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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052 2012

Department of the Treasury Internal Revenue Service

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Fo	r cal	endar year 2012 or tax year beginning		, 2012, and end			, 20
		of foundation			A	Employer identific	ation number
7	CHE	SKLAR FAMILY FOUNDATION				20-009824	3
N	lumbe	er and street (or P O box number if mail is not delivered	to street address)	Room/suit	te B	Telephone numbe	r (see instructions)
						() –
6	5344	WAKEFOREST			1		
-	ity or	town, state, and ZIP code	 				
					c	If exemption applicat	
F	OUS	STON, TX 77005				pending, check here	
_		ck all that apply. Initial return	Initial return o	of a former public cha	rity -		
9	Cile	Final return	Amended ret	•	,	 Foreign organizati Foreign organizati 	·
		Address change	Name change			85% test, check hi	ere and attach
	<u> </u>	ck type of organization. X Section 501(c				computation	
H	_				E	If private foundation	► 1 1
		ection 4947(a)(1) nonexempt chantable trust	Other taxable pri			under section 507(b)	
ı			• —	ash X Accrual	F		n a 60-month termination
	•	, , , , , , , , , , , , , , , , , , , ,	her (specify)			under section 507(b)	(1)(B), check here
_	16)		column (d) must be on	Cash basis)			(d) Disbursements
۲	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net investment	(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	expenses per books	ıncome		ıncome	purposes
-		column (a) (see instructions))	358,188.	AMCU 1			(cash basis only)
-	1	Contributions, gifts, grants, etc., received (attach schedule) . If the foundation is not required to	330,100.	ATCH 1	 		
1	2	Check ► attach Sch B					
	3	Interest on savings and temporary cash investments	30,427.	30,427.	ļ		ATCH 2
ı	4	Dividends and interest from securities	30,427.	30,427.			AICH Z
ı	5 a	Gross rents					
ŀ	b	Net rental income or (loss)	04.000				
힉		Net gain or (loss) from sale of assets not on line 10	84,999.				
티	D	Gross sales price for all assets on line 6a 427, 287.		04 000			
Revenue	7	Capital gain net income (from Part IV, line 2) .		84,999.			
۳	8	Net short-term capital gain					
		Income modifications			ļ	 	
	10 a	Gross sales less returns and allowances • • • •		i are			
	b	Less Cost of goods sold .				* ~> .~~	
-	C	Gross profit or (loss) (attach schedule)			ļ		
Ì	11	Other income (attach schedule)			-	· · · · · · · · · · · · · · · · · · ·	
	12	Total. Add lines 1 through 11	473,614.			1,	
	13	Compensation of officers, directors, trustees, etc	<u>_</u>	SEP US ?	<u> 1013 </u>	·9:	
ğ	14	Other employee salaries and wages		V	ļ	نكرن	<u> </u>
nse	15	Pension plans, employee benefits		1			
Þ	16 a	Legal fees (attach schedule)				· · · · · · · · · · · · · · · · · · ·	
	b	Accounting fees (attach schedule)ATCH. 3	2,310.	2,310.	<u> </u>		
Š	С	Other employee salaries and wages			<u> </u>		<u> </u>
Ē	17	Interest			ļ		
<u> </u>	18	Taxes (attach schedule) (see instructions) ATCH . 4	1,477.	1,477.			
Ē	₅ 19	Depreciation (attach schedule) and depletion					
8	20	Occupancy					
ď	21 22 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Travel, conferences, and meetings	·		<u> </u>		
(4)	22	Printing and publications			ļ		
inc	23	Other expenses (attach schedule) ATCH . 5	1,192.	206.	<u> </u>		
Ľ	24	Total operating and administrative expenses.					1
۳		Add lines 13 through 23	4,979.				
J.	25	Contributions, gifts, grants paid	120,525.				120,525
	26	Total expenses and disbursements Add lines 24 and 25	125,504.	3,993.			120,525
_	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	348,110.	<u> </u>			
		Net investment income (if negative, enter -0-)		111,433.		-	
		Adjusted not income (if negative enter-0-)					

Form 990-PF (2012)

