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POSTMARK DATE AUG 16 2014

## **Return of Private Foundation**

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

Treated as a Private Foundation

Dep3rtment of the Treasury

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

Open to Public Inspection

OMB No. 1545-0052

For c	alendar year 2012 or tax year beginning	11/	01 , 2012, and e	nding		10/31,2013
Nam	e of foundation CHARLES WOLFF JR &	-	A Employer identific	cation number		
FO	JNDATION 486104050				48-	6104050
Num	ber and street (or P O box number if mail is not delivered	to street address)	Room/	suite	B Telephone numbe	r (see instructions)
D (	D. BOX 1620		80	0- 357-7094		
	or town, state, and ZIP code		<u> </u>	-	00	0- 337-1034
J,	- · · · · · · · · · · · · · · · · · · ·				C If exemption applicat	ion is
TU:	LSA, OK 74101-1620				pending, check here	
G Ch	eck all that apply: Initial return	Initial return	of a former public cl	narity	D 1. Foreign organizati	ons, check here
	Final return	Amended ret	urn		2 Foreign organizati	ons meeting the
	Address change	Name change	e	ļ	85% test, check he computation	
H Ch	eck type of organization: X Section 501(c	c)(3) exempt private for	oundation		•	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate foundation	ŀ	E If private foundation under section 507(b)	
l Fa	r market value of all assets at end J Accou	inting method: X Ca	ash Accrual			a 60-month termination
of	year (from Part II, col. (c), line Ot	her (specify)	<del></del>			(1)(B), check here . >
16	) ► \$ 4,709,209. (Part I,	column (d) must be or	n cash basis.)			
Part	Analysis of Revenue and Expenses (The	(a) Revenue and	(L) N=4 !=		) Admet d = -	(d) Disbursements
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	'(c	Adjusted net income	for charitable purposes
	column (a) (see instructions) )	books				(cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)					
2	Check Figure 1 if the foundation is not required to attach Sch. B					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities	44,008.	44,008	3.		STMT 1
5	a Gross rents					
	Net rental income or (loss)					1
ے ا	Net gain or (loss) from sale of assets not on line 10	-23,416.				
ב <u>ַ</u>	Gross sales price for all assets on line 6a 89, 113.					
evenue 7	Capital gain net income (from Part IV, line 2) .					
¥ 8	Net short-term capital gain				-	
9	Income modifications					,
10	a Gross sales less returns and allowances • • • • •					
	b Less Cost of goods sold .					
	Gross profit or (loss) (attach schedule)					
11	Other income (attach schedule)	66,769.		9.		STMT 2
12	Total. Add lines 1 through 11	87,361.	110,77	7.		
13	Compensation of officers, directors, trustees, etc	19,142.	14,356			4,785
14	Other employee(Salaries) Apa Wages		NOI	_	NONE	
နှို 15	Pension plans, employee benefits Q		NOI	VE	NONE	<del></del>
Expenses 15	Legatifees (attach schedule)					
	b Accepting fees (attach schedule STMT 3 .	1,510.	NOI	VE.	NONE	1,510
<u>\</u>	Other professional fees (attach schedule)					
[ 17	Interest OGDEN, UT			<del>.  </del>		
Administrative 15 12 12 12 12 12 12 12 12 12 12 12 12 12	Taxes (attach schedule) (see instructions) (4.1) 1.4.	5,364.	604	<del>1</del> .		4,760
[ 19	Depreciation (attach schedule) and depletion .	4,998.		-		
	Occupancy			-		
[ 21	Travel, conferences, and meetings		NOI		NONE	
E 22	Printing and publications	01 000	NOI		NONE	<del></del>
Operating and 52 23 24 24	Other expenses (attach schedule) STMT. 5	91,337.	91,33	<del>'                                    </del>		
E 24	Total operating and administrative expenses.	100 251	100 000	,	31031	11 055
	Add lines 13 through 23	122,351.	106,29	<del>/ . </del>	NONE	11,055
25	Contributions, gifts, grants paid	214,793.	106.00	,	21027	214,793
26	Total expenses and disbursements. Add lines 24 and 25	337,144.	106,29	<del>/ . </del>	NONE	225,848
27	Subtract line 26 from line 12:	240 702				
	a Excess of revenue over expenses and disbursements	-249,783.	4 404	+		
- 1	b Net investment income (if negative, enter -0-)		4,480	<del>'                                    </del>		
	c Adjusted net income (if negative, enter -0-)					Form <b>990-PF</b> (2012)

