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Form **990-PF**Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052
2015
Open to Public Inspection

For calendar year 2015 or tax year beginning		, and ending		
Name of foundation			A Employer identification	n number
WOLFF FAMILY FOUNDATION			20-7190920	6
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
717 W. SPRAGUE AVE., STE 8	02		509-922-1	600
City or town, state or province, country, and ZIP or foreign p. SPOKANE, WA 99201	ostal code		C If exemption application is	pending, check here
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	as check here
Final return	Amended return	officer public charity	b 1.1 or eight or gamzation	is, check field
Address change	Name change		2. Foreign organizations mechack here and attach of	neeting the 85% test,
H Check type of organization: X Section 501(c)(3) e.			1	
	Other taxable private found	ation	E If private foundation st under section 507(b)(1	
	ing method: X Cash	Accrual	F If the foundation is in a	
· (—	ther (specify)		under section 507(b)(1	
▶\$ 31,051. (Part I, coll	ımn (d) must be on cash i	basis)	1	<i>// // // // // // // // // // // // // </i>
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	690,647.		N/A	
2 Check I if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents 5 Net rental income or (loss) 68 Net rent of (loss) from sale of essets pot on line 10	19.	19.		STATEMENT 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				<u> </u>
b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)				
. ~ 1	ļ. <u> </u>	0.		
				
9 Income modifications Gross sales less returns				
108 and allowances	 			
			 	
c Gross profit or (loss)	200.	0.	 	STATEMENT 2
12 Total. Add lines 1 through 11	690,866.	19.	 	DIATEMENT Z
13 Compensation of officers, directors, trustees, etc	0.000.		 	1
14 Other employee salaries and wages	l			
15 Pension plans, employee benefits				
				
16a Legal fees b Accounting fees	1		 	
	//	NECEND!		†
§ 17 Interest	// _©	الم	9	
TE 18 Taxes		MOVOO	72	
19 Depreciation and depletion		1 2013	ii3/	
20 Occupancy		00	1:1	
21 Travel, conferences, and meetings		2017 77	- in I	
22 Printing and publications	<u> </u>	,	, , , , , , , , , , , , , , , , , , ,	
23 Other expenses			<u> </u>	
둖 24 Total operating and administrative		•		
c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	0.	0.	 	0.
25 Contributions, girts, grants paid	688,247.			688,247.
26 Total expenses and disbursements.	600 247	0		600 247
Add lines 24 and 25	688,247.	0.	 	688,247.
27 Subtract line 26 from line 12:	2,619.		[
Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	2,019	19.	 	
c Adjusted net income (if negative, enter -0-)			N/A	
523501 11-24-15 LHA For Paperwork Reduction Act Notice, see	instructions			Form 990-PF (2015)

2015.04000 WOLFF FAMILY FOUNDATION

Form 990-PF (2015) WOLFF FAMILY FOUNDATION 20-7190926 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 28,432. 31,051 31,051. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 31,051 28,432 31,051. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) ightharpoonup |X|Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Vet Assets or Fund Balances 28,432 31,051 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 28,432. 31,051 30 Total net assets or fund balances 28,432. 31,051 31 Total liabilities and net assets/fund balances

Part III Analysis of Changes in Net Assets or Fund Balances

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	11	28,432.
2	Enter amount from Part I, line 27a	2	2,619.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	31,051.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	31,051.

