

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# EXTENSION OF TIME TO FILE UNTIL 12/15/2012 ATTACHED 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

OMB No 1545-0052

		t of the Treasury venue Service	N	iote. The foundation ma		ated as a ole to use a cop				rting requirement	S	<u> </u>
For	calen	dar year 2011	or tax year	r beginning FE	B 1	, 2011		, and e	nding	JAN 31,	2012	
Na	me of	foundation								A Employer idea	ntification n	umber
_				AVY CHARITA			OITA	NN		85-046	51725	
		-		of mail is not delivered to struct 1		ess) ———————————————————————————————————			Room/suite	B Telephone nui	mber 988-8	3801
		own, state, and TA FE,		37505						C If exemption app	lication is pen	iding, check here
		all that apply		Initial return		Initial retu	rn of a fo	rmer public o	charity	D 1. Foreign org	anizations,	check here
				Final return	Ĺ	Amended				Foreign organ 2. check here ar	nizations meet	ang the 85% test,
Н (	heck	type of organiz	ration	Address change  X Section 501(c)(3)	exemp	Name cha t private found				2. check here an		
				pt charitable trust		r taxable priva	te founda	tion		under section		
		irket value of all		end of year J Accou	-		Cash	Accı	rual			)-month termination
-	rom I -\$	Part II, col. (c),		7,619. (Part I, co		specify) (d) must be o	n cash b	pasis.)		under section	507(0)(1)(1	s), cneck nere
Pa	art I	Analysis of R (The total of aminecessanly equ	levenue an			(a) Revenue a expenses per l	and	(b) Net in	vestment ome	(c) Adjusted income		(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions,	gıfts, gran	ts, etc , received			0.		1.00	N/A		
	2	Check ► X		n is not required to attach Sch. B	-	····						
	3	cash investments	š	•		18.	651.	1	8,651.		c	TATEMENT 1
	1 .	Gross rents	interest no	om secundes		10,	031.		0,031.			FIGURE STREET
	1 .	Net rental income	e or (loss)									
ē	6a			assets not on line 10		7,	780.	·····	····			
Revenue	b	assets on time oa		35,507.	-				7,780.	, , , , , , , , , , , , , , , , , , , ,		<del></del>
Rev	8	Capital gain net i	•		-	<del></del>			1,100.			
	9	Income modifi							<del></del>			
	10a	Gross sates less and allowances	returns									
	I	Less Cost of goo										
	ļ	Gross profit or	r (loss)		$\vdash$	3	287.	<u></u>	0.			STATEMENT 2
	11	Other income Total. Add line	es 1 throug	ıh 11	-		718.	2	$\frac{6,431.}{}$			TEXT TRUEDIAT S
_	13			ectors, trustees, etc	$\top$		0.		0.			0.
	14	Other employe	e salaries a	and wages								
s	15	Pension plans	, employee		-	1.5	505					
inse	16a	Legal fees Accounting fee		STMT 3		15,	525.		0.			0.
ž	C	Other professi						<del></del>				
NONWAting AND Meministrative Expenses	17	Interest										
	18	Taxes		STMT 4		1,	500.		0.			0.
	19	Depreciation a	nd depletio	n	-							
	20	Occupancy Travel, confere	nnes and	meatinge				<del> </del>				
	22	Printing and p		•								
	23	Other expense		STMT 5			186.		0.			0.
rati	24	Total operatin				1.0			•		1	0
<b>**</b>	1	expenses. Ad			-	1/,	211. 470.		0.			0. 24,470.
00	25 25	Contributions,	igms gran	nusements	$\vdash$	24,	<del>1</del> /U•			<u> </u>		24,470.
		Add lines 24 a				41,	681.		0.			24,470.
21012	27	Subtract line 2										
	a	Excess of revent	le over exper	nses and discursements	-	-11,	963.	2	6,431.			· · · · · · · · · · · · · · · · · · ·
				(if negative, enter -0-)		····			0,431.	N/A		
_	•	jeoroa not i										