0.2	art II	'Balanca Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
	31 ( 11		amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Ī	`1	Cash - non-interest-bearin	g	291,631.	156,141.	156,141.
	2	Savings and temporary ca	ash investments			
	3	Accounts receivable ▶_			=	
ŀ		Less: allowance for doubt	ful accounts ►			
	4	Pledges receivable ▶			_	
		Less: allowance for doubt	ful accounts ►			
	5					
	6	Receivables due from o	fficers, directors, trustees, and other			
-		disqualified persons (attac	ch schedule) (see instructions)			
	7	Other notes and loans red	ceivable (attach schedule) 🕨			
		Less: allowance for doubt	tful accounts  NONE			
S	8		,			
Assets	9		ferred charges			
A	10 a		government obligations (attac STATUL)	50,067.	50,067.	55,298.
			tock (attach schedule) STMT 7	1,885,595.		
ı		•	onds (attach schedule)			
ı	11	Investments - land, buildings	· ► 97.837.			STMT 8
		and equipment basis Less accumulated depreciat	ion ▶ 11,256.	91,579.		
	4.2		oans	32,0151	00,002.	2/22/000
	12 13	Investments - mortgage in	h schedule)			
-	14	Land, buildings, and	► NONE			
		equipment basis Less, accumulated depreciate	ion 🛌	-	NONE	
	15	(attach schedule)	)		1,01,1	
	16		completed by all filers - see the			
	10		ge 1, item I)	2,318,872.	2,069,060.	4,709,209.
$\dashv$	17			2,310,012.	2,009,000.	4,109,209
			crued expenses			
	18					
ties	19					
Liabilities	20		s, trustees, and other disqualified persons			1
Ë	21	- •	es payable (attach schedule)			
	22	Other liabilities (describe	<b>▶</b> )			
	22	Total Babilities Indd Issue	17 *h		NONE	
-	23		: 17 through 22)		NONE	
			ow SFAS 117, check here ▶ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
es		•	<u> </u>			
anc	24					
3al	25					
P	26	•				İ
Fun	i	Foundations that do r				
or			lete lines 27 through 31. ▶ X	2 210 072	2 260 260	1
ts	24 25 26 27 28 29 30		pal, or current funds	2,318,872.	2,069,060.	
sse	28	•	land, bidg , and equipment fund			•
Ä	29	•	ted income, endowment, or other funds	0.210.270	0.000.000	1
Net	30		balances (see instructions)	2,318,872.	2,069,060.	
	31	Total liabilities and	· ·			
		instructions)		2,318,872.	2,069,060.	
			nges in Net Assets or Fund I		<del>-                                    </del>	
1			alances at beginning of year - Part			0 210 080
			on prior year's return)			2,318,872.
2	Ente	r amount from Part I, lii	ne 27a		2	-249,783.
3	Othe	r increases not include			3	
		lines 1, 2, and 3				2,069,089.
			ine 2 (itemize) ►TIMING	·	5	29.
<u>6</u>	Tota	net assets or fund bala	ances at end of year (line 4 minus lin	ie 5) - Part II, column (b),	line 30 6	2,069,060.
						Form QQ0-PF (2012)

Part IV Capital Gain	ns and Losses for Tax on Inve	estment Income			
(a) List a 2-story	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo., day, yr.)		
1a PUBLICLY TRADEI	SECURITIES				
b					
С					
d					
е					
(e) Gross sales price	(h) Gain or (loss) (e) plus (f) minus (g)				
a 89,113.			23,416.		
b					
<u>c</u>					
d			ļ		-
е	<u> </u>				
Complete only for asset	s showing gain in column (h) and owned			Gains (Col. (h) g	
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less to Losses (from co	ol. (h))
_a					23,416.
b			-		
<u>c</u>			<b> </b>		
<u>d</u>					<del>-</del>
е.	. 16	notice of a contact to Book I. So a 70 - 30			
2 Capital gain net income	or (net capital loss)  {    If	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-23,416.
	in or (loss) as defined in sections 12: 'art I, line 8, column (c) (see inst				
Part I, line 8		<u></u> )	3		
Part V Qualification	Under Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
	s, leave this part blank.  or the section 4942 tax on the distrib  s not qualify under section 4940(e).	· -	ase perio	d?	Yes X No
1 Enter the appropriate ar	mount in each column for each year;	see the instructions before making	any entri	es.	
(a)  Base period years  Calendar year (or tax year beginning in	(b)	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	atio
2011	265,269.	4,438,923.		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	0.059760
2010	155,554.	4,534,281.			0.034306
2009	147,768.	4,086,124.			0.036163
2008	205,613.	3,800,643.			0.054100
2007					•
2 Total of line 1, column			2		0.184329
<del>-</del>	o for the 5-year base period - divide	• • •			
number of years the fou	indation has been in existence if less	than 5 years	3		0.046082
4 Enter the net value of n	oncharitable-use assets for 2012 from	m Part X, line 5	4		1,639,633.
5 Multiply line 4 by line 3			5		213,804.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)	· · · · · · · · · · · · · · · · · · ·	6		45.
7 Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •		7		213,849.
8 Enter qualifying distribu	tions from Part XII, line 4 greater than line 7, check the box i	in Part VI line 1h and complete	8	using 2 10/ +	225,848.
Part VI instructions.	greater than line 7, theth the DOX I	m rait vi, ime 10, and complete t	mat part	uəniy er 1% (a)	TI TOLE. SEE ING