Page 3

(a) List and desi	cribe the kind	d(s) of property sold (e.g. r common stock, 200 shs	, real estate,	i income	(b)	How ac - Purc - Don	quired hase ation		acquired fay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NC	NE				L					
<u>c</u>					↓					
<u>d</u>					<u> </u>					-
е	1 000				┺-,					
(e) Gross sales price		epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
<u>a</u>	↓				[
<u>b</u>	 									
<u>c</u>	 									
e	 				\dashv					
Complete only for assets show	ing dain in co	lumn (h) and owned by t	he foundation	on 12/31/69	\dashv			\ Gaine ((Col. (h) gain	minue
(i) F.M.V. as of 12/31/69	(j)	Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any				(k), but	not less thar (from col. (1 -0-) or
a	 				\dashv					
<u>b</u>	 				\dashv					
C	 				_					
d										
e						_				
2 Capital gain net income or (net c	capital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo	nss) as define	•								
If gain, also enter in Part I, line 8	i, column (c)		u (U).		}	3				
Part V Qualification l	Jnder Se	ection 4940(e) for	Reduced	Tax on Net	: ľnv	estn	nent Inc	ome		
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qui 1. Enter the appropriate amount in	ction 4942 ta alify under se	ax on the distributable ame ection 4940(e). Do not cor	mplete this pa	rt.						X Yes No
(a) Base period years		(b) Adjusted qualifying dist		Net value of no	(c)		-use assets		Distrib	(d) ution ratio ided by col. (c))
Calendar year (or tax year beginn	iing in)			1101 14110 01 110				╅—	(cor (a) aiv	ided by col. (c))
2014 2013								→		
2013			0.							.00000
2011			0.					+-		.000000
2010			0.							.000000
2 Total of line 1, column (d)								2	<u> </u>	
3 Average distribution ratio for the	5-year base	period - divide the total o	n line 2 by 5,	or by the number	of ye	ars				
the foundation has been in exist	ence if less tl	han 5 years						3		
4 Enter the net value of noncharita	ible-use asse	ets for 2015 from Part X, I	ine 5					4		
5 Multiply line 4 by line 3		·						5		
6 Enter 1% of net investment inco	ine (1½ 01 P	art 1, line 270)		-				6		<u></u>
7 Add lines 5 and 6								7		
8 Enter qualifying distributions fro If line 8 is equal to or greater that			1b, and comp	lete that part usin	a a 19	% tax ı	rate.	8	L	
See the Part VI instructions.										

Form 990-PF (2015) WOLFF FAMILY FOU				<u>71909</u>			Page 4
Part VI Excise Tax Based on Investment			4948	- see in	stru	ctio	1S)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "	N/A" on line 1.		ł			
Date of ruling or determination letter:	(attach copy of letter if necessa	ry-see instructions)	-			_	_
b Domestic foundations that meet the section 4940(e) require	ments in Part V, check here 🕒 🗀	and enter 1%	1				<u> 0 </u>
of Part I, line 27b							
c All other domestic foundations enter 2% of line 27b. Exempt	foreign organizations enter 4% of P	art I, line 12, col. (b).		İ			
2 Tax under section 511 (domestic section 4947(a)(1) trusts a	and taxable foundations only. Others	enter -0-)	2				0.
3 Add lines 1 and 2		•	3				0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts a	and taxable foundations only. Others	enter -0-)	4				0.
5 Tax based on investment income. Subtract line 4 from line	· · · · · · · · · · · · · · · · · · ·	,	5				0.
6 Credits/Payments:			<u> </u>				
a 2015 estimated tax payments and 2014 overpayment credite	ed to 2015 6	a Ì	j				
b Exempt foreign organizations - tax withheld at source	6		-				,
c Tax paid with application for extension of time to file (Form 8	<u>├</u>		-	ĺ			
d Backup withholding erroneously withheld	6			ţ			
		<u> </u>	┥,	İ			0.
7 Total credits and payments. Add lines 6a through 6d	hana		7				
8 Enter any penalty for underpayment of estimated tax. Check		_	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, ente		•	9				0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8	•	1	10				
11 Enter the amount of line 10 to be: Credited to 2016 estimate		Refunded >	- 11	<u> </u>			
Part VII-A Statements Regarding Activities							
1a During the tax year, did the foundation attempt to influence a	ıny natıonal, state, or local legislatior	or did it participate or interve	ne in	L		Yes	
any political campaign?				Ļ	1a		X
b Did it spend more than \$100 during the year (either directly of			,	L	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed de	scription of the activities and co	pies of any materials publis	hed or	1	1	1	'
distributed by the foundation in connection with the a	ctivities.			İ			
c Did the foundation file Form 1120-POL for this year?					1c		X
d Enter the amount (if any) of tax on political expenditures (see	ction 4955) imposed during the year	:					
(1) On the foundation. \blacktriangleright \$	(2) On foundation managers.	\$ 0	•				
e Enter the reimbursement (if any) paid by the foundation duri]	ļ	ļ	
managers. ► \$ 0.		•					
2 Has the foundation engaged in any activities that have not pr	eviously been reported to the IRS?			1	2	i	X
If "Yes," attach a detailed description of the activities					$\neg \uparrow$		
3 Has the foundation made any changes, not previously report	ed to the IRS, in its governing instru	ment, articles of incorporation	_ or		1	j	
bylaws, or other similar instruments? If "Yes," attach a co		,	,		3	- 1	X
4a Did the foundation have unrelated business gross income of					4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	t i, coo as more during in the		N	/A	4b		
5 Was there a liquidation, termination, dissolution, or substant	ial contraction during the year?		- `	′ F	5	-	<u>x</u>
If "Yes," attach the statement required by General Ins				<u> </u>	-		 -
6 Are the requirements of section 508(e) (relating to sections					ŀ	l	
By language in the governing instrument, or	tor i unough 1545) saushed either.			1	1	Ì	
By state legislation that effectively amends the governing is	netrument en that no mandatory dire	ections that conflict with the st	ato law	- (ļ	Į	
remain in the governing instrument?	issuament so that no manuatory une	cuons mai commet with the su	ale law		اء	x	
<u> </u>	during the year? (6 BVc - B	to Double and Colored Double		- +	7	$\frac{\Lambda}{X}$	
7 Did the foundation have at least \$5,000 in assets at any time	during the year / if "Yes," complet	e Part II, coi (c), and Part i	χ <i>ν</i>	-		^	
A 54 11 11 11 11 11 11 11 11 11 11 11 11 11		NONE		1	ł	1	
8a Enter the states to which the foundation reports or with whic	n it is registered (see instructions)	NONE				l	
				Ì		1	
b If the answer is "Yes" to line 7, has the foundation furnished a		ey General (or designate)		1	Į	_ [
of each state as required by General Instruction G? If "No				L	8b	X	
9 Is the foundation claiming status as a private operating found			alendar	}	1	}	
year 2015 or the taxable year beginning in 2015 (see instruc					9		<u> </u>
10 Did any persons become substantial contributors during the	tax year? If "Yes," attach a schedule list	ng their names and addresses	STMT		10	Х	
				Form	990	-PF(2015)

