l	Balances		
			alances at beginning of year - Part		must agree with	
			d on prior year's return)			460,482.
2			line 27a			-139,428.
			- 1 1' 0 (4) ·		۱ م	
						321,054.
5	Decr	eases not included in	line 2 (itemize)		5	
6	Total	I net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	321,054.

(a) List an	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	e.g., real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHE			S Boridian		
b					
C					
d					
<u>e</u>				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>				<u> </u>	
<u>b</u>					
С					
d					
е		J			
Complete only for assets	showing gain in column (h) and owne			Gains (Col. (h) g	
(I) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	COI.	(k), but not less t Losses (from co	
<u>a</u>	······				
<u>b</u>					
С			-		
d					
<u>e</u>		<u></u>	ļ		
2 Capital gain net income or		gain, also enter in Part I, line 7			450
	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2	-	450.
	or (loss) as defined in sections 12				
Part I, line 8	t I, line 8, column (c) (see inst	<u> </u>	3		0
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
		outable amount of any year in the b Do not complete this part.	ase perio	d?	Yes X No
1 Enter the appropriate am	ount in each column for each year	; see the instructions before making	any entr	ies.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution of (col (b) divided by	
2010	125,834.	548,634.			0.229359
2009	39,000.	559,062.			0.069760
2008	0.	768,111.			0.0000
2007	16,000.	905,871.		· · · · · · · · · · · · · · · · · · ·	0.017663
2006	1,000.	692,803.			0.001443
2 Total of line 1, column (d)	·		2		0.318225
_	for the 5-year base period - divide dation has been in existence if less		3		0.063645
4 Enter the net value of nor	ncharitable-use assets for 2011 fro	om Part X, line 5	4		429,794.
5 Multiply line 4 by line 3	5	5 27,354.			
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6	·	
7 Add lines 5 and 6			7		27,354.
8 Enter qualifying distribution If line 8 is equal to or grapher VI instructions.	ons from Part XII, line 4 eater than line 7, check the box i	in Part VI, line 1b, and complete t	8 hat part	using a 1% ta	133,185. x rate. See the
ID.		·			

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

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and addresses

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	990-PF (2011) THE CERMIC FOUNDATION 70 0200			ago o
	t VII-A Statements Regarding Activities (continued)		— т	
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		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	. _ -		
14	The books are in care of ► WILLIAM C. OEHMIG Telephone no ► 713-877	-825	7 _	
	Located at ▶9 GREENWAY PLAZA, SUITE 2400 HOUSTON, TX ZIP+4 ▶ 77046			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	. N/	.A ▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country > N/A			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X 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	ŀ		
	termination of government service, if terminating within 90 days)	Ì		
ı	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ļ		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2011?	1c		<u>X</u>
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))	l		
	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2011?	Į.		
	If "Yes," list the years			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			,_
	all years listed, answer "No" and attach statement - see instructions.)	2 b	N	/ <u>A</u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		Ì	
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
	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, Form 4720, to determine if the		NT.	/ 2
	foundation had excess business holdings in 2011)	3 b	IN.	A
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	<u> </u>	X
	F	orm 99	0-PF	(2011)

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

THE OEHMIG FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Foundation Man and Contractors (continued)	agers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	п
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<u></u>
		<u>.</u>
Total number of others receiving over \$50,000 for professional services	<u> ▶</u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficianes served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 NONE		
2		<u></u>
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 100 per control to the two largest program-related investments made by the foundation during the tax year on lines 1 and 100 per control to the two largest program-related investments made by the foundation during the tax year on lines 1 and 100 per control to the tax years 1 and 100 per control to the tax years 1 and 100 per control to the tax years 1 and 100 per control to the tax years 1 and 100 per control to the tax years 1 and 100 per control to tax years 1 and 100 per co	d 2	Amount
1 NONE		
		