Par	VI . Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	tions	;}
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			45.
	here X 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			45.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			45.
6	Credits/Payments:			:
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 4,380.			
Ь	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			'
d	Backup withholding erroneously withheld			]
7	Total credits and payments. Add lines 6a through 6d		4,3	<u> 380.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4,3	335.
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ► NONERefunded ► 11		4,3	335.
Par	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		Ì	
	distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation > \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1 1		
	foundation managers > \$	1 1		
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		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			_ J
	with the state law remain in the governing instrument?	6	<u>X</u>	<b>_</b>
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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)   KS			
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)			1
	of each state as required by General Instruction G? If "No," attach explanation	8ь	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 calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			ĺ
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10		Х
		orm 99	0-PF (	(2012)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012? . . | 4b | X

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X

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

b If "Yes," did it have excess business holdings in 2012 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 2012)

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

Par	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)		-	<u> </u>
5a	During the year did the foundation pay or incur any amount	nt to:					
•	(1) Carry on propaganda, or otherwise attempt to influence	e legislation (section	4945(e))?	. Yes X No	,		1
	(2) Influence the outcome of any specific public elec	ction (see section 4	1955); or to carry or	n,			ĺ
	directly or indirectly, any voter registration drive?	. Yes X No	,		,		
	(3) Provide a grant to an individual for travel, study, or oth		,				
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described i	n			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	ee instructions)		. Yes X No	,		i
	(5) Provide for any purpose other than religious, cha	aritable, scientific, l	iterary, or educations				
	purposes, or for the prevention of cruelty to children o	r animals?		. Yes X No	,		i
Ь	If any answer is "Yes" to 5a(1)-(5), did any of the				,		1
	Regulations section 53.4945 or in a current notice regardi				5b		
	Organizations relying on a current notice regarding disaste	er assistance check h	ere				i
c	If the answer is "Yes" to question 5a(4), does the f				<u> </u>		,
•	because it maintained expenditure responsibility for the gi				,		
	If "Yes," attach the statement required by Regulations secti						į
6a	Did the foundation, during the year, receive any fund		ctly to pay premium	\$	1		1
-	on a personal benefit contract?	· •					1
ь	Did the foundation, during the year, pay premiums, directly				6b		- X
_	If "Yes" to 6b, file Form 8870.	y or manechy, on a p	croonar benefit comade		05		
72	At any time during the tax year, was the foundation a part	v to a prohibited tax	chalter transaction?	Yes X No			
	If "Yes," did the foundation receive any proceeds or have a				-		
	Information About Officers, Directors,					L	
- (d)	and Contractors		<del>-</del>				
1_	List all officers, directors, trustees, foundation ma	nagers and their ( (b) Title, and average	(c) Compensation	(d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all		
BANK	OF OKLAHOMA, N.A. TRUSTEE	governor to position		and delerred dempensation	-		
	BOX 1620, TULSA, OK 74101-1620		19,142.	-0-		-0-	
						<u> </u>	
			•				
					<u> </u>		
2	Compensation of five highest-paid employees	(other than thos	e included on line	1 - see instruction	ons). If no	one, e	enter
	"NONE."			(4) Cantabata			
la	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expens		
,	, , , , , , , , , , , , , , , , , , , ,	devoted to position	(0) 00	plans and deferred compensation	other all	owances	5
			· · · ·				
NON	ΙΕ		NONE	NONE	N	ONE	
Tota	I number of other employees paid over \$50,000 .				NO	NE	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, and Contractors (continued)	·	
3 Five highest-paid independent contractors for professional services (see instructions).	If none, enter "NONE	· n
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informationganizations and other beneficiaries served, conferences convened, research papers produced, etc	on such as the number of	Expenses
1NONE		
		·
2		
3		
4		
Part IX-B 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		Amount
2		
All other program-related investments. See instructions		
3 <u>NONE</u>	<b></b>	
Total. Add lines 1 through 3		