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Pa	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	it any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		İ .	l
	ection 512(b)(13)? If "Yes," attach schedule (see instructions)	11	1	х
12	lid the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	"Yes," attach statement (see instructions)	12		x
13	old the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Vebsite address ► N/A			
14	he books are in care of ▶ THE WOLFF COMPANY II, LLC Telephone no. ▶ (480) 315	-95	95
	ocated at ▶ 6710 E. CAMELBACK RD. STE 100, SCOTTSDALE, AZ ZIP+4 ▶	85251		
15	section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	\cdot
	nd enter the amount of tax-exempt interest received or accrued during the year	<u>v</u>	/A_	
16	at any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	ecurities, or other financial account in a foreign country?	16		X
	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	oreign country			Ĺ
P	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	Ouring the year did the foundation (either directly or indirectly);			
	1) Engage in the sale or exchange, or leasing of property with a disqualified person?)	1	
	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	'		
	5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	']]	
	6) Agree to pay money or property to a government official? (Exception, Check "No"	1		
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
	·	']		
	f any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations ection 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A		ŀ	-
	ection 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here	1b		
	bid the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
•	efore the first day of the tax year beginning in 2015?	1c	1.	X
,	axes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> </u>	\vdash	
_	lefined in section 4942(j)(3) or 4942(j)(5)):			
	at the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1 1	
	efore 2015?	,		
	f "Yes," list the years ▶ , , , , ,			
1	are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	ì	1 1	
	aluation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ŀ	} }	
	tatement - see instructions.) N/A	2b		
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	-		1 1	
3	old the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	į	1 1	
	uring the year?	. [
1	"Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	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	ļ		
	f 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 2015.) N/A	3b	 _	
	old the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ı	old the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		\ \
	ad not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		<u>X</u>
		Form 99 0	ノーアト((2015)

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-		0
Total number of others receiving over \$50,000 for professional services Partix A Summary of Direct Charitable Activities		
	formation auch as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	Expenses
1 N/A		
·		
2		
3		
4		
PartilX:B: Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		
Total. Add lines 1 through 3	<u> </u>	0 . Form 990-PF (2015)
		1 OHH 2 2 0 - F F (20 13)

P	Minimum Investment Return (All domestic foundations must complete the	is part Foreign foundat	tions, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<u> </u>
a	Average monthly fair market value of securities	1a	a 0
b	Average of monthly cash balances	16	
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	10	29,742
е	Reduction claimed for blockage or other factors reported on lines 1a and		X
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	29,742
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	1,412
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opin foreign organizations check here and do not complete this part.)	erating foundations and ce	ertain
1	Minimum investment return from Part X, line 6		1,412
2a			
b	Income tax for 2015. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	20	- · · · ·
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,412
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,412
įΡ	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	N. C.	
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	600 045
b	Program-related investments - total from Part IX-B	16	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	688,247
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh 4940(e) reduction of tax in those years.	ether the foundation qualif	