Б	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year	
الل	artii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
П	1 ,	Cash - non-interest-bearing	5,834.	56,610.	56,610.	
	2	Savings and temporary cash investments				
ļ	3	Accounts receivable				
-		Less allowance for doubtful accounts ▶				
	4	Pledges receivable				
	•	Less allowance for doubtful accounts ▶				
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·	
	6	Receivables due from officers, directors, trustees, and other			 	
	•	disqualified persons (attach schedule) (see instructions)				
- 1	7	Other notes and loans receivable (attach schedule)				
	′					
₆	_	Less allowance for doubtful accounts ▶	1		 	
Assets	8	Inventories for sale or use				
185	9	Prepaid expenses and deferred charges				
•		investments - U.S. and state government obligations (attach schedule).	1,058,824.	1,356,158.	1,618,841.	
		Investments - corporate stock (attach schedule) ATCH 6		1,330,130.	1,010,041.	
	11 °	Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation				
	15	(attach schedule) Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
		Instructions Also, see page 1, item I)	1,064,658.	1,412,768.	1,675,451.	
_	17	Accounts payable and accrued expenses		·		
	18					
m	ì					
Liabilities	19	Deferred revenue				
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	-			
Ë	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe				
		Tatal liabilities (add lines 17 through 22)	ol	0		
_	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here $\nearrow X$				
ces		and complete lines 24 through 26 and lines 30 and 31.	1,064,658.	1,412,768.		
anc	24	Unrestricted	1,004,030.	1,412,700.		
33	25	Temporarily restricted				
Net Assets or Fund Balan	26	Permanently restricted			-	
ä		Foundations that do not follow SFAS 117,				
7		check here and complete lines 27 through 31. ▶				
ī	27	Capital stock, trust principal, or current funds				
36	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
Ä	29	Retained earnings, accumulated income, endowment, or other funds	1 054 650	1 410 760		
det	30	Total net assets or fund balances (see instructions)	1,064,658.	1,412,768.		
_	31	Total liabilities and net assets/fund balances (see				
_		instructions)	1,064,658.	1,412,768.		
		Analysis of Changes in Net Assets or Fund				
1		il net assets or fund balances at beginning of year - Part				
	end-	of-year figure reported on prior year's return)			1,064,658.	
2	Ente	er amount from Part I, line 27a		2	348,110	
3 Other increases not included in line 2 (itemize) ▶						
		lines 1, 2, and 3			1,412,768	
5	Dec	reases not included in line 2 (itemize) ▶		_ 5		
		I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	1,412,768.	
_						

Part IV Capital Gain	s and Losses for Tax on Inve				
	nd describe the kind(s) of property sold (brick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCH					
b					
_C					
_d					ļ <u>.</u>
_e		Υ	<u> </u>		l
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
<u>a</u>					
_b			1.		
<u>C</u>			 		
<u>d</u>			 		
e Consider the first section of the consider		d but the foundation on 12/21/60	 		
Complete only for asset	s showing gain in column (h) and owne			Gains (Col (h) g (k), but not less	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any		Losses (from co	
<u>a</u>					
<u>b</u>	<u> </u>		-		
<u>C</u>	<u> </u>		 		
<u>d</u>	<u> </u>				
е		Topin plan actor in Double Inc. 7	+		
2 Capital gain net income o	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		84,999.
	in or (loss) as defined in sections 12				
If gain, also enter in P	art I, line 8, column (c) (see inst	ructions) If (loss) enter -0- in 1			
• .			1 - 1		^
Part I, line 8	Under Section 4940(e) for Re	duced Tax on Net Investment		me)	0
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distributions.	duced Tax on Net Investment le section 4940(a) tax on net investigation butable amount of any year in the t	tment inco	_	
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e)	duced Tax on Net Investment be section 4940(a) tax on net investigation butable amount of any year in the topo not complete this part	tment inco	d? [
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the to not complete this part r; see the instructions before making	tment inco	d?	
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year Adjusted qualifying distributions.	duced Tax on Net Investment be section 4940(a) tax on net investigation butable amount of any year in the topo not complete this part	tment inco	d?	Yes X N
Part I, line 8 Part V Qualification (For optional use by domes If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation doe 1 Enter the appropriate ar (a) Base penod years Calendar year (or tax year beginning in)	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions	duced Tax on Net Investment e section 4940(a) tax on net inves butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets	tment inco	d?	Yes X N
Part I, line 8 Part V Qualification (For optional use by domes If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation doe 1 Enter the appropriate ar (a) Base penod years Calendar year (or tax year beginning in) 2011	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distriles not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900.	duced Tax on Net Investment e section 4940(a) tax on net inves butable amount of any year in the to Do not complete this part r; see the instructions before making (c)	tment inco	d?	Yes X N
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions	duced Tax on Net Investment e section 4940(a) tax on net invest butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540.	tment inco	d?	Yes X N
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250.	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866.	tment inco	d?	Yes X No
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050.	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986.	tment inco	d?	Yes X No retuo (c)) 0.107590 0.075030 0.141826
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718.	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155.	pase perio	d?	Yes X N ratio by col (c)) 0.107590 0.075030 0.141826 0.144435
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distriles not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718.	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155.	pase perio	d?	Yes X N
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718.	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the too not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155. e the total on line 2 by 5, or by the	pase perio	d?	Yes X N
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distributions and qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718.	duced Tax on Net Investment e section 4940(a) tax on net invest butable amount of any year in the top one the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155. e the total on line 2 by 5, or by the s than 5 years	pase perio	d? Ties. (d) Distribution (col (b) divided b	Yes X N ratio y col (c)) 0.107590 0.075030 0.141826 0.144435 0.109497 0.578378
Part I, line 8	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718. d) of of the 5-year base period - dividendation has been in existence if less concharitable-use assets for 2012 from	duced Tax on Net Investment e section 4940(a) tax on net invest butable amount of any year in the top one the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155. e the total on line 2 by 5, or by the s than 5 years	pase perio	d? Ties. (d) Distribution (col (b) divided b	Yes X N ratio ty col (c)) 0.107590 0.075030 0.141826 0.144435 0.109497 0.578378 0.115676
Part V Qualification (For optional use by domes If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation doe 1 Enter the appropriate are (a) Base penod years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (3 Average distribution ration number of years the foundation of the secondary of t	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718. d) of of the 5-year base period - dividendation has been in existence if less concharitable-use assets for 2012 from	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the top on the complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155. e the total on line 2 by 5, or by the sthan 5 years om Part X, line 5	pase perio	d? Ties. (d) Distribution (col (b) divided b	Yes X No. (retio y col (c)) 0.107590 0.075030 0.141826 0.144435 0.109497 0.578378 0.115676 ,299,267.
Part V Qualification (For optional use by domes If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation doe 1 Enter the appropriate are (a) Base penod years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (3 Average distribution ration number of years the foundation of the secondary of	Under Section 4940(e) for Retice private foundations subject to the section 4942 tax on the distrites not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 133,900. 87,250. 91,050. 119,648. 110,718. d) of or the 5-year base period - dividendation has been in existence if less concharitable-use assets for 2012 from	duced Tax on Net Investment be section 4940(a) tax on net invest butable amount of any year in the to Do not complete this part r; see the instructions before making (c) Net value of nonchantable-use assets 1,244,540. 1,162,866. 641,986. 828,386. 1,011,155. e the total on line 2 by 5, or by the s than 5 years om Part X, line 5	pase perio	d? Ties. (d) Distribution (col (b) divided b	yes X No vertice (c)