Pa	winimum investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	lions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	er le	
	purposes:	Sec. 2	
а	Average monthly fair market value of securities	1a	2,304,346.
b	Average of monthly cash balances	1b	156,141.
C	Fair market value of all other assets (see instructions)	1c	2,249,800.
ď	Total (add lines 1a, b, and c)	1d	4,710,287.
е	Reduction claimed for blockage or other factors reported on lines 1a and	,-	
	1c (attach detailed explanation)	11	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	4,710,287.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	70,654.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,639,633.
6	Minimum investment return. Enter 5% of line 5	6	231,982.
Pa	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	231,982.
2a	<b>-</b>	. <i>p</i> c =	
b	Income tax for 2012. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b		45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	231,937.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	231,937.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		NONE
	line 1 · · · · · · · · · · · · · · · · · ·	7	231,937.
Pa	t XII Qualifying Distributions (see instructions)	1 1	231,737.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	1.	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	225,848.
b	Program-related investments - total from Part IX-B	1b	223,040.
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.,	-,0	
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		1.01.2
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	225,848.
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	45.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	225,803.
-	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	culating Wr	lettier the roundation

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ιď	rt XIII Undistributed Income (see instructi	(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				231,937.
2	Undistributed income, if any, as of the end of 2012:		_		
	Enter amount for 2011 only			53,632.	
b	Total for prior years: 20, 20, 20		NONE		
3	Excess distributions carryover, if any, to 2012:				
а	From 2007				
b	From 2008 NONE				
C	From 2009				
d	From 2010				
	From 2011 NONE				
f	Total of lines 3a through e	NONB			
4	, 3				
	line 4: ▶ \$ <u>225,848.</u>				٦
а	Applied to 2011, but not more than line 2a			53,632.	
ь	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
	required - see instructions)	NONB			
d	Applied to 2012 distributable amount				172,216.
e	Remaining amount distributed out of corpus	NONB			
5	· '' '' '	NONE			NONE
6	(If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as				
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
Ь	Prior years' undistributed income. Subtract		NONE		
	line 4b from line 2b Enter the amount of prior years' undistributed		NONE		· · · · · · · · · · · · · · · · · · ·
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has		NONE		
	been previously assessed		NONE		<del></del>
d	Subtract line 6c from line 6b. Taxable		NONE		
	amount - see instructions		NONE		
-	4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2012. Subtract lines				
	4d and 5 from line 1. This amount must be				EQ 721
	distributed in 2013			-	59,721.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	MONT			
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2007 not	NONT			
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2013.	MONT			
	Subtract lines 7 and 8 from line 6a	NONB			
10	Analysis of line 9:			-	
a	Excess from 2008 NONE				
b	Excess from 2009 NONE				
С	Excess from 2010 NONE				
d	Excess from 2011 NONE				
e	Excess from 2012 NONE				Form <b>990-PF</b> (2012)