Part XIII Undistributed Income (see instructions)							
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015			
Distributable amount for 2015 from Part XI, line 7				1,412			
2 Undistributed income, if any, as of the end of 2015							
a Enter amount for 2014 only			0.				
b Total for prior years;							
, ,		0.					
3 Excess distributions carryover, if any, to 2015:							
a From 2010	İ						
b From 2011		1					
c From 2012							
d From 2013 72,210.							
e From 2014 9,078.							
f Total of lines 3a through e	81,288.						
4 Qualifying distributions for 2015 from				· · · · · · · · · · · · · · · · · · ·			
Part XII, line 4: ►\$ 688,247.	İ						
a Applied to 2014, but not more than line 2a			0.				
b Applied to undistributed income of prior							
years (Election required - see instructions)		0.					
c Treated as distributions out of corpus							
(Election required - see instructions)	0.						
d Applied to 2015 distributable amount				1,412			
e Remaining amount distributed out of corpus	686,835.						
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0			
6 Enter the net total of each column as indicated below:	}						
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	768,123.						
b Prior years' undistributed income. Subtract							
line 4b from line 2b	Į.	0.					
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.					
d Subtract line 6c from line 6b. Taxable							
amount - see instructions		0.					
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.				
f Undistributed income for 2015. Subtract							
lines 4d and 5 from line 1. This amount must							
be distributed in 2016				0			
7 Amounts treated as distributions out of							
corpus to satisfy requirements imposed by							
section 170(b)(1)(F) or 4942(g)(3) (Election							
may be required - see instructions)	0.						
8 Excess distributions carryover from 2010							
not applied on line 5 or line 7	0.	Ì					
9 Excess distributions carryover to 2016.							
Subtract lines 7 and 8 from line 6a	768,123.						
10 Analysis of line 9:							
a Excess from 2011							
b Excess from 2012							
c Excess from 2013 72,210.							
d Excess from 2014 9,078.			i				

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e Excess from 2015

686,835.

	AMILY FOUNI			20-71	90926 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	-	-	▶		
b Check box to indicate whether the found	lation is a private operati	ing foundation described i	n section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	}]]	
d Amounts included in line 2c not		 			
used directly for active conduct of]	1	Ì]	
exempt activities					
e Qualifying distributions made directly				1	
for active conduct of exempt activities.					
Subtract line 2d from line 2c			1	Ì	
3 Complete 3a, b, or c for the				 	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		 		 	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	<u> </u>	 	 	 	
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year	<u> </u>	ì	1		
listed					
c "Support" alternative test - enter;		4	1		
(1) Total support other than gross					
investment income (interest,			ļ	1	
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)		Į.	ļ		
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)				J	
(3) Largest amount of support from				 	
an exempt organization					
(4) Gross investment income				 	
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundation		· · · · · · · · · · · · · · · · · · ·			
a List any managers of the foundation wh		than 2% of the total cont	ributions received by the	foundation before the clos-	e of any tay
year (but only if they have contributed n			indutions received by the	Touridation perore the clos-	or any tax
NONE	, , , ,				
b List any managers of the foundation wh	o own 10% or more of t	he stock of a corporation (or an equally large ports	on of the ownership of a pa	rtnerehin or
other entity) of which the foundation ha			or an equally large portion	on or the ownership of a pa	tile ship of
NONE	· ·				
2 Information Regarding Contribut	ion Cront Ciff Loor	Cabalarahin ata D			
Check here X if the foundation of				not appear uncollected requi	oto for fundo. If
the foundation makes gifts, grants, etc.					
					
a The name, address, and telephone num	ber or e-mail address of	the person to whom apple	cations should be addres	sseo:	
b The form in which applications should b	o cubmitted and inform	ation and materials that of	ould molude:		
		and materials they si			<u>.</u>
c Any submission deadlines;					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields.	kinds of institutions, or i	other factors:	
	, , , , , , , , , , , , , , , , , , ,	,		··· · · · · · · · · · · · · · · · · ·	