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

Page 2

THE HOFFMAN-BRAVY CHARITABLE FOUNDATION

Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	=	17 522	16 062	16 062
2	, , , , , , , , , , , , , , , , , , ,	17,533.	16,062.	16,062.
3	Accounts receivable \( \sum_{\text{1,074.}}			
	Less allowance for doubtful accounts ▶		1,074.	1,074.
4	Pledges receivable ►			
	Less allowance for doubtful accounts ▶			
5				
6				
"				
١,	disqualified persons			
′	Other notes and loans receivable			
	Less allowance for doubtful accounts ▶			
ફ્ટ   ક	Inventories for sale or use			
	Prepaid expenses and deferred charges			
⋖  10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
- 1	Investments - land, buildings, and equipment basis			
1.,	Less accumulated depreciation			
12	Investments - mortgage loans			
1	amum c	497,647.	483,965.	540,483.
13		45770476	103/303.	31071001
14		}		
	Less accumulated depreciation			
15	Other assets (describe)			
			501 101	FF7 (10
16	Total assets (to be completed by all filers)	515,180.	501,101.	557,619.
17	Accounts payable and accrued expenses	2,366.	250.	
18	Grants payable			
رم 19	· ·			
Liabilities				
E 21				
رد ا <u>ت</u>	Other liabilities (describe )			
"	Other liabilities (describe			
22	Total liabilities (add lines 17 through 22)	2,366.	250.	
- 23	Total liabilities (add lines 17 through 22)	2/3001		
	Foundations that follow SFAS 117, check here			
8 2	and complete lines 24 through 26 and lines 30 and 31.			
g  24	Unrestricted			
<u>r</u> 25	Temporarily restricted			
m   26				
Fund Balano	Foundations that do not follow SFAS 117, check here			
년	and complete lines 27 through 31.			
ا ن 2		0.	0.	
Net Assets		0.	0.	
ASS 29		512,814.	500,851.	
e :	T .	512,814.	500,851.	
ž  30	Total net assets or fund balances	312,011.		
	Taket the Million and and annual floor declaration	515,180.	501,101.	
3	Total liabilities and net assets/fund balances		301/1014	
Par	Analysis of Changes in Net Assets or Fund Ba	alances		
	······································		<del></del>	· · · · · · · · · · · · · · · · · · ·
	tal net assets or fund balances at beginning of year - Part II, column (a), line 3	30		E12 01/
•	ust agree with end-of-year figure reported on prior year's return)		1	512,814. -11,963.
<b>2</b> En	ter amount from Part I, line 27a	2		
3 Ot	ner increases not included in line 2 (itemize)		3	0.
4 Ad	d lines 1, 2, and 3		4	500,851.
<b>5</b> De	creases not included in line 2 (itemize)		5	0.
	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	500,851.
				Form <b>990-PF</b> (2011)

	2001	/	. = . ,		
	2006	30,815.	692,205.		.044517
2	Total of line 1, column (d)			2	.254893
3	Average distribution ratio for the 5-year base the foundation has been in existence if less to	period - divide the total on line 2 by 5, or by the nur han 5 years	nber of years	3	.050979
ı	Enter the net value of noncharitable-use asse	ets for 2011 from Part X, line 5		4	553,326.
5	Multiply line 4 by line 3			5	28,208.
6	Enter 1% of net investment income (1% of P	art I, line 27b)		6	264.
7	Add lines 5 and 6		1	7	28,472.
3	Enter qualifying distributions from Part XII, li	ne 4		8	24,470.
	If line 8 is equal to or greater than line 7, che See the Part VI instructions	ck the box in Part VI, line 1b, and complete that part	using a 1% tax rate		

Form	990-PF(2011) THE HOFFMAN-BRAVY CHARITABLE FOUNDATION		<u>·046</u> ]			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see	instru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   And enter 1%	1	ļ		5	29.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	<b>↓</b>			0.
3	Add lines 1 and 2	3_			5	<u> 29.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	ļ			29.
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,550.	-[				
þ	Exempt foreign organizations - tax withheld at source	-[				
C	Tax paid with application for extension of time to file (Form 8868)	-{				
d	Backup withholding erroneously withheld 6d 120	<b>-</b> f				7.0
	Total credits and payments Add lines 6a through 6d	7	<del>                                     </del>		1,6	<del>/U.</del>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<b>_</b>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del> </del>		1 1	4.1
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	-		1,1	
	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 1, 141 • Refunded ▶	11				0.
	rt VII-A Statements Regarding Activities			1	V	N-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	) IU		-	Yes	
	any political campaign?			1a		<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ea or				
	distributed by the foundation in connection with the activities.					Х
	Did the foundation file Form 1120-POL for this year?			10		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.	<del>-</del>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers ▶\$ 0.			2		Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-		
•	If "Yes," attach a detailed description of the activities.	or				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	UI		3	:	Х
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
5	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
U	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta</li> </ul>	e law				
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
-	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	NM					
ħ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_		1		
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
40	Did any pageons become substantial contributors during the tay 1/22°2 is the base askedule listing their pageons and addresses			10		X