Pa	t XIV Private Oper	ating Foundations	see instructions and	Part VII-A, question	19)	NOT APPLICABLE				
						NOT THE DECEMBER				
ıa	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling									
				•		)(3) or 4942(j)(5)				
Ь	Check box to indicate wh		private operating founda		4942()	1(3) or   4942())(5)				
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total				
	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009					
	I or the minimum investment return from Part X for each									
	year listed									
ь	85% of line 2a									
С	Qualifying distributions from Part XII, line 4 for each year listed									
d	Amounts included in line 2c not									
u	used directly for active conduct									
	of exempt activities									
e	Qualifying distributions made									
	directly for active conduct of exempt activities Subtract line		1	}	<b>,</b>					
	2d from line 2c									
3	Complete 3a, b, or c for the									
	alternative test relied upon:									
а	"Assets" alternative test - enter									
	(1) Value of all assets					<u> </u>				
	(2) Value of assets qualifying under section									
	4942(j)(3)(B)(i)									
Ь	"Endowment" alternative test-				,					
	enter 2/3 of minimum invest-					İ				
	ment return shown in Part X, line 6 for each year listed			,						
c	"Support" alternative test - enter					1111111				
٠	(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		1							
	public and 5 or more exempt organizations as									
	provided in section 4942									
	(j)(3)(B)(iii)									
	(3) Largest amount of sup- port from an exempt			•						
	organization				<del> </del>					
	(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>		<del></del>				
Pa				only if the found	ation had \$5,000	or more in assets				
	at any time	during the year - se	e instructions.)			<del> </del>				
1	· · · · · · · · · · · · · · · · · · ·	g Foundation Manage								
а	List any managers of									
	before the close of any	y tax year (but only if t	hey have contributed i	more than \$5,000). (S	ee section 507(d)(2).)					
	N/A									
b	List any managers of	the foundation who	own 10% or more of	f the stock of a corpo	oration (or an equally	/ large portion of the				
		rship or other entity) o								
	N/A									
2	N/A Information Regarding	Contribution Grant	Gift, Loan, Scholarsh	ip. etc Programs:						
-										
	Check here	the foundation only	makes contributions	to preselected charl	table organizations a	and does not accept or organizations under				
				ants, etc. (see instruct	ions) to individuals o	organizations under				
		plete items 2a, b, c, ar		<del> </del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·				
а	The name, address, ar	nd telephone number (	or e-mail of the person	to whom applications	should be addressed					
	N/A									
Ь	N/A The form in which app	olications should be su	bmitted and informati	on and materials they	should include:					
	N/A									
C	N/A Any submission deadl	ines:	<del> </del>	<u> </u>						
·	,	e <del>e</del> :								
	NT / 7									
	N/A Any restrictions or I	imitations on accept	auch as his sassess	anhical arosa charita	hla fields kinds of	institutions or other				
đ	factors:	miniations on awards	, such as by geogra	apilicai areas, chafila	ibie lielus, KIIIUS OI	maduduons, or other				
	_									
ISA	N/A					5 000 BE (2012)				
15.0						- 000 DE 10040				

Part XV Supplementary Information (continued)										
3 Grants and Contributions Paid During			uture Payment	<u></u>						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	<u></u>						
a Paid during the year										
KANSAS CHILDREN'S SERVICE										
P.O. BOX 517 WITCHITA KS 67201-0517				21,479.						
ALDERSGATE VILLAGE										
7220 SW ASBURY DR TOPEKA KS 66614-4706				21,479.						
STORMONT VAIL REGINAL MEDICAL				}						
1500 SW 10TH AVE TOPEKA KS 66604-1301				107,370.						
CHRIST'S HOSPITAL C/O STORMONT VAIL REGINAL M										
1500 SW 10TH AVE TOPEKA KS 66604-1301				64,465.						
				-						
				}						
			<u>.</u>							
	•									
	16	ļ		1						
•	:									
	1									
	ı	1								
	<u> </u>	L		A44 ===						
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	3a_	214,793.						
<b>b</b> Approved for future payment										
		{								
		İ		1						
	Į.									
				ľ						
		1								
	ľ			1						
Total										

Part XVI-A Analysis of Income-Produ	cing Activ	/ities			
Enter gross amounts unless otherwise indicated.	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					(OCC MISH GONOMS.)
b			-		
с					
d					
е					
f				-	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	41,508.	
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 than inventory			18	-23,416.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b _ FNMA @ 5.000% DUE		-	14	2,500.	
c CROP SALES			16	54,555.	
d COOP DIVIDEND			16	12,214.	
e	<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)				87,361.	
13 Total. Add line 12, columns (b), (d), and (e)				13	<u>87,36</u> 1.
(See worksheet in line 13 instructions to verify calculated)					
Part XVI-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. Explain below how each activit	v for which	n income is reported	in column (	e) of Part XVI-A contribi	uted importantly to the
▼ accomplishment of the foundation					
	<b>-</b>				
					· · · · · · · · · · · · · · · · · · ·
				·	
				<del></del>	
		NOT APPLICABL	<u>.E</u>	<u></u>	
				· · · · · · · · · · · · · · · · · · ·	