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		· · · · · ·	 	
,		1		
		ļ		
COMMUNITY CANCER FUND			CAMP GOODTIMES	
621 W MALLON AVE., #605				
SPOKANE, WA 99201		<u> </u>		22,500.
AUTISM SPEAKS INC		1	AUTISM FUND	
1 EAST 33RD STREET, 4TH FLOOR				
NEW YORK, NY 10016				100.
		1		
GONZAGA PREPATORY SCHOOL		1	PREPATORY SCHOOL	
1224 EAST EUCLID AVE			SCHOLARSHIP	
SPOKANE, WA 99207		 	- 	11,000.
GONZAGA UNIVERSITY			BULLDOG AWARD	
502 E BOONE AVE.		ļ		4 647
SPOKANE, WA 99258		 	+	4,647.
2015121 INTIVIDATE				
GONZAGA UNIVERSITY 502 E BOONE AVE.			CENTER FOR ATHLETIC ACHIEVEMENT	
SPOKANE, WA 99258				500,000.
	ONTINUATION SHEE	T(S)	▶ 3a	688,247.
Approved for future payment				
NONE		1		
		Ì		
		1		
		 	 	
		i		
		Ì		
		1		
		1		
		1		
		1		
		L		
Total			▶ 3b	0.

Part XVI-A	Analysis of	Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
Enter groot united the enter the united the enter the en	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
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			14	_19.	
4 Dividends and interest from securities					
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	1		1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1 1				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01	200.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		219.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	219.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nnlichment of Ex		t Durnosos	
rait AVI-B Nelationship of Activities	to the Accom	ubusument or Ex	remp	t Puiposes	
Line No. Explain below how each activity for which inc	ome is reported in o	column (e) of Part XVI-A	contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other tha	n by <u>providing</u> fund	s for such purposes).			
· · · · · · · · · · · · · · · · · · ·					

orm 990			F FAMILY				20-7190			ge 13
Part 2	(VII	Information R Exempt Organ	•	nsfers To	and Transactions	and Relations	hips With Nonchai	itable	€	
1 Did	the orç	anization directly or ind	irectly engage in an	of the following	ng with any other organizat	ion described in sect	on 501(c) of		Yes	No
the	Code (other than section 501(d	c)(3) organizations)	or in section 52	27, relating to political orga	nizations?		}		
a Tra	nsfers t	rom the reporting found	lation to a nonchari	able exempt or	ganization of:			L		
(1)	Cash							1a(1)		X
(2)	Other	assets						18(2)		X
b Oth	er trans	sactions:								
(1)	Sales	of assets to a noncharita	able exempt organiz	ation				16(1)	-	X
		ases of assets from a no						1b(2)		X
		of facilities, equipment,	•	3				1b(3)		X
		oursement arrangements						1b(4)		X
		or loan guarantees	•					1b(5)		X
• •		mance of services or m	embership or fundra	usina solicitatio	nns			1b(6)		X
, ,		facilities, equipment, ma	•	_				10		X
	-		- ·			lwave show the fair n	narket value of the goods, o		ets.	
							or sharing arrangement, st		,	
) the value of the goods,				ide in any transaction	or snaring arrangement, si	10 W III		
(a)Line n		(b) Amount involved			e exempt organization	(d) December	of transfers, transactions, and s	horing or		
(0)2	-	(B) Alliount involved	(6) (441110	N/A	o exempt organization	(e) Description	or transfers, bansactions, and s	naing a		
			 	N/A						
			 							
	+		 			 -				
			 							
	-	·	 							
	+									
	+		-							
	4-		 							_
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	↓ _		ļ			_				
			<u> </u>							
		-	•		e or more tax-exempt organ	izations described	r	_		-
ın s	ection	501(c) of the Code (othe	er than section 501(c)(3)) or in sec	tion 527?		_	⊥ Yes	X	No
_b lf "\	es," co	mplete the following sch			_					
		(a) Name of or	ganization		(b) Type of organization		(c) Description of relationsh	ip		
		N/A				<u> </u>				
					<u> </u>	<u> </u>				
						<u></u>				
						<u>l</u>				
					ng accompanying schedules an an taxpayer) is based on all infor		haa aau kaau ladaa May	the IRS	liscuss t	his
Sign	and be		inpete Declaration of	oreparer (ourier tria	in taxpayer) is based on air into	mation of which prepare	show	n with th vn below	(see inst	er ir)?
Here					11/10/14			Yes		No
	Sign	ature of officer or truste	e		Date	Title				
		Print/Type preparer's n	ame	Preparer's s	signature	Date	Check If PTIN			
				1/2/		11/2/11	self- employed			
Paid		RYAN MCELH	HANEY, CP.	A //	//	1/9/16	P00	940	511	
Prepa	rer	Firm's name ► THE		YNATMO	II	·	Firm's EIN ► 45-24			
Use ()niy			-						
		Firm's address > 67	710 E. CA	MELBACK	RD STE 100		1			
		sc	COTTSDALE	, AZ 85	251		Phone no. 480-31	.5~9	595	