Forn	1990-PF (2011) THE HOFFMAN-BRAVY CHARITABLE FOUNDATION 85-046	<u> 1725</u>		Page <b>5</b>
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
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	X	
	Website address ► N/A			
14	The books are in care of ► IRWIN HOFFMAN Telephone no ► (505)	988	<u> -88</u>	01
	Located at ► 406 BOTULPH LANE, SANTA FE, NM ZIP+4 ►8	<u> 7505</u>		<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>,_</b> ►	
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	1 1	Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
1	country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	i 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
l	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations  section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1		
		1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			Х
_	before the first day of the tax year beginning in 2011?	10		Λ.
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))			
i	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?  Yes X No			
	If "Yes," list the years ►			
		1		
	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.)  N/A	2b		Ì
	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
3	during the year?			
	of "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 foundation had excess business holdings in 2011.)	3b	Ì	]
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 jeonardy before the first day of the tax year beginning in 2011?	4b	ſ	Х

## "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (in the paid employee benefit plans and debred on position)  IRWIN HOFFMAN  TRUSTEE  464 GARCIA STREET  SANTA FE, NM 87505  2.50  0.0.  AYA HOFFMAN  TRUSTEE  2.50  0.0.  4 Part VIII  Trustees  2.50  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  3.  4 Part VIII  Trustees  4 Paid the foundation receive any proceeds or have any net income attributable to the transaction?  (c) Compensation  (d) Compensation  (d) Computers to exploye benefit plans and debred encount.  (e) Expensation of Exployer benefit plans and debred encount.  (e) Expensation of Sandard encount.  (find paid, encount.)  (find paid, encount.)  (g) Compensation of Compensation of Sandard encount.  (e) Expensation of Compensation of Sandard encount.  (e) Compensation of Compensation of Compensation of Sandard encount.  (e) Compensation of Compensation of Compensation of Comp	age <b>6</b>
(1) Carry on propaganda, or otherwise attempt to influence legistation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than eligious, charitable, etc., organization described in section  509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of circlety to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding dissater assistance (see instructions)?  b) If the answer is "Yes" to 40 usetion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  c) If "Yes" a "tatach the statement required by Regulations section 53.4945-5(c)  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) If "Yes" ob 6b, file Form 8870  b) If "Yes" to 6b, file Form 8870  c) B) If "Yes" to 6b, file Form 8870  a) If "Yes" to 10 b, file Form 8870  a) If "Yes" to 10 b, file Form 8870  a) If "Yes" to 10 b, file Form 8870  b) If "Yes" to 30 b, file Form 8870  c) D) If the analysis of the foundation receive any proceeds or have any net income attributable to transaction?  b) If "Yes" to 30 b, file Form 8870  c) D) If the analysis of the foundation foliation	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide of any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) In the prevention of cruelty to children or animals?  (8) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here  (8) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (9) If "Yes," affact, the statement required by Regulations section 53.4945-5(c)  (1) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) If "Yes," of 50, the Form 8870  (1) A any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  (2) If "Yes," to 50, the Form 8870  (3) Name and address  (4) Pent VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (5) The and average hours give the properties of the pro	
any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charibble, etc., organization described in section  509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charibble, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding dissater assistance (see instructions)?  b) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding dissater assistance (see instructions)?  b) If "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding dissater assistance (see instructions)?  b) If "Yes" to 6a transaction religions to the grant?  b) If "Yes" to 4a transaction responsibility for the grant?  b) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b) Did the foundation circleave any proceeds or have any net income attributable to the transaction?  b) If "Yes" to 6b, file Form 8870  Text VIII promation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  c) Direction of the promation of the paid provided the second of the paid provided the contraction of the paid provided the second of the paid provided the contraction of the paid provided the paid to the paid provided the paid t	