2		
All other program-related investments. See instructions		
3 NONE		
A 1000		
Total, Add lines 1 through 3		

	irt X · Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foundation	ons,
	see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	 	
•	purposes.		
а	Average monthly fair market value of securities	1a	25,980.
b		1b	409,637.
C	Fair market value of all other assets (see instructions)	1c	722.
d	Total (add lines 1a, b, and c)	1d	436,339.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d	3	436,339.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	6,545.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	429,794.
6	Minimum investment return. Enter 5% of line 5	6	21,490.
Pa	Int 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		
1	Minimum investment return from Part X, line 6	1	21,490.
2 a	Tax on investment income for 2011 from Part VI, line 5	<u> </u>	
b	Income tax for 2011. (This does not include the tax from Part VI.) 2b	-	
C	Add lines 2a and 2b	2c	21 400
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,490.
4	Recoveries of amounts treated as qualifying distributions	4	21 400
5	Add lines 3 and 4	6	21,490.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	6	
7		_	21 400
	line 1	7	21,490.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	I	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	133,185.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	purposes 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)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	133,185.
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	133,185.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	culating who	ether the foundation

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76-0260014 THE OEHMIG FOUNDATION Form \$90-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (d) (b) (c) (a) Years prior to 2010 2010 2011 Distributable amount for 2011 from Part XI, 21,490. 2 Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only . . . b Total for prior years 20 09 20 08 20 07 Excess distributions carryover, if any, to 2011 a From 2006 **b** From 2007 c From 2008 11,047. d From 2009 e From 2010 98,492. 109,539. 4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 133,185. a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election 21,490. d Applied to 2011 distributable amount 111,695. e Remaining amount distributed out of corpus ... Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 221,234. 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
Undistributed income for 2010 Subtract line 4a from line 2a. Taxable amount - see NONE f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be NONE distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)

221,234.

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10 Analysis of line 9a Excess from 2007 . . .b Excess from 2008 . . .

c Excess from 2009 . . . d Excess from 2010 . . .

e Excess from 2011 . . .

11,047.

98,492.

111,695.

Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a

Рa	rt XIV Private Oper	ating Foundations (see instructions an	d Part VII-A, questi	on 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling	_		·	•	
b	Check box to indicate wh				on 4	942(j)(3) or 4942(j)(5)
-	Oliook Don to maioalo wii	Tax year	pintate operating ream	Prior 3 years	<u> </u>	1
2 a			/b) 2040		(d) 2008	(e) Total
	justed net income from Part I or the minimum investment	(a) 2011	(b) 2010	(c) 2009	(4) 2006	
	return from Part X for each					
	year listed					
þ	85% of line 2a			ļ <u> </u>		
С	Qualifying distributions from Part					
	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct					1
A	of exempt activities			1		
•	directly for active conduct of					
	exempt activities. Subtract line			1		
3	2d from line 2c					
•	Complete 3a, b, or c for the alternative test relied upon					
а	"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 invest-				i	
	ment return shown in Part X, line 6 for each year listed					
_	• • •					
·	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),			İ	}	
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)				1	
	(3) Largest amount of sup-		,			
	port from an exempt					
	(4) Gross investment income					
D۶		ary Information (C	omplete this part	only if the four	dation had \$5.	000 or more in assets
Γ¢		during the year - se		only it the loan	idation nad 40,	555 51 more in accord
_	Information Regardin		<u>·</u>			
1_		•		ra than 2% of the to	stal contributions r	eceived by the foundation
а	before the close of any					
	•		io, navo cominativa		(200 000	7(-7-7
	WILLIAM C.					
b						qually large portion of the
	ownership of a partner	rship or other entity) of	f which the foundatio	n has a 10% or great	ter interest.	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	Chack hara	he foundation only i	makes contributions	to preselected cha	aritable organizatio	ons and does not accept
						als or organizations under
	other conditions, comp				,	
	The name, address, a			m applications should	l he addressed	
а			of the person to who	im applications should	De addressed	
_	ATTACHME	NT 9	L		-ا-ا اداره طور برد	
þ	The form in which app	ilications should be su	omitted and informat	ion and materials the	ey snould include	
_	ATTACHME			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
С	Any submission dead					
	NONE					
d		mitations on awards	, such as by geogr	aphical areas, char	itable fields, kinds	of institutions, or other
	factors		, 5 • 6	•	•	•
	**** DDG	ADD LINIMED MO	DUDITO CUADITA	TOC ONLY		

Form 990-PF (2011) Part XV Supplementary Information (continued)		 	Page 11
3 Grants and Contributions Paid Duri	ng the Year or Appl	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of		Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATTACHMENT 11				
Total			▶ 3a	133,185.
b Approved for future payment				
ATTACHMENT 12				
		;		
Total				111,516.