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		2,2	229.
	here ▶ and enter 1% 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			
3	Add lines 1 and 2 3		2,2	229.
4	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		2,2	229.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
þ	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			_
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			16.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ATCH 7 ▶ 9		2,2	290.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			Γ
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No X
	or intervene in any political campaign?	1a		^
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			x
	definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities	1c		x
	Did the foundation file Form 1120-POL for this year?			
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1
-	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities	•		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	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	-	ļ	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			ļ
	with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			İ
	TX,	.]		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		l	1
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		}	
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			.,
	Part XIV	9	 	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			"
	addresses	10	I	X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2012?

Form 990-PF (2012)

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orm	990-PF (2012) THE SKLAR FAMI	LY FOUNDATIO	N		20-0	098248	Page 6
_	t VII-B Statements Regarding Activities fo	r Which Form 4	720 May Be Requi	red (continu	ued)		
	During the year did the foundation pay or incur any amount						
	(1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section	4945(e))?	. Yes	X No		
	(2) Influence the outcome of any specific public elec-	ction (see section 4	955), or to carry or),			
	directly or indirectly, any voter registration drive?			. Yes	X No		
	(3) Provide a grant to an individual for travel, study, or oth				X No		
	(4) Provide a grant to an organization other than a]
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s				X No		
	(5) Provide for any purpose other than religious, chi						
	purposes, or for the prevention of cruelty to children of			1 1	XNo		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				cribed in		
_	Regulations section 53 4945 or in a current notice regard					5b	N/A
	Organizations relying on a current notice regarding disast				▶[
c	If the answer is "Yes" to question 5a(4), does the 1					-	
•	because it maintained expenditure responsibility for the gr				X No		
	If "Yes," attach the statement required by Regulations sect				<u> </u>		
ĥа	Did the foundation, during the year, receive any fund		ctly, to pay premium	s		i i	
•	on a personal benefit contract?			Yes	X No		
h	Did the foundation, during the year, pay premiums, direct			• 🗀		6ь	×
~	If "Yes" to 6b, file Form 8870	, 0					
7 a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	Yes	X No		
	If "Yes," did the foundation receive any proceeds or have					7ь	x
	rt VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid	Emplo	yees,	
_	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	r compensation (see	instructions	····		
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributi	ons to	(e) Expense	account
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred corr		other allov	
BAI	RBARA S. SKLAR	PRESIDENT / DIREC	ror				
			0		q		0
LO	UIS S. SKLAR	SECRETARY / DIREC	TOR				
			0		q		0
SU	ZANNE SKLAR MCCARTHY	DIRECTOR					
					q		0
MI	CHAEL ALAN SKLAR	DIRECTOR					
			C	1	q		0
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see i	nstructio	ns). If no	ne, enter
	"NONE."	I		(d) Contribut	tions to		
(4	a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee b		(e) Expense other allo	account,
		devoted to position		compens	ation		
	NONE						
							
		1					
		L	l	<u> </u>			
ot	al number of other employees paid over \$50,000 .		<u> </u>	· · · · · · · · ·	<u> ▶ </u>	Eart 000	-PF (2012)
						roim JJU	-i i (2012)

THE SKLAR FAMILY FOUNDATION 20-0098248 Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (b) Type of service (a) Name and address of each person paid more than \$50,000 (c) Compensation NONE 0 Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

Form 990-PF (2012)

