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Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 20 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.

rui caleli	dat year 2016 of tax year beginning		, and ending		
Name of	foundation			A Employer identification	number
WOT.	FF FAMILY FOUNDATION			20-7190926	
	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<u></u>
717	W. SPRAGUE AVE., STE 8	02		509-922-16	00
	own, state or province, country, and ZIP or foreign p			C If exemption application is p	
	KANE, WA 99201			,	
	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	s, check here
	Final return	Amended return	,		
	Address change	Name change		Foreign organizations me check here and attach call	eeting the 85% test, proputation
H Check	type of organization: X Section 501(c)(3) ex			  E=  f private foundation sta	tus was terminated
Se		Other taxable private founda	ation	under section 507(b)(1	
I Fair ma	rket value of all assets at end of year   J   Accounting	ng method: X Cash	Accrual	F If the foundation is in a	
(from F	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1	
\$	297, 249 . (Part I, colu	mn (d) must be on cash i	basis.)		
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	1,020,510.		N/A	L
2	Check In the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	33.	33.		STATEMENT 1
4	Dividends and interest from securities				<u> </u>
5a	Gross rents				
_ b	Net rental income or (loss)				
<b>⊆</b> 6a	Net gain or (loss) from sale of assets not on line 10				<u> </u>
7 P	Gross sales price for all assets on line 6a				
Revenue 2 8	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
<u>-</u>	Income modifications Gross sales less returns	ļ <u> </u>			ļ
10a	and allowances				<del>                                       </del>
	Less Cost of goods sold				
C	Gross profit or (loss)		<del></del>	<del></del>	<del> </del>
	Other income	1,020,543.	33.		
( 12	Total. Add lines 1 through 11	1,020,543.	0.		0.
€   13   14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages	<del></del>			<del> </del>
	Pension plans, employee benefits			<del> </del>	<del> </del>
(A)	Legal fees				<del>                                     </del>
SUB	Accounting-fees				
X c	Other professional fees				<del> </del>
¥ 17	Interest		<del></del>		<del> </del>
<b>\$</b>		<del>                                     </del>		<del></del>	<del>                                     </del>
19	Taxes Depreciation and depletion				<del>                                     </del>
E 20	A				
Ø 21	Travel, conferences, and meetings				
22	Printing-and-publications				
E 23	Other expenses STMT 2	35.	33.		0.
E 24	Total operating and administrative				
De l	expenses. Add lines 13 through 23	35.	33.		0.
0 25	Contributions, gifts, grants paid	754,310.			754,310.
26	Total expenses and disbursements.				
	Add lines 24 and 25	754,345.	33.		754,310.
27	Subtract line 26 from line 12:		· — ———	· <del>-</del>	
a	Excess of revenue over expenses and disbursements	266,198.			
b	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)			N/A	

FOI	m 95	U-PF (2016) WOLFF FAMILY FOUNDATION			.90926 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of year (b) Book Value	ar (c) Fair Market Value
_			(a) DOOK VAIUE	(n) DOOK ASIDE	(v) i all ivial net value
		Cash - non-interest-bearing	24 054	207 242	207 242
		Savings and temporary cash investments	31,051.	297,249.	297,249.
	3	Accounts receivable ►			
	ĺ	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			
	l	disqualified persons		}	
	7	Other notes and loans receivable		<del></del>	
	<b>'</b>	Less: allowance for doubtful accounts			
<b>ر</b> م		Inventories for sale or use			
Assets	l	<del></del>	<del></del>		
Ass	1	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
		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 >			
	ł.	·			
	16	Total assets (to be completed by all filers - see the	21 051	207 240	207 240
_		instructions. Also, see page 1, item ()	31,051.	297,249.	<u>297,249.</u>
	ı	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia P	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	_ 0.	
		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31.			:
es	24	Unrestricted	31,051.	297,249.	
ПC	25		<u> </u>	<u> </u>	
ala	1	Temporarily restricted			
<b>B</b>	26	Permanently restricted			
5	ļ	Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ą	29	Retained earnings, accumulated income, endowment, or other funds			
ě	30	Total net assets or fund balances	31,051.	297,249.	
_					
	31	Total liabilities and net assets/fund balances	31,051.	297,249.	
7			<u>-</u>	<u> </u>	
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30	)		
		st agree with end-of-year figure reported on prior year's return)		1	31,051.
		r amount from Part I, line 27a		2	266,198.
		r increases not included in line 2 (itemize)			200,150.
		lines 1, 2, and 3		3	297,249.
				4	
		eases not included in line 2 (itemize)		5	0.
6	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	imn (b), line 30	6	297,249.
					Form <b>990-PF</b> (2016)

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

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7

See the Part VI instructions.