Form 990-PF (2011)

Part XVI-A Analysis of Income-Produ	cing Activ	/ities			
Enter gross amounts unless otherwise indicated.	T	ated business income	Excluded by	y section 512, 513, or 514	(e)
-	(a) Busmess code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					(See mandemons)
a		<u> </u>			
b					
c					
6					
fg Fees and contracts from government agencies					
-	<u> </u>		 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash investments4 Dividends and interest from securities	<u> </u>	· · · · · · · · · · · · · · · · · · ·	14	31.	
5 Net rental income or (loss) from real estate				51.	
	<u> </u>		 		
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property			1		
7 Other investment income			18	450.	
8 Gain or (loss) from sales of assets other than inventory	<u> </u>		10	.501	
9 Net income or (loss) from special events			†		
10 Gross profit or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·		 		
11 Other revenue. a			<u> </u>		
b		·	 		
c .					
d					<u> </u>
e12 Subtotal Add columns (b), (d), and (e)				481.	
13 Total. Add line 12, columns (b), (d), and (e)				13	481.
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activities	s to the Ac	complishment of Ex	empt Purp	oses	
					uted importantly to the
Explain bolon non sach deliving					
▼ accomplishment of the foundation	on's exemp	t purposes (other than i	oy pi ovidiriç	Junus for such purpose	s). (See man denons.)
					
					
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		.			
100					Form 990-PF (2011)
JSA 1E1492 1 000					rom 330-FF (2011)

Form 99	0-PF (20		THE OEH							76-026			ige 13
Part		Information Re Exempt Organ	nizations								chari	table	,
ir		organization direct on 501(c) of the Co ations?										Yes	No
a T	ransfe	rs from the reportin	_										
		١									1a(1)		_ X
		er assets									1a(2)		Х
		ansactions	naharitahla ay		nination						45/43		Х
	1) Sale 2) Durc	s of assets to a no hases of assets fro	nchantable ext	tahle ever	nization .	ation				• • • • • • •	1b(1) 1b(2)		X
		tal of facilities, equi									1b(3)		Х
Ì.	4) Rein	nbursement arrange	ements				 				1b(4)		Х
(5) Loai	ns or loan guarantee	es								1b(5)		Х
(1	6) Perf	ormance of service	s or members	ship or fun	idraising so	olicitations					1b(6)		Х
		of facilities, equipm									1 c		<u> </u>
٧	alue of	nswer to any of the the goods, other	assets, or serv	vices give	n by the r	eporting fo	undation	n. If the fou	ndation	received less	than	fair m	arke
(a) Line		any transaction or (b) Amount involved	· · · · · · · · · · · · · · · · · · ·		ole exempt org					nsactions, and sha			
(0) 2.116	-	(b) Amount involved	N/A	Honorana	ne exempt or	gamzation	(0,00	Somption of the	iaicia, tiai	ibactions, and sha	ang and	rigonic	110
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d	lescribe	oundation directly ed in section 501(c) complete the follo) of the Code (other than							Y	es X] No
		(a) Name of organization	n		(b) Type of	organization			(c) Des	cription of relations	ship		
				N/A					 				
				 									
				 									
Sign Here		penalties of perium I declared and complete Declaration of							d to the b	May the IR	e and b	s this	
	Signa	ture of officer or trustee		O c	Date*		Title			(see instruction	ıs)? <u>X</u>	Yes	No
Paid		Print/Type preparer's	name	Prep	arer's signa	ture		Date 11/2	/12		PTIN	2216	
Prepa	arer	CATHY CHANCE	ARGOLIS, PH	HIPPS &	WRIGHT	P.C.		1 + + / 2		self-employed sEIN ► 76-0	P005		
Use (- 1	Firm's name ► MA Firm's address ► 14							1.00.2	S LIN - 70 -0			

Form 990-PF (2011)

77056-3009 Phone no. 713-625-3500

HOUSTON, TX

FORM 990-PF - PART IV

· <u>C/</u>	APITAL GAI	NS AND LO	SSES FOR	R TAX ON	INVEST	 	ENT INCOM	<u>E</u>
Kind of Property Description			or D	Date acquired	Date sold			
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPITA					451.	
5.		0.30 SHS MAR 6.	RRIOT VACATI	ONS WORLDWI	DE	₽	04/10/2008	11/22/2011
TOTAL GAIN(L	oss)						450.	
:								