3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3

Page 8

Рa	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions)	gn fou	indations,
	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	639,280.
b	Average of monthly cash balances	1b	42,366.
С	Fair market value of all other assets (see instructions)	1c	637,407.
d	Total (add lines 1a, b, and c)	1d	1,319,053.
е	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
:	Acquisition indebtedness applicable to line 1 assets	2	
;		3	1,319,053.
ļ	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	19,786.
i	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,299,267.
i	Minimum investment return. Enter 5% of line 5	6	64,963.
Pa	rt 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 p	art)	
 	Minimum investment return from Part X, line 6	.1	64,963.
'a	Tax on investment income for 2012 from Part VI, line 5 2a 2,229.		
b	Income tax for 2012. (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	2,229.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	62,734.
	Recoveries of amounts treated as qualifying distributions	4	
;	Add lines 3 and 4	5	62,734.
ì	Deduction from distributable amount (see instructions)	6	
,	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	62,734.
Рa	rt XII Qualifying Distributions (see instructions)		
_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	120,525.
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.	· · · ·	
Ĺ	purposes	2	i
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
1	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	120,525.
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
3	Adjusted qualifying distributions. Subtract line 5 from line 4	6	120,525.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	lculatıı	ng whether the foundation

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Form 990-PF (2012)

Рa	rt XIII Undistributed Income (see instru	ctions)		<u> </u>	- <u></u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				62,734.
2	Undistributed income, if any, as of the end of 2012		İ		
a	Enter amount for 2011 only				
b	Total for pnor years 20 10 .20 09 .20 08				
3	Excess distributions carryover, if any, to 2012				
a	From 2007				
b	From 2008				
С	From 2009				
	From 2010				
	From 2011	200 010			
f	Total of lines 3a through e	300,818.			<u> </u>
4	Qualifying distributions for 2012 from Part XII, line 4 > \$ 120,525.				
а	Applied to 2011, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)		<u> </u>		62,734.
	Applied to 2012 distributable amount	57,791.			02,734.
	Remaining amount distributed out of corpus	37,791.			
5	Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	358,609.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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				
4	Subtract line 6c from line 6b Taxable				
u	amount - see instructions				
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2012 Subtract lines				
1	4d and 5 from line 1. This amount must be				
	distributed in 2013				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	!			
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not	66 66:			
	applied on line 5 or line 7 (see instructions)	60,824.			
9	Excess distributions carryover to 2013.	207 705			
	Subtract lines 7 and 8 from line 6a	297,785.			
10	Analysis of line 9				
a	Excess from 2008				
þ	200 714				
C					
d					
e	Excess from 2012 57,791.		<u>l</u>		Form 990-PE (2012)

THE SKLAR FAMILY FOUNDATION

Form 990-PF (2012)

20-0098248

			 	- tags 1 .
Part XV Supplementary Information (
3 Grants and Contributions Paid Duri	ng the Year or Appl			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATCH 9				
AICH 9				
	1			
			-	
	1			
			ļ	
Total			3a	120,525
b Approved for future payment				· · · · · · · · · · · · · · · · · · ·
а претото по памено разулителя				
			İ	
		1		
Total			▶ 3b	

P	an	1	•

r głoss amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exemp
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
					1000 1100
Fees and contracts from government agencies					
embership dues and assessments					
nterest on savings and temporary cash investments					
Dividends and interest from securities			14	30,427.	
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal property .					
Other investment income			18	84,999.	
Sain or (loss) from sales of assets other than inventory			+ 10	04,995.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory		-			
Other revenue: a					-
	<u> </u>				
				115,426.	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the second columns. The second columns is a second columns.	ulations)	ccomplishment of E	xempt Purp	13	115,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns of activities are No. Explain below how each activities	ulations) to the Ac	ccomplishment of E	xempt Purp	poses e) of Part XVI-A contrib	115, 4

THE SKLAR FAMILY FOUNDATION 20-0098248 Form 990-PF (2012) Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No Yes in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of X X (2) Other assets **b** Other transactions Х X (2) Purchases of assets from a noncharitable exempt organization X Х 1b(4) X X (6) Performance of services or membership or fundraising solicitations X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization N/A N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration on page parer (other than taxpayer) is based on all information of which preparer has any knowledge Sign the IRS discuss this return Here the preparer (see instructions)? | X | Yes Signature of officer or trustee

Preparer's signature

FELIPE.