Form 990	0-PF (20		_			<u>48-6104050                                  </u>				ige 1
Part >	(VII	Information R Exempt Organ		nsfers To and Trans	actions a	nd Relationships	With None	hari	table	<del>)</del>
in	secti	_	•	ngage in any of the folloection 501(c)(3) organiz	-	•			Yes	No
	-		g foundation to a	noncharitable exempt o	rganization	of:				
			-		-			1a(1)		Х
(2	2) Oth	er assets						1a(2)		Х
		ransactions:								<u>.</u>
				ot organization				1b(1)		X
				e exempt organization .				1b(2)		X
				essets				1b(3) 1b(4)	-	X
								1b(5)		X
				or fundraising solicitatio				1b(6)		X
			•	s, other assets, or paid en				1c		X
				," complete the following						
				es given by the reportin						
V	alue ii	· · · · · · · · · · · · · · · · · · ·	r	ement, show in column	1					
(a) Line	no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) D	escription of transfers, trans	sactions, and shari	ng arra	ngeme	nts
							<del></del>			
			ļ <u>.</u>							
							<u> </u>			
		·								
			<u> </u>							
	-									
d	escrib	ed in section 501(c)	of the Code (oth	liated with, or related to ner than section 501(c)(3					es 🖸	X No
<u>D IT</u>	Yes,	complete the follow (a) Name of organizatio		(b) Type of organizat	ıon	(c) Descr	iption of relations			
		(-,		(=, -, po ti org-in-		(0, 2000)			_	
						ļ .				
Sign	Under	penalties of perjury, I declar, and complete Declaration o	f preparer (other than ta	ed this return, including accompan expayer) is based on all information of	ying schedules a which preparer h	and statements, and to the be as any knowledge	st of my knowledg			
Here		seur 2	MANIA	07/28/2014	_	E PRESIDENT	with the pre			below
		ature of officer or trustee	·	Date	Title		(see instruction	s)?	Yes	N
	l BO	KF, N.A., TRU Print/Type preparer's	STEE	Preparer's signature		Date		TIN		
Paid Prepa	rer			i reparer s signature			self-employed	1114		
Jpu		Eirm's name				Cirm'n	EINI -			

Form **990-PF** (2012)

Firm's EtN ▶

Phone no

**Use Only** 

Firm's name

Firm's address

2012

48-6104050

CHARLES WOLFF JR & JESSICA SHORTT WOLFF

**Description of Property** 

4,998. 4,998. 4,998. Current-year amortization Current-year depreciation Current-year 179 expense ACRS CRS class class 15 Life Con 욧 11,256. 150DB thod Code Ending Accumulated amortization Beginning Ending
Accumulated Accumulated
depreciation depreciation 11,256. 11,256. Accumulated , amortization 6,258. 6,258. 6,258. Basis for depreciation 56,225. Basis Reduction 56,225. 56,225. 179 exp. reduction in basis 56,225. 100.000 Bus Unadjusted Cost or basis 56,225. 56,225. Cost or basis Date placed in service 10/17/2011 Date placed in service Less: Retired Assets . . . . . . . . . . . . Subtotals . . . . . . . . . . . . . . . . . Asset description TOTALS....AMORTIZATION Asset description Subtotals . . . . . Less: Retired Assets DEPRECIATION **Listed Property** PIVOT SYSTEM TOTALS.

\*Assets Retired JSA 2X9024 1.000

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

NET INVESTMENT INCOME	1,579 1,579 1,648 1,648 1,416	
REVENUE AND EXPENSES PER BOOKS	1, 579 1, 579 1, 648 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
DESCRIPTION	INVESCO INTL GRWTH-Y FD#8516  ABERDEEN GLOBAL HIGH INC-I #1525  BOF CASH RESERVES TRUST CLASS COLUMBIA ACORN INTL-Z COLUMBIA DIV INCM Z FD#0827  DELAWARE EMERGING MKTS-INST FD 0020  EAGLE SMALL CAP GROWTH-I FD 3933  FNMA @ 5.000% DUE 03/15/2016  HARBOR INTERNATIONAL FUND ISHARES CORE TOTAL US BOND MARKET JOHN HANCOCK DISC VAL M/C-IS FD#3633  PIMCO TOTAL RETURN FUND INST#35  PIMCO COMMOD RR STRAT-INST #0045  PIMCO GMRG MKTS CURRENCY-I FD#1872  PRUD/JENN MIDCAP GRTH-Z FD#0432	

~

STATEMENT

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	

	FER BOOKS
INVESTME	EXPENSES
NET	AND
	REVENUE

EXPENSES	INVESTM
PER BOOKS	INCOM
1 1 1 1 1 1 1	1 1 1

INVESTMENT INCOME	69,769	66,769.
EXPENSES PER BOOKS	96,76	66,769.