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

ADJUSTED NET	INCOME	
NET INVESTMENT	INCOME	31.
REVENUE AND EXPENSES	PER BOOKS	31.
	DESCRIPTION	NORTHERN TRUST CO - AGENCY

TOTAL

ATTACHMENT 1 PAGE 16

FEES
ACCOUNTING
1
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PART
990PF,
FORM

CHARITABLE PURPOSES	,	
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	4,321.	4,321.
REVENUE AND EXPENSES PER BOOKS	4,321.	4,321.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

6876-062

NT 3
ACHME
ATT

PART I - OTHER PROFESSIONAL FEES FORM 990PF,

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	313.	313.
REVENUE AND EXPENSES PER BOOKS	313.	313.
		TOTALS
DESCRIPTION	PROFESSIONAL FEES	

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CHARITABLE <u>PURPOSES</u>	
ADJUSTED NET INCOME	
NET INVESTMENT INCOME	133.
REVENUE AND EXPENSES PER BOOKS	133.
DESCRIPTION	INVESTMENT INTEREST EXPENSE TOTALS

ATTACHMENT 4 PAGE 19

THE OEHMIG FOUNDATION

76-0260014

ATTACHMENT 5

FORM 990PF, PART I - TAXES

REVENUE AND **EXPENSES**

DESCRIPTION

PER BOOKS

FEDERAL INCOME TAXES

45.

TOTALS

45.

9
ATTACHMENT

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE <u>PURPOSES</u>	
ADJUSTED NET INCOME	
NET INVESTMENT INCOME 14. 33.	47.
REVENUE AND EXPENSES PER BOOKS 14.	1,912.
	TOTALS
DESCRIPTION INVESTMENT EXPENSES BANK SERVICE CHARGES MISCELLANEOUS EXPENSES	

- CORPORATE STOCK FORM 990PF, PART II

NORTH AMERICAN ENERGY PTRS INC NORTEL NETWORKS CORP MARRIOTT INTL INC OEHMIG BRAND INVESTMENTS DESCRIPTION

ENDING BOOK VALUE ENDING

103. 8,035. 36.

18,612. NONE

88. 131,654. 150,354.

139,828.

IMENT 8	EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0	0
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0	0
	COMPENSATION	0	0	0	0	0
DEFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CEO 1.00	PRES/TRUSTEE 1.00	VP/SEC/TRUSTEE 1.00	TREASURER 1.00	GRAND TOTALS
FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	WILLIAM C. OEHMIG 9 GREENWAY PLAZA, SUITE 2400 HOUSTON, TX 77046	GORDON D. OEHMIG 9 GREENWAY PLAZA, SUITE 2400 HOUSTON, TX 77046	ALICE C. OEHMIG 9 GREENWAY PLAZA, SUITE 2400 HOUSTON, TX 77046	WILLIAM B. OEHMIG 9 GREENWAY PLAZA, SUITE 2400 HOUSTON, TX 77046	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

WILLIAM C. OEHMIG 9 GREENWAY PLAZA, SUITE 2400 HOUSTON, TX 77046 713-877-8257

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

SOLICITATIONS MUST BE RECEIVED IN WRITING AND INCLUDE ALL APPLICABLE INFORMATION ABOUT THE CHARITY.

76-0260014

ATTACHMENT 11

6876-062

ATTACHMENT 11 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION	GENERAL FUND	GENERAL FUND 25,000	GENERAL FUND 4,485	GENERAL FUND 5,000.	GENERAL FUND 9,250
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS.	BAYLOR SCHOOL AUCTION 171 BAYLOR SCHOOL ROAD CHATTANOOGA, IN 37405	TEXAS CHILDRENS HOSPITAL P O. BOX 300630, STE 5214 HOUSTON, TX 77230-0630	KENTUCKY HORSE PARK FOUNDATION 4809 IRON WORKS PARKWAY LEXINGTON, KY 40511-8400	BAYLOR LIBRARY RENOVATION 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	DUCKS UNLIMITED HOUSTON GOLD SPONSER 2011 BANQUET 193 BUSINESS PARK DR , SUITE E