TX

SUITE 2065

713-626-4456 Form 990-PF (2012)

self-employed P00349252

Firm's EIN > 33-1197384

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name

JOEL J. PALFREYMAN

Firm's address ► 5847 SAN

► WTAS LLC

HOUSTON,

Date

77057

AUG 2 1 2013

Check

Phone no

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

Name of the organization			Employer identification number
THE SKLAR FAMILY FO	UNDATION		20-0098248
Organization type (check one	e)		· · · · · · · · · · · · · · · · · · ·
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as	s a private fou	indation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a p	private founda	tion
	501(c)(3) taxable private foundation		
Check if your organization is Note . Only a section 501(c)(instructions	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a	Special Rule. See
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the one contributor. Complete Parts I and II	year, \$5,000	or more (in money or
Special Rules			
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1.9(a)(1) and 170(b)(1)(A)(vi) and received from any one contrib \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line and II	utor, during th	ne year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rotal contributions of more than \$1,000 for use <i>exclusively</i> for releposes, or the prevention of cruelty to children or animals. Comp	ligious, charita	able, scientific, literary,
during the year, co not total to more t year for an <i>exclusi</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that is ontributions for use exclusively for religious, charitable, etc., pur han \$1,000. If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of anization because it received nonexclusively religious, charitable.	rposes, but th utions that we f the parts unle ble, etc , contr	ese contributions did re received during the ess the General Rule ibutions of \$5,000 or
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules ust answer "No" on Part IV, line 2 of its Form 990, or check the P-PF, to certify that it does not meet the filing requirements of S	e box on line l	H of its Form 990-EZ or on
For Paperwork Reduction Act Not	ice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule	B (Form 990, 990-EZ, or 990-PF) (2012)

(b)

Name, address, and ZIP + 4

Employer identification number 20-0098248

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. X _ _ 1 MR. LOUIS S. SKLAR Person **Payroll** 6344 WAKEFOREST 357,443. X Noncash (Complete Part II if there is HOUSTON, TX a noncash contribution) (d) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is

		\$	Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

(Complete Part II if there is a noncash contribution)

a noncash contribution)

(d)

Type of contribution

Person

(a)

No.

(c)

Total contributions

Employer identification number 20-0098248

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1 10/26/2012 357,443. (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions)

Employer identification number 20-0098248

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.) > \$

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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

DIRECT PUBLIC SUPPORT	357,443.	745.	358,188.
DATE	10/26/2012	10/15/2012	TOTAL CONTRIBUTION AMOUNTS
NAME AND ADDRESS	MR. LOUIS S. SKLAR 6344 WAKEFOREST HOUSTON, TX 77005	MR. LOUIS S. SKLAR 6344 WAKEFOREST HOUSTON, TX 77005	

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

NET INVESTMENT INCOME	14,059. 16,368.	30,427.
REVENUE AND EXPENSES PER BOOKS	14,059. 16,368.	30,427.
		TOTAL
DESCRIPTION	DIVIDENDS DIVIDENDS FROM STOCKS	

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CHARITABLE PURPOSES			
ADJUSTED NET INCOME			
NET INVESTMENT INCOME	2,310.	2,310.	
REVENUE AND EXPENSES PER BOOKS	2,310.	2,310.	
		TOTALS	
DESCRIPTION	ACCOUNTING FEES		

ATTACHMENT 4

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NET INVESTMENT	INCOME	1,477.
REVENUE AND EXPENSES	PER BOOKS	1,477.
	N	XES
	DESCRIPTION	FOREIGN TAXES

TOTALS

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

NET INVESTMENT	INCOME	206.	206.
REVENUE AND EXPENSES	PER BOOKS 242.	206. 744.	1,192.
			TOTALS
	DESCRIPTION OTHER EXP	BANK FEES TAXES PAID	

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ENDING <u>EMV</u>	631, 663. 690, 278. 296, 900.	1,618,841.
ENDING BOOK VALUE	537,721. 521,537. 296,900.	1,356,158.
BEGINNING BOOK VALUE	625,358. 418,745. 14,721.	1,058,824.
DESCRIPTION	BALANCED INDEX FUND - ADM SH VANGUARD STOCK PRIME MONEY MARKET	TOTALS

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

N/A

FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VARIOUS SUPPORT ORGANIZATIONS FOR THE ART	NONE	CONTRIBUTIONS, ANNUAL FUNDS, AND MEMBERSHIPS	4,600.
VARIOUS SUPPORT ORG'NS FOR CHILDREN & EDUCATION	NONE	CONTRIBUTIONS AND ANNUAL FUNDS	25,100.
VARIOUS SUPPORT ORGANIZATIONS FOR THE COMMUNITY	NONE	CONTRIBUTIONS	18,500.
VARIOUS SUPPORT ORGANIZATIONS FOR EDUCATION	NONE	CONTRIBUTIONS	12,550.
VARIOUS SUPPORT ORGANIZATIONS FOR MEDICAL / HEALTH	NONE	CONTRIBUTION	9,025.
UNITED WAY OF HOUSTON	NONE	CONTRIBUTIONS	35,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 9 (CONT.D)

15,750.

AMOUNT

UNITED WAY OF SANTA FE COUNTY

RECIPIENT NAME AND ADDRESS

NONE

CONTRIBUTIONS

120,525.