7 Add lines 5 and 6

Form 990-PF (2016) WOLFF FAMILY FOUN Part VI   Excise Tax Based on Investment In		D(a), 4940(b), 4940(e)			190926 see instr		<u>age 4</u> 1 <b>S)</b>
1a Exempt operating foundations described in section 4940(d)(2)	, check here  and er	nter "N/A" on line 1.					
Date of ruling or determination letter:				ļ			
b Domestic foundations that meet the section 4940(e) requirement			<b>)</b>	1			0.
of Part I, line 27b							
c All other domestic foundations enter 2% of line 27b. Exempt for	oreign organizations enter 4%	of Part I, line 12, col. (b).		- }			
2 Tax under section 511 (domestic section 4947(a)(1) trusts an	d taxable foundations only. Ot	hers enter -0-)	L	2			0.
3 Add lines 1 and 2				3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts an	d taxable foundations only. O	thers enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3.	If zero or less, enter -0-			5			0.
6 Credits/Payments:			-				
a 2016 estimated tax payments and 2015 overpayment credited	to 2016	6a					
b Exempt foreign organizations - tax withheld at source		6b		- 1			
c Tax paid with application for extension of time to file (Form 88	68)	6c					
d Backup withholding erroneously withheld		6d					
7 Total credits and payments. Add lines 6a through 6d				7			0.
8 Enter any penalty for underpayment of estimated tax. Check h	ere if Form 2220 is attai	ched		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter			▶ [	9			0.
10 Overpayment If line 7 is more than the total of lines 5 and 8,				10			
11 Enter the amount of line 10 to be: Credited to 2017 estimated	•	Refund	ed 🕨	11			
Part VII-A   Statements Regarding Activities					-		
1a During the tax year, did the foundation attempt to influence an	v national, state, or local legis	lation or did it participate or in	ntervene II	 1		Yes	No
any political campaign?	,,				1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or	indirectly) for political purpos	ses (see instructions for the d	efinition)?	•	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed de		·					
distributed by the foundation in connection with the ac	•				}	1	
c Did the foundation file Form 1120-POL for this year?					10		х
d Enter the amount (if any) of tax on political expenditures (sect	ion 4955) imposed during the	vear*					
(1) On the foundation. $\blacktriangleright$ \$ O.		-	0.				
e Enter the reimbursement (if any) paid by the foundation during							
managers. ► \$ 0 .	y and your for pointour or portar	turo tax imposos on resinsua.				1	}
2 Has the foundation engaged in any activities that have not pre-	viously been reported to the IF	357			2		X
If "Yes," attach a detailed description of the activities.					-		
3 Has the foundation made any changes, not previously reported	d to the IRS, in its governing i	nstrument, articles of incorpo	ration, or		i		
bylaws, or other similar instruments? If "Yes," attach a con-	, ,	,			3	İ	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?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		N/		1	
5 Was there a liquidation, termination, dissolution, or substantia	contraction during the year?	,		,	5		X
If "Yes," attach the statement required by General Instr							
6 Are the requirements of section 508(e) (relating to sections 49		ther:					
By language in the governing instrument, or							
By state legislation that effectively amends the governing installation.	strument so that no mandator	v directions that conflict with	the state I	aw			
remain in the governing instrument?	and the second second	y an obtaine trial borning trial		٠,,	6	X	
7 Did the foundation have at least \$5,000 in assets at any time d	uring the year? If "Yes " con	nniete Part II. col. (c). and	Part XV		7	X	$\vdash$
, Bla tile leating tille at least weight in about at any tille a	uning the year 77 700, 0011	inploto r art ii, ooi. (o), ara			<u> </u>	† <del></del>	$\vdash$
8a Enter the states to which the foundation reports or with which	it is registered (see instruction	ns) NONE					
22 Enter the states to miner the foundation reports of with which					<del></del>		
b If the answer is "Yes" to line 7, has the foundation furnished a	copy of Form 990-PF to the A	ttorney General (or designate	<u> </u>		<del></del>	1	}
of each state as required by General Instruction G? If "No,			,		8b	X	
9 Is the foundation claiming status as a private operating foundation	· · · · · · · · · · · · · · · · · · ·	ction 4942(i)(3) or 4942(i)(5)	for calen	dar	50	† <b>-</b> -	T
year 2016 or the taxable year beginning in 2016 (see instruction			, .Ç. Jaioii		9		x
10 Did any persons become substantial contributors during the to		•	29		10	†	X
	, so, suddi a soliedu				Form 99	0-PF	