TOTALS

642.8 ACRES VARIOUS TRACTS

FEES	
ACCOUNTING	
1	II
H	
PART	
990PF,	H H H H H
FORM	

CHARITABLE PURPOSES	1,510.
ADJUSTED NET INCOME	======================================
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,510.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

STATEMENT

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CHARITABLE PURPOSES	380.	4,760.
NET INVESTMENT INCOME	457. 147.	604.
REVENUE AND EXPENSES PER BOOKS	380. 4,380. 457. 147.	5,364.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

STATEMENT

EXPENSES	                
OTHER	)  }  }       
1	    
н	11
PART	#
990PF,	
FORM	

NET INVESTMENT INCOME	1 1 1 1 1	53,685. 6,737.	2,059.	28,856.
REVENUE AND EXPENSES PER BOOKS	; ; ; ; ;	53,685. 6,737.	2,059.	28,856.
DESCRIPTION		FARM - SEEDS & PLANTS PURCHASE FARM - TAXES	FARM - INSURANCE	FARM - OTHER EXPENSES

91,337.

91,337.

TOTALS

STATEMENT

WOLFF
SHORIT
JESSICA
ષ્ઠ
R
WOLFF
CHARLES

48-6104050

- U.S. AND STATE OBLIGATIONS FORM 990PF, PART II

ENDING TOTALS FEDERAL NATL MTG ASSN DESCRIPTION

ENDING FMV	1 1 1	55,298.	Ŋ	
ENDING BOOK VALUE	1 1 1 1 1 1 1	50,067.	50,067	

ENDING FMV	222,704. 30,568. 40,232. 69,021. 78,745. 144,424. 399,179. 560,412. 21,317. 322,599. 71,831. 71,296. 36,070. 2,247,970.
ENDING BOOK VALUE	199,959. 24,998. 31,325. 49,000. 55,045. 116,236. 294,138. 370,334. 20,302. 320,000. 140,934. 58,000. 28,000. 1,776,271.
	TOTALS
DESCRIPTION	ISHARES CORE TOTAL U ISHARES MSCI EMERGIN CAMBIAR SMALL CAP FU EAGLE SM CAP GROWTH JOHN HANCOCK FDS III PRUDENTIAL JENNISON COLUMBIA DIVIDENT IN COLUMBIA SELECT LARG ARTIO GLOBAL HIGH IN PIMCO TOTAL RETURN F PIMCO COMMODITY REAL INVESCO INTL GROWTH DELAWARE EMERGING MK HARBOR INTERNATIONAL COLUMBIA ACORN INTER PIMCO EMERGING MKT COLUMBIA ACORN INTER

# INVESTMENTS - LAND, BUILDINGS, EQUIPMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ENDING BALANCE		11,256.	11,256.	0 0 0 0 0 0 0
DISPOSALS				
ADDITIONS		4,998.		
BEGINNING BALANCE		6,258.	6,258.	10 10 10 10 11 11 11
END ING BALANCE		56,225.	56,225.	11 11 11 11 11 11 11
DISPOSALS				
ADDITIONS				
BEGINNING BALANCE		56,225.	 56,225.	11 12 13 14 14 11 11 11
METHOD/ CLASS		M15		
ASSET DESCRIPTION	1 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PIVOT SYSTEM	TOTALS	