133, 185 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 11 PAGE 27

V 11-6

10.36 16 AM

02904F 2917 11/1/2012

76-0260014

ATTACHMENT 12

FORM 990DE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

	AMOUNT	16,000	20,000	75,516.
	PURPOSE OF GRANT OR CONTRIBUTION	LEGACY PLEDGE	LEGACY PLEDGE	THE OEHMIG TWINS MEMORIAL FUND
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOP AND	FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY
	RECIPIENT NAME AND ADDRESS	DUCKS UNLIMITED 193 BUSINESS PARK DR., SUITE E RIDGELAND, MS 39157	DELTA WATERFOWL FOUNDATION P O. BOX 3128 BISMARK, NC 58502	TEXAS CHILDRENS HOSPITAL P.O. BOA 300630, STE 5214 HOUSTON, TX 77230-0630

TOTAL CONTRIBUTIONS APPROVED

111,516

ATTACHMENT 12 PAGE 28

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02904F 2917 11/1/2012

6876-062

Type or print File by the due date for filter your return the Return code for the return that this application is for (file a separate application for each return). Return Sport S	Form 8868	(Rev 1-2012)					Page 2	
Many are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	• If you a	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II	and	check this box	. ▶ X	
Name of exempt organization or other filer, see instructions	Note. On	ly complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a	previously filed Form 8868		
Type or print THE OEHMIG FOUNDATION THE OEHMIG FOUNDATION THE OEHMIG FOUNDATION THE OEHMIG FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions The oem of seem of seem of suite no. If a P.O. box, see instructions Social security number (SSN) Social	If you a	are filing for an Automatic 3-Month Extension, c	complete o	nly Part I (on page 1).		<u> </u>		
Name of exempt organization or other filer, see instructions THE OEHMIG FOUNDATION Number, street, and froom or suite no. If a P.O. box, see instructions THE OEHMIG FOUNDATION Number, street, and froom or suite no. If a P.O. box, see instructions GREENINAY PLAZA City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77046 Filter the Return code for the return that this application is for (file a separate application for each return).	Part II	Additional (Not Automatic) 3-Month Ex	ctension c	of Time. Only file the origi	inal (no copies needed).		
THE OEHMIG FOUNDATION THE OEHMIG FOUNDATION THE OEHMIG FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions GREENWAY PLAZA GREENWAY PLAZA GREENWAY PLAZA GREUNT Application Return Lodde for the return that this application is for (file a separate application for each return)				En				
THE CEMIG FOUNDATION THE OLIMITOR TOWN THE VIEW TOWN TOWN TOWN THE VIEW T	-	Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or			
THE CEMIG FOUNDATION THE OLIMITOR TOWN THE VIEW TOWN TOWN TOWN THE VIEW T	Type or							
Section Sec	print							
due date To the Children and the Control of the Co	Eda by the	Number, street, and room or suite no. If a P.O. bo	r suite no. If a P.O. box, see instructions			Social security number (SSN)		
Enter the Return code for the return that this application is for (file a separate application for each return). Application Return Application Return Application Return Spor Return Spor Return Re	due date for							
Enter the Return code for the return that this application is for (file a separate application for each return)		City, town or post office, state, and ZIP code. For	e. For a foreign address, see instructions.					
Application Return Code Seron Seron Code Seron	instructions	HOUSTON, TX 77046						
SFor Code SFor Code SFor Code SFor Code SForm 990-BL 01 Form 990-BL 02 Form 1041-A 08 Form 990-BL 02 Form 1041-A 08 Form 990-BL 04 Form 5227 10 Form 990-PF 04 Form 5227 10 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6096 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of WILLIAM C. OEHMIG Telephone No. 713 877-8257 FAX No. Part of Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Part of the group check this box Part of the group check this box Part of the group check this box	Enter the	Return code for the return that this application	is for (file a	separate application for ea	ch re	turn)	. 0 4	
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 990-EZ 0.04 Form 590-EZ 0.05 Form 990-EZ 0.06 Form 990-EZ 0.07 Form 990-EZ 0.09 Form 990-FORM 0.08 Form 990-FORM 0.09 Form 990-FORM 0.09 Form 990-T (trust other than above) 0.06 Form 8870 1.1 Form 990-T (trust other than above) 0.06 Form 8870 1.1 Form 990-T (trust other than above) 0.06 Form 8870 1.1 Form 990-T (trust other than above) 0.06 Form 8870 1.1 Form 990-T (trust other than above) 0.06 Form 8870 1.1 Form 990-T (trust other than above) 0.06 Form 8870 1.1 Form 990-T (trust other than above) 0.0 Form 8870 1.2 FORM 0.0 Form 990-FORM 0.0 Form 0.0 Form 990-FORM 0.0 Form 0.	Applicati	on	Return				Return	