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X

3b

4a

Yes X No

N/A

16301031 141688 TRST-TWFF1

during the year?

b If "Yes," did it have excess business holdings in 2016 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

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

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

orm 990-PF (2016) WOLFF FAMILY FOUNDATION			<u> 20-71909</u>	<u> 26 </u>	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,			- }
any voter registration drive?	• • •	Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		s X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)	011 403011004 111 30011011		s X No		
	e or advestigant surges as a	<del></del>	3 LA 140	į	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		es X No	- 1	
the prevention of cruelty to children or animals?			ו מאובבם פּי	}	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instr	•		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check			<b>P</b>	- 1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				ì	]
expenditure responsibility for the grant?	<i>I</i> .	I/A 📖 Ye	8 L No	Į.	
If "Yes," attach the statement required by Regulations section 53 494	45-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			ļ	-
a personal benefit contract?		Ye	s X No		-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<b>1</b> (	6b	_x_
If "Yes" to 6b, file Form 8870.	•				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	☐ <b>Y</b> (	es X No	ì	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			. –	7b	
Part VIII Information About Officers, Directors, Trus		nagers Highly		· - <u>.                                     </u>	
Paid Employees, and Contractors	tooo, roundation inc	ago.o, rg	•		
1 List all officers, directors, trustees, foundation managers and their	r compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e)	xpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	and deterred	accou	int, other wances
JARED BLACK	TRUSTEE	enter -0-)	compensation	ano	wanocs
5710 E CAMELBACK RD STE 100	ILOSIEE				
	- 000		۱ ،		Λ
SCOTTSDALE, AZ 85251	0.00	0.	0.		<u> </u>
PETER WOLFF	TRUSTEE				
6710 E CAMELBACK RD STE 100					•
SCOTTSDALE, AZ 85251	0.00	0.	0.		0.
JESSE WOLFF	TRUSTEE				
6710 E CAMELBACK RD STE 100	_				
SCOTTSDALE, AZ 85251	0.00	0.	0.		<u> </u>
			_		
2 Compensation of five highest-paid employees (other than those in		enter "NONE."			
(a) 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 plans	(e)	Expense unt, other
(a) warne and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allo	wances
NONE					
	7				
	7		] [		
	T	<del>                                     </del>			
	₫				
	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		
<del></del>	┥				
<del></del>		<del> </del>			
	-				
P. 4 Lawrence of the complete	<del></del>	1	l	l	
Total number of other employees paid over \$50,000	_ <del>_</del>			000 -	0
			Form	99U-F	<b>PF</b> (2016)

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Part VIII	Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	-
Five higher	est-paid independent contractors for professional services. If none, en	ter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	IONE		
		_	
	<del></del>		
<del></del>		_	
	<del></del>		
otal number Part IX-A	of others receiving over \$50,000 for professional services  Summary of Direct Charitable Activities		<b>&gt;</b>
	*		
	ation's four largest direct charitable activities during the tax year. Include relevant sta janizations and other beneficiaries served, conferences convened, research papers p		Expenses
	I/A		
	····		
2			
	<del></del>		
3			
Part IX-B	Summary of Program-Related Investments		
	wo largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
<b>I</b>	I/A		
All other progi	ram-related investments. See instructions.		
Cotol Add In	es 1 through 3		0

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 164,150.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	164,150.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	164,150.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	160,650.
6	Minimum investment return. Enter 5% of line 5	6	8,033.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	8,033.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,033.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,033.
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	8,033.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	l i	<b>554 040</b>
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>754,310.</u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	754,310.
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	754,310.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI,				
line 7				8,033.
2 Undistributed income, if any, as of the end of 2016			_	
a Enter amount for 2015 only b Total for prior years:			0.	
b Total for prior years.	ĺ	0.		
3 Excess distributions carryover, if any, to 2016:	<del></del>			<u> </u>
a From 2011				
b From 2012				
c From 2013 72, 210.				
d From 2014 9,078.				
e From 2015 686,835.				
f Total of lines 3a through e	768,123.			
4 Qualifying distributions for 2016 from	į			
Part XII, line 4: ► \$ 754,310.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		<u> </u>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0 022
d Applied to 2016 distributable amount	746,277.			8,033.
e Remaining amount distributed out of corpus	746,277.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))			<del></del>	
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,514,400.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed  d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				_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 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	1 51 4 400			
Subtract lines 7 and 8 from line 6a	1,514,400.			
10 Analysis of line 9:				
<b>a</b> Excess from 2012 <b>b</b> Excess from 2013  72,210.				
b Excess from 2013 72,210. c Excess from 2014 9,078.				
d Excess from 2015 686,835.				
e Excess from 2016 746,277.	ļ			
		<del></del>	<del></del>	Form <b>QQ0-PF</b> (2016)