TOTAL CONTRIBUTIONS PAID

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

T	HE SKLAR FAMILY FOUNDATION				20-009824	18	
Note	: Form 5227 filers need to complete only P						
Par	Short-Term Capital Gains and Le	osses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, ут)	(d) Sales price	(e) Cost or other ba		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
•							
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b	• • • • • • • • •		1b	
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partner	rships, S corpora	tions, and other	estates or trusts		3	
4	Short-term capital loss carryover Enter	the amount, i	f any, from l	ne 9 of the 2011	Capital Loss	4	()
5	Net short-term gain or (loss). Combine	lines 1a throu	gh 4 in colum		nd on line 13,	5	`
Par	column (3) on the back	osses - Assets	Held More T	han One Year			
ı aı	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)		(d) Sales price	(e) Cost or other b		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
		-			-		
 b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6b	84,999.
7	Long-term capital gain or (loss) from For						
8	Net long-term gain or (loss) from partner	ships, S corpora	tions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter	the amount, if	f any, from lii	ne 14 of the 2011	Capital Loss	11	(
12	Net long-term gain or (loss). Combine					12	84,999.
E 0	column (3) on the back			 			e D (Form 1041) 2012

	dule D (Form 1041) 2012				Page 2
Pai			(1) Beneficianes'	(2) Estate's	(3) Total
	 Caution: Read the instructions before completing this page 1 	oart	(see instr)	or trust's	(3) Total
13	Net short-term gain or (loss)	13			
14	Net long-term gain or (loss):				
а	Total for year	14a			84,999.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
C	28% rate gain	14c			
	• ' '	15			84,999.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 is go to Part V, and do not complete Part IV. If line 15, column (3), is a ne	(or Fo	rm 990-T, Part I, line 4	a) If lines 14a and	1 15, column (2), are net
neces		ei 1034	s, complete rait is an		Caryova Worksheet, as
Pai	t IV Capital Loss Limitation	~			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	Part I, 1	ine 4c, if a trust), the sn	naller of	
a	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, Canyover Worksheet in the instructions to figure your capital loss carryover		<u> </u>	16 (
Loss): If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, in Carryover Worksheet in the instructions to figure your capital loss carryover.	page	1, line 22 (or Form 990	7-T, line 34), is a k	oss, complete the Capital
Pai	t V Tax Computation Using Maximum Capital Gains Rate	· S			·
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu		(2) are dains or an a	mount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor		-	mount is entered	in rait for rait in and
	tion: Skip this part and complete the Schedule D Tax Worksheet in the i				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Forr	n 990-T trusts. Complete this part only if both lines 14a and 15 a	re ga	ins, or qualified divid	dends are include	ed in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	complete the Schedu	ie D Tax Worksi	neet in the instructions
if eit	her line 14b, col (2) or line 14c, col (2) is more than zero		···		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified			1	
	dividends included in income in Part I of Form 990-T)				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0		· · 		
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
				1	
24	Enter the smaller of the amount on line 17 or \$2,400		24		
25	Is the amount on line 23 equal to or more than the amount on line 24			[[
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23 Use the 2012 Tax Rat				
	(see the Schedule Ginstructions in the instructions for Form 1041)			31	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17. Use the 2012 Tax Rat	1 4			
	(see the Schedule Ginstructions in the instructions for Form 1041).				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33	, ,			
	G, line 1a (or Form 990-T, line 36)		<u> </u>		
				Sche	dule D (Form 1041) 2012

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side THE SKLAR FAMILY FOUNDATION

Employer identification number 20-0098248

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
a THRU VANGUARD - LT	VARIOUS	VARIOUS	327,287.	254,651.	72,636
THRU VANGUARD - LT	VARIOUS	VARIOUS	100,000.	87,637.	12,363
		-			
b Total. Combine the amounts in colu	mn (f). Enter here ar	nd on Schedule D, I	ıne 6b		84,999