Form 990-BL Form 990-EZ	is For		Code	ls For				
Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ WILLIAM C. OEHMIG Telephone No. ▶ 713 877-8257 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the sit of run whole group, check this box If the names and ElNs of all members the extension is for I request an additional 3-month extension of time until 11/15, 20 12 For calendar year 2011, or other tax year beginning 20, and ending 11/15, 20 12 For calendar year 2011, or other tax year beginning 21, 20, and ending 22, and ending 23, and ending 24, and ending 25, and ending 26, if the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return ASSEMBLE THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN. THEREFORE, THE TAXPAYER REQUESTS ADDITIONAL TIME TO FILE UNTIL 11/15/12 Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 890-PF, 990-T, 4720, or 6069, enter any refundable credits and any amount paid previously with Form 8868 Ba \$ 705. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under pensities of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	Form 990		01	注注到的种种类似的。 在10个个种种的种种的对称的			76 oc. 4.	
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. 1 The books are in the care of ▶ WILLIAM C. OEHMIG Telephone No. ▶ 713 877-8257 FAX No. ▶ 1 If the organization does not have an office or place of business in the United States, check this box 1 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1 If the sis of a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1 If request an additional 3-month extension is for 4 I request an additional 3-month extension of time until 11/15, 20 12 5 For calendar year 2011, or other tax year beginning 20, and ending 2	Form 990-BL		02	Form 1041-A			08	
Form 990-T (sec. 401(a) or 408(a) trust) 05	Form 990-EZ		01	Form 4720			09	
Form 990-T (trust other than above) Title Form 8870 12	Form 990-PF		04	Form 5227			10	
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ WILLIAM C. OEHMIG Telephone No. ▶ 713 877-8257 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
The books are in the care of ▶ WILLIAM C. OEHMIG Telephone No. ▶ 713 877-8257 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If the sames and EINs of all members the extension is for I request an additional 3-month extension of time until 11/15, 20 12 For calendar year 2011, or other tax year beginning Rit the tax year entered in line 5 is for less than 12 months, check reason Initial return Change in accounting period State in detail why you need the extension THE TAXPAYER HAS NOT HAD SUFFICIENT TIME TO ASSEMBLE THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN. THEREFORE, THE TAXPAYER REQUESTS ADDITIONAL TIME TO FILE UNTIL 11/15/12 8a 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. Bas 705. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Form 990-T (trust other than above)		06	Form 8870			12	
Telephone No. ▶ 713 877-8257 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box ▶	STOP! D	o not complete Part II if you were not already	granted ar	automatic 3-month exten	sion	on a previously filed Forn	n 8868.	
• If the organization does not have an office or place of business in the United States, check this box	The bo	ooks are in the care of WILLIAM C. OEH	MIG					
• If the organization does not have an office or place of business in the United States, check this box	Teleph	none No. ▶ 713 877-8257		FAX No. ▶				
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶			 business ir	the United States, check th	is bo	· · · · · · · · · · · · · · · · · · ·	▶ 🔲	
for the whole group, check this box							IS IS	
Irequest an additional 3-month extension of time until 11/15 , 20 12 .	for the w	hole group, check this box ▶	f it is for pa	art of the group, check this b	oox.	▶ and atta	ach a	
For calendar year 2011, or other tax year beginning								
If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension THE TAXPAYER HAS NOT HAD SUFFICIENT TIME TO ASSEMBLE THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN. THEREFORE, THE TAXPAYER REQUESTS ADDITIONAL TIME TO FILE UNTIL 11/15/12 8a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authonzed to prepare this form Title ▶ Date ▶	4 I red							
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