	AMILY FOUND				190926 Page 10
Part XIV Private Operating Fo			-A, question 9)	<u>N/A</u>	
1 a If the foundation has received a ruling or		,	ļ		
foundation, and the ruling is effective for			▶∟		
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0015	Prior 3 years		<u> </u>
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					1
each year listed		<u> </u>			
b 85% of line 2a			Ĺ		
c Qualifying distributions from Part XII,					
line 4 for each year listed			l		<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			ļ		
e Qualifying distributions made directly		-	T		
for active conduct of exempt activities.					
Subtract line 2d from line 2c			[		
3 Complete 3a, b, or c for the		<del></del>	<u> </u>		<del>†                                    </del>
alternative test relied upon:			j		
a "Assets" alternative test - enter: (1) Value of all assets			1		
` ′					<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			Ĭ		
<b>b</b> "Endowment" alternative test - enter			<del>                                     </del>		<del> </del>
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed			[		
c "Support" alternative test - enter:					
(1) Total support other than gross			[		
investment income (interest,					
dividends, rents, payments on			1		
securities loans (section			İ		
512(a)(5)), or royalties)		<del> </del>	<del></del>		<del></del>
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					<del>                                      </del>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	(0 )		<u> </u>	41 - 1 - 1 05 000	
Part XV Supplementary Information at any time during the			if the founda	tion nad \$5,000 or m	nore in assets
_ <del></del>	_ <del>-</del>				·
1 Information Regarding Foundation	=				
a List any managers of the foundation who year (but only if they have contributed m			ributions received b	by the foundation before the cl	ose of any tax
_ • • • • •	ore man 40,000). (See t	Section 307 (0)(2).)			
NONE	400	<del></del>			<del></del>
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large	portion of the ownership of a	partnership or
-,	a 1070 or groater intere	o			
NONE			· · · · · · · · · · · · · · · · · · ·		
2 Information Regarding Contribution					
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc. (					
	<del></del>				iù u.
a The name, address, and telephone numb	per or e-mail address of	tne person to whom appl	ications should be a	aaressea:	
h The form in which applications should be	o out mutted and referen	tion and materials the	hould reducte		
<b>b</b> The form in which applications should be	ะ รอบเทเนยน สกับ เกิเบิเM2	mon and materials they s	noulu include:		
c Any submission deadlines:			<del></del>		
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields	kınds of institution	s, or other factors:	
				<del></del>	Form <b>990-PF</b> (2016)
					1 OHH 222 1 1 (2010)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
		Ì		
MERRIMACK COLLEGE		1	UNRESTRICTED SCHOOL	
315 TURNPIKE STREET		1	FUND	750
NORTH ANDOVER MA 01845				750
CAL RIPKEN SR. FOUNDATION			SPECIAL NEEDS PLAY	
1427 CLARKVIEW ROAD, SUITE 100			GROUND	
BALTIMORE, MD 21209				10,000
GONZAGA UNIVERSITY	İ	ļ	CHAIR'S SCHOLARS	
502 E BOONE AVE.			PROFESSIONAL AND	
SPOKANE, WA 99258		}	PERSONAL DEVELOPMENT	10,000,
		1		
CONTACA INVIVEDICATIV		1	THE WOLKER CONTERN SOR	
GONZAGA UNIVERSITY 502 E BOONE AVE.			THE VOLKAR CENTER FOR ATHLETIC ACHIEVEMENT	
SPOKANE WA 99258			ATTION TO ACTUAL	351,500,
				•
NORTH IDAHO CASA			CHILDREN ASSISTANCE	
816 E SHERMAN AVENUE, STE. 6				
COEUR D ALENE ID 83814	VIII II	<u> </u>		1 000
Total SEE CO  b Approved for future payment	NTINUATION SHEE	T(S)	<b>&gt;</b> _3a	754_310
a representation latere payment				
NONE				
NONE		}		
		1		
		<del>                                     </del>	+	
		1		
	<u> </u>			
Total			<b>▶</b> 3b	o m <b>990-PF</b> (2016