, Form 8868 (F	Rev 1-2013)				Page 2
• If you ar	re filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	and check this box	
Note. Only	complete Part II if you have already been gran	ted an auto	matic 3-month extension o	on a previously filed Form 8868	3.
If you ar	e filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Ex	ctension o	of Time. Only file the orig	ginal (no copies needed).	
			Eı	nter filer's identifying number, see	instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	
Type or	CHARLES WOLFF JR & JESSICA S	HORTT			
print	·				
<b>,</b> , , , , , , , , , , , , , , , , , ,	Number, street, and room or suite no If a P.O box	x, see instruc	ctions:	Social security number (SSN)	
File by the due date for	P.O. BOX 1620				
iling your	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions		
eturn See nstructions	TULSA, OK 74101-1620	J	•		
		in for Ifile o	constate application for as	ah satura)	TOTAT
	leturn code for the return that this application i			cn return)	T
Application		Return	Application		Return
s For	F 000 F7	Code	Is For		Code
	or Form 990-EZ	01		<u> </u>	
orm 990-E		02	Form 1041-A		08
	(individual)	03	Form 4720		09
orm 990-F		04	Form 5227		10
orm 990-1	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	「(trust other than above)	06	Form 8870		12
STOP! Do r	not complete Part II if you were not already g	ranted an	automatic 3-month extens	ion on a previously filed Form	8868.
The bool	ks are in the care of ► BOKF, NA				
Telephor	ne No. ► (918)619-1526	F	AX No. ►		
If the org	ganization does not have an office or place of b	ousiness in	the United States, check th	is box	
	for a Group Return, enter the organization's for				is is
	le group, check this box				
	names and EINs of all members the extension		, , , , , , , , , , , , , , , , , , ,		
	est an additional 3-month extension of time ur		0	9/15 ,20 14 .	
•	ellendar year , or other tax year beginni				20.13
	tax year entered in line 5 is for less than 12 mg				20 13 .
	•	onins, chec	k reason ilitiar re	tum Final letum	
	Change in accounting period	יד אנא א	TIME TO MECECCADA	TO ODTATAL ALL	
	in detail why you need the extension ADDI			TO OBTAIN ALL	
INFO	RMATION NEEDED TO FILE A COMPL	EIE IAX	RETURN.	<del></del>	
				<del></del>	
				<del> </del>	
	application is for Form 990-BL, 990-PF, 99	3U-1, 4720	, or 6069, enter the tent	·     .	
	fundable credits. See instructions.			8a \$	<u>3,840.</u>
<b>b</b> If this	s application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun	dable credits and	
estima	estimated tax payments made. Include any prior year overpayment allowed as a credit and any				
amount paid previously with Form 8868.					3,840.
c Baland	ce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requir	ed, by using EFTPS	
(Electr	onic Federal Tax Payment System). See instru	ctions.		8c  \$	
	Signature and Verifica	tion mus	t be completed for P		
	es of perjury, I declare that I have examined this form, et, and complete, and that I am authorized to prepare this fo	including acco		•	ge and belief,
gnature 🕨	Sauz Spinder		Title ►	Date >	
	<b>U</b>			Form <b>8868</b>	(Rev 1-2013)

## . 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension	, complete	only Part I and ched	k this box			▶ 🗆
•	are filing for an Additional (Not Automatic) 3-I						
Do not	complete Part II unless you have already beer	granted an	automatic 3-month	extension on a previou	usly f	led For	n 8868.
a corpo 8868 to Return	nic filing (e-file). You can electronically file For ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personons). For more details on the electronic filing of	onal (not auto e forms liste nal Benefit (	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the IF	an ele f Fori RS in	ectronica m 8870, paper	ally file Form Information format (see
Part I	Automatic 3-Month Extension of Tin	ne. Only sui	bmit original (no c	opies needed).			
A corpo	pration required to file Form 990-T and Form 990-T and 990-T and 990-T an	esting an a	utomatic 6-month		s bo	x and c	complete
	corporations (including 1120-C filers), partners	ships, REMIC	Cs, and trusts must	use Form 7004 to requ	uest a	an exter	nsion of time
				Enter filer's identifying	g nun	nber, see	instructions
Type or	Name of exempt organization or other filer, see	instructions.		Employer identification	n number (EIN) or		
print	CHARLES WOLFF JR & JESSICA SHORT WO	DLFF FOUND	ATION	48-6	51040	50	
File by the	Number, street, and room or suite no. If a P.O.	box, see instr	uctions.	Social security number	(SSN	)	
due date fo	or PO BOX 1620		17/1/				
filing your return See	City, town or post office, state, and ZIP code./F	or a foreign a	ddress, see instruction	S.			
instruction		$\mathcal{I}(\mathcal{I})$	<u>ן</u>				
Enter the	e Return code for the return that this application	n is for (file a	separate application	n for each return) .			. 04
Applica	ation	Return Code	Application Is For				Return Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corpo	oration)			07
Form 9	90-BL	02	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720 (other than individual)				09
Form 9		04	Form 5227			••	10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above)	06	Form 8870				12
Teleph  If the o  If this is for the w  a list with  un  fo	one No. ► 785-273-9993  rganization does not have an office or place of s for a Group Return, enter the organization's for hole group, check this box ►	business in bur digit Groof it is for parsion is for. corporation rempt organization, 20	the United States, c up Exemption Numb t of the group, check required to file Form zation return for the	per (GEN)  K this box	me bove.	 If th ] and a . The ex	nis is ttach tension is
2 If	the tax year entered in line 1 is for less than 12				n	-	
	Change in accounting period						
	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			\$	3840		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using			\$	3840		
	TPS (Electronic Federal Tax Payment System)			ii required, by using	3с	\$	0
Caution. I	f you are going to make an electronic funds withdrav is.	val (direct deb	it) with this Form 8868	, see Form 8453-EO and	Form	8879-E	o for payment