Schedule D-1 (Form 1041) 2012

THE SKLAR FAMILY FOUNDATION 20-0098248
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F	roperty	Description			20	Date acquired	Date sold	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	П	Gain	
xpenses of sale	allowable	basis	12/31/69	12/31/69	FMV over adj basis	\mathbb{H}	(loss)	
		THRU VANGUA	ARD - LT				VARIOUS	VARIOUS
327,287.		254,651.				'	72,636.	
		THRU VANGU	NDD - TM				VARIOUS	VARIOUS
100,000.		87,637.	ARD - LI				12,363.	VARIOUS
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TAL GAIN(L	oss)						84,999.	
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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.	e If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automate 3-month extension on a previously filed Form 8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Type or print The SKLAR FAMILY FOUNDATION THE SKL	Form 8	3868 (Rev	· -1-2013)						Pa	age 2
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Rand	Note. Only complete Part II if you have already been granted an automate 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Enter file? identifying number, see instructions. The SKLAR FAMILY FOUNDATION Number, street, and room or suite no if a P O box, see instructions. Social security number (SSN) 634 WAKEFOREST City, town or post office, state, and ZIP code For a foreign address, see instructions HUSTON, TX 77005 Return Application Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990-F Form 990-F Form 990-F Form 990-F Old Form 990-F Old Form 990-F Form 990-T (trust other than above) Telephone No ▶ If the originazion does not have an office or place of business in the United States, check this box If the sir for the whole group, check this box If this is for a Group Return, enter the organizations four digit Group Exemption Number (SEN) If this a for called any service with the name of the extension of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the decided representation of the whole group, check this box 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 (SEN) If this a for part of the group, check this box If this is for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (SEN) If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any entered in line 5 is for less than 12 months, check reason If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentativ	• If y	ou are	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II	and check this box				
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Senter filer's identifying number, see instructions Employer identification number (EN) or	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not copies needed) Name of exempt organization or other filer, see instructions.								-		
Type or print THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION SALE AND THE SKLAR FAMILY FOUNDATION THE SK	Type or print THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION SOcial security number (SRN) Social	• If y	you are	filing for an Automatic 3-Month Extension, o	complete o	nly Part I (on page 1)					
Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print	Name of exempl organization or other filer, see instructions. THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION Aumber, street, and room or suite no. If a PO box, see instructions. Social security number (SSN) Mumber, street, and room or suite no. If a PO box, see instructions. City, town or post office, state, and ZIP code For a foreign address, see instructions HUSTON, TX 77005 The future factor of the return that this application is for (file a separate application for each return). Return See Return Code for memory of Form 990-EZ O1 Form 990 or Form 990-EZ O1 Form 990-EZ O1 Form 990-Form 990-EZ O1 Form 990-Form 990	Par	t 11	Additional (Not Automatic) 3-Month Ex	xtension o	f Time. Only file the orig	inal (no copies nee	edec	<u>(</u> t		
THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION Number, street, and room or suite no if a P O box, see instructions. Social security number (SSN) 6344 WAKEFOREST City, town or post office, state, and ZIP code For a foreign address, see instructions HOUSTON, TX 77005 Enter the Return code for the return that this application is for (file a separate application for each return) Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 O9 Form 990-F O4 Form 5227 O9 Form 990-T (cust other than above) O5 Form 890-T (rust other than above) O5 Form 890-T (rust other than above) O6 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O8 Form 8870 O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O7 Form 890-T (rust other than above) O8 Form 8870 O7 F	Type or print THE SKLAR FAMILY FOUNDATION 20-0098248 Number, street, and room or suite no if a P O box, see instructions. Social security number (SSN)					E	nter filer's identifying i	numi	oer, s	ee instruc	tions
THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION WAMER, steer, and room or suute no if a P O box, see instructions. G344 WAKEFOREST	THE SKLAR FAMILY FOUNDATION The bythe does does for the work of the Po Dox, see instructions. Winner, street, and room or suite no if a PO Dox, see instructions. G344 WAKE FOREST City, town or post office, state, and ZIP code For a foreign address, see instructions HOUSTON, TX 77005 Enter the Return code for the return that this application is for (file a separate application for each return)			Name of exempt organization or other filer, see in	structions.		Employer identification	n nui	mber	(EIN) or	
THE SKLAR FAMILY FOUNDATION THE SKLAR FAMILY FOUNDATION WAMER, steer, and room or suute no if a P O box, see instructions. G344 WAKEFOREST	THE SKLAR FAMILY FOUNDATION The bythe does does for the work of the Po Dox, see instructions. Winner, street, and room or suite no if a PO Dox, see instructions. G344 WAKE FOREST City, town or post office, state, and ZIP code For a foreign address, see instructions HOUSTON, TX 77005 Enter the Return code for the return that this application is for (file a separate application for each return)	Туре	or								
File by the clare of the control of the case of the control of the case of the control of the case of	File by the diversity of the part of the	print	t	THE SKLAR FAMILY FOUNDATION			20-0098	248			
due date for filling your return See City, town or post office, state, and ZIP code For a foreign address, see instructions ### HOUSTON, TX 77005 Enter the Return code for the return that this application is for (file a separate application for each return)	due date for filing year return See If the Return code for the return that this application is for (file a separate application for each return)	Ede by	the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number	r (SS	N)		
Enter the Return code for the return that this application is for (file a separate application for each return)	Enter the Return code for the return that this application is for (file a separate application for each return). □ Set the Return code for the return that this application is for (file a separate application for each return). □ Application Return Set to Set to Set to			6344 WAKEFOREST							
Enter the Return code for the return that this application is for (file a separate application for each return)	HOUSTON, TX 7705			City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions	·				
Application Is For Code Sport Code Sport Code Sport Code Sport Code Sport Sport Code Sport Sport Code Sport Sport Code Sport Sport Code Sport Sport Code Sport Sport Code Sport Sport Sport Code Sport Sport Sport Code Sport	Application Is For Code September 1			HOUSTON, TX 77005							
Seriable Seriable	Is For Code Is For Code Is For Code Is For Code Is For Code Is For Code Is Form 990 or Form 990 expected Code Is Form 990 expected Code C	Ente	rthe Re	turn code for the return that this application	is for (file a	separate application for ea	ich return)			0	4
Form 990 or Form 990-BZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 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 ▶ LOUIS S. SKLAR Telephone No ▶ FAX No ▶ • If the organization does not have an office or place of business in the United States, check this box	Form 990 or Form 990-BZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. 15 The books are in the care of ▶ LOUIS S. SKLAR Telephone No ▶ FAX No ▶ 16 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 16 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 17 If this is for the whole group, check this box 18 If this is for the mames and EliNs of all members the extension is for 4 I request an additional 3-month extension of time until 11/15, 20 13 5 For calendar year 2012, or other tax year beginning 20 and ending 20 and ending 20 final return Change in accounting period 7 State in detail why you need the extension THE TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 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 parmount 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 Application is for Form 900-PF, 990-T, including accompanying schedules and statements, and to the best of my knowledge and a tis true, correct, and complete, and that I am authorized to prepare this form.	Appli	ication		Return	Application				Retu	ırn
Form 990-BL 02 Form 1041-A 08 Form 990-PF 04 Form 5227 10 Form 990-PF 04 Form 5227 11 Form 990-T (see 401(a) or 408(a) trust) 05 Form 6069 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. Telephone No F FAX No FAX No FAX NO FAX NO FOR GRANT OF THE BOOKS are in the care of FAX NO FA	Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 100 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 111 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 ▶ LOUIS S. SKLAR Telephone No ▶ 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 the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is group the whole group, check this box If this is group the whole group, check this box If this is group the whole group, check this box If this is group the whole group, check this box If this is group the whole group, check this box If this is group the whole group, check this box If this is group the whole group the whole group the whole group the group the whole group the whole group th	ls Fo	r		Code					Cod	je
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Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 11 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 LOUIS S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. SKLAR Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S. Sklar Telephone No Louis S.	Form 990-PF	Form	990-BL	•	02	Form 1041-A				08	}
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	WTAS LLC		WT	IS LLC							