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charlable, etc., organization described in section \$504(a)(1), (2), or (3), or section 494(0)(2)?  (5) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If you have ris 'Yes' to Sail', (5), did any other transactions fail to quality under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A Yes No  If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)  Bab Oth the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes,' did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If 'Yes 'So bo, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If 'Yes 'So bo, the Form 8870  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  Organization of five highest-paid employees (ot	
(4) Provide a grant to an organization other than a chantable, etc., organization described in section \$59(a)(1), (2), or (3), or section 4940(a)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  b if any answer is Yes' to \$54(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A 5b  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A Yes No  If Yes, attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, attach the statement required by Regulations section 53.4945-5(d)  8b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, attach the statement required by Regulations section 53.4945-5(d)  8b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers, Organization of the trust	
Sog(a)(1), (2), or (3), or section 4940(d)(2)?   So Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruitely to children or animals?   b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here   c   If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?   N/A   Yes   No     If "Yes," attach the statement required by Regulations section 53.4945-5(d)   Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Yes   No     If "Yes," of the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Yes   No     If "Yes," of the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Yes   No     If "Yes," of the foundation receive any proceeds or have any net income attributable to the transaction?   Yes   No     If "Yes," of the foundation receive any proceeds or have any net income attributable to the transaction?   Yes   No     Information About Officers, Directors, Trustees, Foundation Managers, Highly   Paid Employees, and Contractors   Paid Employees, and Contractors   O.   O.     Information About Officers   Directors, Trustees, Foundation Managers, Highly   O.   O.   O.   O.   O.   O.   O.   O	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  b If "Yes," did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoked contractors  TRUSTEE  (a) No (if not paid, enter-0-) compensation (If not paid, enter-	
the prevention of cruelty to children or animals?  b If any answer is "ves" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "ves" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "ves," attach the statement required by Regulations section 53.4945-5(d)  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "ves," attach the statement required by Regulations section 53.4945-5(d)  Ba Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "ves," attach the statement receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "ves," to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly  It ist all officers, directors, trustees, foundation managers and their compensation.  (d) Compensation (d) Compe	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 6b, the Form 8870  The foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," do the foundation in the foundation a party to a prohibited tax shelter transaction?  Yes, X No  If "Yes, X No  If "Yes," do the foundation district the foundation aparty to a prohibited tax shelter transaction?  Yes, X No  If "Yes," do the foundation district the foun	
section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address   hours per week devoted for position   (c) Compensation   (d) Compensation   (finity paid, enter -0-)   (e) Experimental provides benefit; pairs account, or allowance   (e) Compensation   (finity paid, enter -0-)   (e) Experimental provides benefit; pairs account, or allowance   (e) Compensation   (finity paid, enter -0-)   (e) Experimental provides benefit; pairs account, or allowance   (e) Compensation   (finity paid, enter -0-)   (e) Experimental provides benefit; pairs account, or allowance   (e) Compensation   (finity paid, enter -0-)   (e) Experimental provides benefit; pairs account, or allowance   (e) Compensation   (finity paid, enter -0-)   (e) Experimental provides benefit; pairs account, or allowance   (e) Compensation   (e) Co	
Organizations relying on a current notice regarding disaster assistance check here  c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a. Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b. Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A Yes No  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position (If not paid, entire 0-)  TRWIN HOFFMAN  TRUSTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.0.  PAYA HOFFMAN  FRUSTEE  2.50  0.0.  Q  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position (If not paid, enter -0-)  IRWIN HOFFMAN  TRUSTEE  (a) Name and address  TRUSTEE  ANTA FE, NM 87505  2.50  0.0.  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  3.40  4.50  4.50  5.50  0.0.  4.50  5.50  0.0.  6.50	