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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	WO	LFF	FAMIL	Y FOUNDA	TION				20-7190926
Organiza	ation type (check on	ne):							
Filers of	:	Sectio	on:						
Form 99	0 or 990-EZ	☐ :	501(c)() (enter number) organization				
			4947(a)(1)	nonexempt char	table trust not	treated as a	private fou	undation	
		□ 5	527 politic	al organization					
Form 99	0-PF	X :	501(c)(3) e	xempt private for	undation				
			4947(a)(1)	nonexempt char	table trust trea	ated as a priva	ate founda	ition	
		:	501(c)(3) ta	axable private fol	ındatıon				
General		(7), (8), C	or (10) orga	anization can che	CK DOXES FOR D	oth the Gene	rai Kule an	іо а Ѕресіаі Ні	lie. Sée instructions
	nly a section 501(c)(7	(7), (8), c	or (10) orga	anization can che	ck boxes for b	oth the Gene	ral Rule an	nd a Special Ru	ule. See instructions
X	=	-							g \$5,000 or more (in money or 's total contributions
Special	Rules								
	sections 509(a)(1) a	and 170 or, during	0(b)(1)(A)(vi) g the year,), that checked S total contribution	chedule A (For	m 990 or 990)-EZ), Part	II, line 13, 16a,	test of the regulations under , or 16b, and that received from nt on (i) Form 990, Part VIII, line 1h,
	•	itions of	f more than	\$1,000 exclusive	ely for religious	, charitable, s			any one contributor, during the cational purposes, or for
	year, contributions of the checked, enter he	exclusive nere the complete	vely for rele total contr any of the	gious, charitable, ributions that wer parts unless the	etc., purposes e received dur General Rule	s, but no such ing the year fo applies to thi	n contribut or an <i>exclu</i>	tions totaled m <i>isively</i> religious	any one contributor, during the nore than \$1,000. If this box s, charitable, etc , it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

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	11 <i>) F</i>	P(OUN	PAMILY	WULFF

20-7190926

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAXION CAPITAL, LP 6710 E CAMELBACK ROAD, STE.100 SCOTTSDALE, AZ 85251	\$ 22,500.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE STANDARD TRUST 6710 E CAMELBACK ROAD, STE.100 SCOTTSDALE, AZ 85251	- \$ <u>165,647.</u> -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	A COMPANY OF BROTHERS, LLP 6710 E CAMELBACK ROAD, STE.100 SCOTTSDALE, AZ 85251	s 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FRITZ H WOLFF 6710 E CAMELBACK ROAD, STE.100 SCOTTSDALE, AZ 85251	\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ALVIN J. WOLFF, JR. 6710 E CAMELBACK ROAD, STE.100 SCOTTSDALE, AZ 85251	\$\$.	Person X Payroll
(a) No.	(b) Name, <u>a</u> ddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-20	S-15	Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

FORM 990-PF INTEREST	ON SAVINO	GS AND T	EMPORARY	CASH :	INVESTMENTS	STATEMENT	
SOURCE			(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
WASHINGTON TRUST BANK			19.		19.		
TOTAL TO PART I, LINE	3		19.		19.		
FORM 990-PF		OTHER	INCOME			STATEMENT	
DESCRIPTION			(A) REVEN PER BO	-	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
OTHER INCOME				200.	0.		
TOTAL TO FORM 990-PF,	PART I, 1	LINE 11		200.	0 .		
FORM 990-PF	LIST OF S		IAL CONT		RS	STATEMENT	
NAME OF CONTRIBUTOR		AD	DRESS				
THE STANDARD TRUST			6710 E CAMELBACK RD, STE 100 SCOTTSDALE, AZ 85251				

Supplementary Information 3 . Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient GONZAGA UNIVERSITY ZAG SCHOLARSHIP FUND 502 E BOONE AVE. 50,000. SPOKANE, WA 99258 GONZAGA UNIVERSITY FUND FOR GONZAGA 502 E BOONE AVE. SPOKANE, WA 99258 50,000. GONZAGA UNIVERSITY WOLFF CCASL FUND 502 E BOONE AVE. 50,000. SPOKANE, WA 99258 Total from continuation sheets 150,000.