WTAS LLC 5847 San Felipe, Suite 2069 Houston, Texas 77057 EIN 33-1197384

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

nternal Revenue	Service	► File a	separate ap	plication for each return				
If you are	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check th	ıs box		▶ X	
		Additional (Not Automatic) 3-Mo					_	
		<i>inless</i> you have already been gran						
a corporation 8868 to requ Return for T	required tuest an extransfers A	You can electronically file Form 8 to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal details on the electronic filing of the	al (not aut forms liste Benefit (omatic) 3-month exten d in Part I or Part II w Contracts, which must	ision of time. You can lith the exception of F t be sent to the IRS	electronically orm 8870, In in paper fo	file Form formation rmat (see	
		-Month Extension of Time. On						
		to file Form 990-T and requesting				mnlete		
Part I only All other corp	oorations (<i></i>		. ► □	
to file income					Enter filer's identify			
Type or	Name of ex	kempt organization or other filer, see in:	structions		Employer identification r	number (EIN) or		
print	THE SK	LAR FAMILY FOUNDATION			20-00982	48		
File by the	Number, st	reet, and room or suite no. If a P.Obox	c, see instruc	ctions	Social security number (S	SSN)		
due date for filing your	6344 W	AKEFOREST						
return See Instructions		or post office, state, and ZIP code For N, TX 77005	a foreign ad	dress, see instructions				
Enter the Re		for the return that this application i	s for (file a	separate application fo	or each return)		0 4	
Application			Return	Application	 		Return	
ls For			Code	Is For			Code	
Form 990 or	Form 990-	.F7	01	Form 990-T (corporat	tion)		07	
Form 990-BL			02	Form 1041-A			08	
Form 4720-		1	03	Form 4720			09	
Form 990-PF			04	Form 5227			10	
		a) or 408(a) trust)	05	Form 6069			11	
Form 990-T			Form 8870	12				
		care of ▶ LOUIS S. SKLAR	06					
Telephone				FAX No ▶				
•		pes not have an office or place of t			ck this hov			
		Return, enter the organization's for						
	-	eck this box ▶	_					
		nd EINs of all members the extensi		art of the group, check		and alla	OII	
		natic 3-month (6 months for a cor		equired to file Form 990	7-T) extension of time			
until	or arr autor	08/15 , 20 13 , to file the				ahove The ev	tension is	
	organizatio	on's return for	exempt or	garnzation return for the	e organization named t	above The ex	terision is	
X calendar year 20 12 or tax year beginning								
						·		
		ered in line 1 is for less than 12 m	onths, che	ck reason [] Initial r	eturn Final retu	ırn		
c	hange in a	ccounting period						
		is for Form 990-BL, 990-PF, 99 edits See instructions	00-T, 4720	, or 6069, enter the	tentative tax, less an	y 3a \$	0	
		n is for Form 990-PF, 990-T,	4720. or	6069, enter any re	efundable credits and			
		ments made Include any prior yea				3ь \$	0	
		tract line 3b from line 3a Include				s		
		al Tax Payment System) See instru		· · · · · · · · · · · · · · · · · · ·		3c \$	0	
Caution If you	u are going	to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453	3-EO and Form 8879-EO	for payment ins	structions	
For Privacy A	ct and Pap	erwork Reduction Act Notice, see Insti	uctions			Form 8868	(Rev 1-2013)	