If "Yes," attach the statement required by Regulations section 53.4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Plant Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average four file of the position of th	
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation was to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average (c) Compensation (Into paid, enter -0-) (c) Compensation (Into paid, enter -0-) (d) Compensation (Into paid, enter -0-) (e) Expert SANTA FE, NM 87505 2.50 0.0.0.  MAYA HOFFMAN FRUSTEE SANTA FE, NM 87505 2.50 0.0.0.  2.50 0.0.0.	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position (If not paid, enter-0-)  IRWIN HOFFMAN  TRUSTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.0.0.  TRUSTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.0.0.  2.50  0.0.0.  2.50  0.0.0.  2.50  0.0.0.  2.50  0.0.0.  2.50  0.0.0.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted (if not paid, and otherwise) and determined compensation.  1 RWIN HOFFMAN  1 TRUSTEE  SANTA FE, NM 87505  2 . 50  0 . 0 .  ANAYA HOFFMAN  1 TRUSTEE  SANTA FE, NM 87505  2 . 50  0 . 0 .  2 . 50  0 . 0 .  2 . 50  1 TRUSTEE  SANTA FE, NM 87505  2 . 50  3 . 0 .  4 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
## "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (in the paid employee benefit plans and debred on position)  IRWIN HOFFMAN  TRUSTEE  464 GARCIA STREET  SANTA FE, NM 87505  2.50  0.0.  AYA HOFFMAN  TRUSTEE  2.50  0.0.  4 Part VIII  Trustees  2.50  0.0.  2.50  0.0.  2.50  0.0.  2.50  0.0.  3.  4 Part VIII  Trustees  4 Paid the foundation receive any proceeds or have any net income attributable to the transaction?  (c) Compensation  (d) Compensation  (d) Computers to exploye benefit plans and debred encount.  (e) Expensation of Exployer benefit plans and debred encount.  (e) Expensation of Sandard encount.  (find paid, encount.)  (find paid, encount.)  (g) Compensation of Compensation of Sandard encount.  (e) Expensation of Compensation of Sandard encount.  (e) Compensation of Compensation of Compensation of Sandard encount.  (e) Compensation of Compensation of Compensation of Comp	17
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    b   f"Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   N / A   7b     Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation.   Ca) Name and address   Ca) Name and addre	<u>X</u>
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII	
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.    (a) Name and address   (b) Title, and average hours per week devoted to position (If not paid, enter-0-)   (If not pa	
1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position  (If not paid, enter -0-)  IRWIN HOFFMAN TRUSTEE  SANTA FE, NM 87505  MAYA HOFFMAN TRUSTEE  646 GARCIA STREET SANTA FE, NM 87505  ANTA FE, NM 87505  TRUSTEE  646 GARCIA STREET SANTA FE, NM 87505  2.50  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  0.  1RWINTEE  646 GARCIA STREET  SANTA FE, NM 87505	
1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position  IRWIN HOFFMAN TRUSTEE  SANTA FE, NM 87505 2.50 0.  TRUSTEE  SANTA FE, NM 87505 2.50 0.  TRUSTEE  SANTA FE, NM 87505 2.50 0.  Compensation (If not paid, enter -0.)  allowand address  Allowand allowand allowand and address  TRUSTEE  SANTA FE, NM 87505 2.50 0. 0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	
(a) Name and address hours per week devoted to position TRUSTEE  IRWIN HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  MAYA HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  TRUSTEE  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.0.0.  0.0.0.0.0.0.0.0.0.0.0.0.0.0	
IRWIN HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  MAYA HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  10 position  TRUSTEE  2.50  0.  0.  10 position  TRUSTEE  2.50  0.  0.  10 position  TRUSTEE  2.50  0.  10 position  TRUSTEE  4.50  10 position  TRUSTEE  4.50  2.50  0.  0.  10 position  TRUSTEE  4.50  TRUSTEE  5.50  TRUSTEE  5.50  TRUSTEE  5.50  TRUSTEE  5.50  TRUSTEE  6.50  T	ense
646 GARCIA STREET  SANTA FE, NM 87505  MAYA HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  1 TRUSTEE  2.50  0.  0.  2.50  0.  1 TRUSTEE  SANTA FE, NM 87505  2.50  0.  1 TRUSTEE  SANTA FE, NM 87505  1 SANTA FE, NM 87505  2.50  1 SANTA FE, NM 87505  2.50  1 SANTA FE, NM 87505  2.50  1 SANTA FE, NM 87505	other ces
SANTA FE, NM 87505  MAYA HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  TRUSTEE  SANTA FE, NM 87505  2.50  0.  0.	
SANTA FE, NM 87505  MAYA HOFFMAN  G46 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  0.  0.  O.  O.  MAYA HOFFMAN  TRUSTEE  SANTA FE, NM 87505  2.50  0.  0.  0.  0.  Character "NONE."	
MAYA HOFFMAN  646 GARCIA STREET  SANTA FE, NM 87505  2.50  0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	0.
SANTA FE, NM 87505  2.50  0.  0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	0.
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred account, or allowance devoted to position	other
NONE	
Total number of other employees paid over \$50,000	0

Form 990-PF (2011) THE HOFFMAN-BRAVY CHARITABLE FOUNDATION	85-046	1725 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	ly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of se	rvice	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>O</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		<del></del>
All other program-related investments. See instructions 3		
Total. Add lines 1 through 3		0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	552,749. 9,003.
þ	Average of monthly cash balances	1b	9,003.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1 d	561,752.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	561,752.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,426. 553,326.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	553,326.
6	Minimum investment return. Enter 5% of line 5	6	27,666.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	27,666.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)  2b 79.		
	Add lines 2a and 2b	2c	608.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	27,058.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	27,058.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,058.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,470.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	24,470.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	24,470.
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 calculating whether the foundation of	qualifies fo	r the section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				27,058.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			24,420.	
<b>b</b> Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
<b>b</b> From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from			1	
Part XII, line 4 ► \$ 24,470.				
a Applied to 2010, but not more than line 2a			24,420.	· · · · · · · · · · · · · · · · · · ·
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				50.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······
amount - see instructions		0.		
e Undistributed income for 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				27,008.
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				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

Form 990-PF (2011) THE HOP	FMAN-BRAVY	CHARITABLE	FOUNDATION	85-04	61725 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2011, enter the date of t	the ruling	<b>•</b>		
b Check box to indicate whether the foun			n section	4942(j)(3) or 49	942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	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					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	·				
used directly for active conduct of					
exempt activities			i 		
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" afternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	f the foundation	had \$5,000 or me	ore in assets
at any time during	the year-see insti	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ributions received by the	foundation before the clo	se of any tax
SEE STATEMENT 7					
b List any managers of the foundation whether entity) of which the foundation has			or an equally large portic	on of the ownership of a p	artnership or
NONE					<del></del>
2 Information Regarding Contribut Check here ► X if the foundation	only makes contributions	to preselected charitable	organizations and does n		
the foundation makes gifts, grants, etc	<del></del>	<del> </del>		implete items 2a, b, c, and	
a The name, address, and telephone num	nber of the person to who	m applications should be	addressed		
b The form in which applications should	be submitted and informa	tion and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	kınds of institutions, or o	other factors	

123601 12-02-11

Form **990-PF** (2011)

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual,			
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				
GRE ARTHUR GOVERN				
SEE ATTACHED SCHEDULE				24,470.
				<del></del>
Total			► 3a	24,470.
b Approved for future payment				
NONE				
NONE				
<del></del>				
Total	<u></u>	l	<b>▶</b> 3b	0.
1 1/4			= 30	٠.

Part XVI-A	Analysis	of income-	-Producing	<b>Activities</b>
------------	----------	------------	------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Amount	- Idiletion income
ab	-				
C					
Q					
ef					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash		<u> </u>			
Investments					
4 Dividends and interest from securities			14	18,651.	
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					
8 Gain or (loss) from sales of assets other				7 700	
than inventory			18	7,780.	
9 Net income or (loss) from special events					<del></del>
10 Gross profit or (loss) from sales of inventory	-				
11 Other revenue					
a SCHEDULE K-1 - SUBURBAN b PROPANE PARTNERS, LP	900099	3,287.		-	
	900099	3,207.			
c					
d					
12 Subtotal Add columns (b), (d), and (e)		3,287.		26,431.	0.
13 Total. Add line 12, columns (b), (d), and (e)	1	0/2011	<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities	to the Accom	nlishment of Fy	empt Pi	Irnosas	
-		_			
Line No. Explain below how each activity for which inco				importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing lunus	tor such purposes)			
<del> </del>					· · · · · · · · · · · · · · · · · · ·
	<del></del>				
				······································	

Part	XVII	Information Re Exempt Organ		nsfers To a	and Transactions a	and Relations	hips With Nonch	aritable		go 10
1 Did	the ord	<del>-</del>		of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
					7, relating to political organ					
		from the reporting founda	•							
	Cash				,			1a(1)		Х
	Other	assets						1a(2)		X
-		sactions								
		of assets to a noncharital	ble exempt organiza	ation				16(1)		Х
		ases of assets from a noi						1b(2)		X
-		I of facilities, equipment,		o gameation				1b(3)		X
		oursement arrangements	0. 01.101 000010					1b(4)		X
·-		or loan guarantees						1b(5)		X
		rmance of services or me	mhershin or fundra	isina salicitatia	ns			1b(6)		X
•		facilities, equipment, ma		-				10		<u>x</u>
	-		•		dule Column (b) should al	wave chow the fair o	narket value of the goode		l	
or s	services	given by the reporting fo	oundation If the fol	indation receive	ed less than fair market valu				σι <b>ο</b> ,	
		) the value of the goods,				1 (4)	·····			
(a) Line n	0	(b) Amount involved	(c) Name o		exempt organization	(d) Description	of transfers, transactions, and	sharing an	angeme	nts
				N/A						
							· <u> </u>	_		
	+									
							<u> </u>			
								<del>-</del>		
						<del>                                     </del>				
	-									
			L							
		•	-		or more tax-exempt organi	zations described	г			,
in s	ection	501(c) of the Code (other	r than section 501(d	c)(3)) or in sect	ion 527?		L	Yes	X	] No
b_lf "\	res," co	mplete the following sch	edule							
		(a) Name of org	anization		(b) Type of organization		(c) Description of relation	ship		
		N/A								
		<del></del>								
					g accompanying schedules and			ay the IRS o	liecues i	this
Sign Here	and be	duelf, it is true, correct, and cor	nplete Declaration of p	oreparer (other than	taxpayer) is based on all inform $ 1 \ge \int_{10}^{10} \int_{10}^{10}$	TRUSTE	re sh	turn with the nown below Yes	e prepar	er tr)?
Here	Cura	- Autorition	20 3/2 22				<u>.E</u> [ [	A Yes	L	J No
	Sign	ature of officer or trustee		Drane	Date	Title	Check If PTIN			
		Print/Type preparer's na		Preparer's si	gnature	Date /				
		RUDOLPH B.	SACKS,		////	12/1/12	self- employed	0175	400	
Paid		JR.				<u> </u>		0175		
Prepa		Firm's name ► RUD	OLPH B.	SACKS,	JR, PC	- 0	Firm's EIN ► 85-0	3137	05	
Use (	Unly		<del></del>	200			<del></del>			
		Firm's address $ ightharpoonup P$ .			_			<u>-</u> -		
		SA_	NTA FE, 1	NM 8750	2		Phone no (505	) 98	<u>8-8</u>	<u>801</u>

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

	THE HOFFMAN-BRAVY CHARITABLE FOUNDATION	85-0461725
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 50°  General Rule	I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See Instructions.
	I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
		money or property) from any one
Special Rules		
509(a)(1) and 1	70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the	
Organization type (check one):  Filers of: Section:  Form 990 or 990-EZ		
contributions for If this box is ch purpose. Do no	or use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an <i>exclus</i> of complete any of the parts unless the <b>General Rule</b> applies to this organization becaus	total to more than \$1,000 sively religious, charitable, etc., se it received nonexclusively
Caution. An organization	on that is not covered by the General Rule and/or the Special Rules does not file Schedu	le 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)

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 I, 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).

Name of organization

Employer identification number

# THE HOFFMAN-BRAVY CHARITABLE FOUNDATION

85-0461725

Part I	Contributors	(see instructions).	Use duplicate copies of	f Part I if additional space is needed.
--------	--------------	---------------------	-------------------------	---

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	IRWIN HOFFMAN 646 GARCIA STREET SANTA FE, NM 87505	\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

# THE HOFFMAN-BRAVY CHARITABLE FOUNDATION

85-0461725

Part II	Noncash Property (see instructions) Use duplicate copies of P	ran ii ii additional space is needed.	
(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
			1
(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
	12	\$	 990. 990-EZ. or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

The Hoffman-Bravy Foundation 2011 Form 990-PF Fiscal year ended 1/31/12

Part XV, Line 3: Grants and contributions Paid During the Year or Approved for Future Payment

Paid during the year:

Recipient Name	Address	Relationship	Foundation status	Purpose	Amount
George School	PMB 4438 Newton, PA 18940	None	Publicly supported charity	Education	2,500
Harvard College	5 James St. Cambridge, MA 02138	None	Publicly supported charity	Education	1,050
Memorial Sloan Kettering Cancer Center	1275 York Ave. New York, NY 10021	None	Publicly supported charity	Charitable/ Medical	1,000
Montessori Society	281Park Ave. New York, NY 10010	None	Publicly supported charity	Education	1,500
New York University School of Medicine	550 First Ave. New York, NY 10016	None	Publicly supported charity	Charitable/ Medical	1,000
New York University Langone Medical Center	550 First Ave. New York, NY 10016	None	Publicly supported charity	Charitable/ Medical	1,000
Putney School	418 Houghton Brook Rd. Putney, VT 05346	None	Publicly supported charity	Education	1,500
Santa Fe Chamber Music Festival	239 Johnson St. Santa Fe, NM 87501	None	Publicly supported charity	Literary/ The Arts	1,000
Santa Fe Opera Foundation	Taos Highway Santa Fe, NM 87501	None	Publicly supported charity	Literary/ The Arts	000,1
St. Vincent Hospital Foundation	455 St. Michaels Dr. Santa Fe, NM 87505	None	Publicly supported charity	Charitable/ Medical	1,000
Vassar College	124 Raymond Ave. Poughkeepsie, NY 12604	None	Publicly supported charity	Education	1,400
Miscellaneous publiclysupported charities (no grft > \$1000)		None	Publicly supported charity	Religious, Charitable, Scientific, Literary, Educational	,
Total					\$ 24,470.00

Part IV	Capital Gains and Los	ses for Tax on Investment Income			<del></del>	·
	(a) List and 2-story bri	describe the kind(s) of property so ick warehouse, or common stock, 2	ld, e g , real estate, 200 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a 300		WAB S&P 500 INDE			06/08/99	12/13/11
b 300					06/08/99	
	SHARES SCH				06/08/99	
		ROPANE PARTNERS,			06/28/04	
			ATTACHED FORM 24		00,20,01	02,00,11
				LP P		
	PITAL GAINS		ROTTENE THETHEROY			
h	TITE CHING	DI VIDENDE				
		······································				
1			V14			
k	<del></del>	*				
<u> </u>						
m	<del></del>			,		
n	····				i i	
0						
		(f) Depreciation allowed	(g) Cost or other basis	(h	Gain or (loss)	
(e)	Gross sales price	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
a	5,718.		6,017.			-299.
<u>-</u> b	5,907.		6,017.			-110.
С	6,195.		6,016.			179.
d	17,028.		9,677.			7,351.
е	341.					341.
f	80.					80.
g	238.					238.
h						
1						<u>.                                    </u>
1						
k						
1						
m						
n						
0						
Comp	lete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69		ses (from col (h))	
(i) F	M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)		of col (h) gain ove ot less than "-0-")	rcoi (K),
		as of 12/31/69	over col (j), if any		,	200
a						-299.
b						$\frac{-110.}{179.}$
С						7,351.
d	****					341.
е			<del> </del>			80.
f			<u> </u>			238.
g						230.
h						
<u> </u>						
<u> </u>						
<u>k</u>						
<u> </u>				·		
<u>m</u>	<del></del>	<u> </u>	<del> </del>			
<u>n</u>	<u></u> .	<u> </u>	<del>                                     </del>	<del></del>		
0		<u> </u>	<u> </u>	<del></del>		
		f If gain, also ente	er in Part I, line 7 -0-" in Part I, line 7			7,780.
	I gain net income or (net ca		<b>5</b>	2		7,700.
		ss) as defined in sections 1222(5) a	ind (6)			
	, also enter in Part I, line 8, s), enter "-0-" in Part I, line 8		(	,	N/A	

FORM 990-PF DIVI	DENDS AND	INTER	EST FRO	M SEC	URITIES	STATEMENT	1
SOURCE	GROSS			PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)	
CHARLES SCHWAB & CO. NOMINEE ACCOUNT SUBURBAN PROPANE PARTNERS. LP -			18,761	. •	238.	18,52	
SUBURBAN PROPANE PARTNERS SCHEDULE K-1	5, LP -		128	B .	0.	1	28.
TOTAL TO FM 990-PF, PART	I, LN 4	<del> </del>	18,889	). = ==	238.	18,6	51.
FORM 990-PF	O'	THER I	NCOME			STATEMENT	2
DESCRIPTION		;	(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME		
SCHEDULE K-1 - SUBURBAN I PARTNERS, LP	PROPANE			3,287.	0	•	
TOTAL TO FORM 990-PF, PAR	RT I, LINE	11	3	3,287.	0	•	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	( I NET IN MENT I	IVEST-			
LEGAL, ACCOUNTING & TAX PREPARATION FEES	1	5,525.		0	•		0.
TO FM 990-PF, PG 1, LN 16	6A 1	5,525.		0	•		0.

FORM 990-PF	TAX	ES		<u></u>	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
EXCISE TAXES	1,500.		0.			0.
TO FORM 990-PF, PG 1, LN 18	1,500.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
SCHEDULE K-1 - SUBURBAN PROPANE PARTNERS, LP FORM 2439 ATTACHED - BABSON CAP CORPORATE INV	66.		0.			0.
TO FORM 990-PF, PG 1, LN 23	186.		0.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE	r
SCHWAB S&P 500 SELECT MUTUAL SHARES CHARLES SCHWAB & CO. NOMINEE ACCOUNT PARTNERSHIP INTEREST - SUBURE		FMV FMV FMV		241,480. 224,482.	246,10	
PROPANE PARTNERS, LP  TOTAL TO FORM 990-PF, PART II	I, LINE 13			18,003.	540,4	-

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 7

NAME OF MANAGER

IRWIN HOFFMAN MAYA HOFFMAN