WOLFF FAMILY FOUNDATION

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY			FRIENDS OF ASU ART MUSEUM FUND	
P.O. BOX 2260				
TEMPE AZ 85280				5.00
EXECUTIVE COUNCIL CHARITIES SAY, LLC			SUPPORT ARIZONA YOUTH:	
4114 E INDIAN SCHOOL ROAD	}		BENFITING AZ FRIENDS	
PHOENIX AZ 85018			OF FOSTER CHILDREN	1,80
BOYS AND GIRLS CLUB			CHILDREN ASSISTANCE	
PO BOX 5906, 18 MAPLE ST. SALISBURY, MA 01952			PROGRAM	50
SIMIODONI, M. VISOZ				
ARIZONA HUMANE SOCIETY			ANIMAL RESCUE	
1521 W. DOBBINS ROAD				
PHOENIX, AZ 85041	<u> </u>			50
VANESSA BEHAN CRISIS NURSERY			FAMILY SUPPORT	
1004 E. 8TH AVENUE				
SPOKANE, WA 99202			+	32,50
THE HEART FOUNDATION			HEART DISEASE SUPPORT	
31822 VILLAGE CENTER ROAD #208 WASTLAKE VILLAGE, CA 91361				25.00
VIDIDARD VIDEAGE, CA 91301				
ST. GEORGES SCHOOL			DEENA BARBER MEMORIAL	
2929 WEST WAIKIKI ROAD			FUND	
SPOKANE, WA 99208				12,50
SUN VALLEY CENTER FOR THE ARTS			RAISE THE PADDLE - ART	
191 FIFTH STREET			MATTERS	445.04
EAST KETCHUM, ID 83340		<del></del>		117,00
SECOND HARVEST INLAND NORTHWEST			EOOD BYNA	
SECOND HARVEST INLAND NORTHWEST			FOOD BANK	
SPOKANE, WA 99202	1			12,50
SPOKANE GUILDS SCHOOL			CHILDRENS SCHOOL	
2118 W. GARLAND AVE. SPOKANE, WA 99205				2 5
Total from continuation sheets		<del></del>	<del></del>	2,50 381.00

Part >				sfers To a	and Transactions	and Relations	hips With Noncha	ritable		<del></del>
1 Did		xempt Organ		of the followin	ig with any other organizat	unn described in sect	tion 501(c) of		/es	No
					27, relating to political orga		1011 30 1(0) 01	1 1		
		the reporting founda				.,,			- [	
	Cash							1a(1)		<u>X</u>
(2)	Other asse	ts						1a(2)		<u>X</u>
<b>b</b> Other	er transactio	ons:								
		sets to a noncharital	, ,					1b(1)		<u>X</u>
		of assets from a nor		rganization				1b(2)	_	<u>X</u>
• •		acilities, equipment,		•				1b(3)	-	<u>X</u>
, ,		ement arrangements Dan guarantees						1b(4) 1b(5)		$\frac{\mathbf{x}}{\mathbf{x}}$
		ce of services or me	mhership or fundrals	sına salıcıtatio	nns	•		1b(6)	-	X
		ities, equipment, ma		-				1c		X
						lways show the fair	market value of the goods,	other asse	ts,	
							n or sharing arrangement,			
		value of the goods,								
a) Line no	(b) A	mount involved	(c) Name of		e exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing arra	ngeme	nts ———
				N/A		<del></del>				
	+					<del></del>				
	+		<del></del>			<del></del>				
	1				<del>_</del>					
	1									_
	4			<u>-</u> -						
	+				<del></del>					
	+			<del>_</del>	<del>_</del>	<del></del>				
	+					<del></del>				
	1									
	1									
2a Isth	e foundatio	on directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organ	nizations described				
ın se	ection 501(	c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527?			Yes	X	No
<b>b</b> If "Y	es," comple	te the following sch				<del></del>				
		(a) Name of org	anization		(b) Type of organization	<u> </u>	(c) Description of relations	ship		
		N/A	<del></del>		<del> </del>	<del> </del>		_ <del></del>		
						<del> </del>		<del></del>		
						<del> </del>			_	
						<del> </del>				
					ng accompanying schedules an			ay the IRS di	scuss	this
Sign	and beffet, it	true, correct, and con	nplete Declaration of pre	eparer (other tha	n taxpayer) is based on all infor	<b>.</b>	ret	urn with the own below (	prepar	er
Here		TW.	$\overline{0}$		11/6/2017	TRU	3745	X Yes		] No
	<del></del>	of officer or trustee		<u> </u>	Date *	Title	Obook 5 DTIN			
	Kil	t/Jype preparer's na	ıme	Preparer's s	ignature	Date	Check if PTIN			
Paid	P.	VAN MODIT	אופע מיים	11/1	ny	11/4/17	self- employed	0040	11	
Prepa		YAN MCELH n's name ► THE		MPANTY	LI, LLC	<del></del>	Firm's EIN ► 45 – 2	09405 42283		
Use C		i Siluino 🚩 IIIE	WOHEE CO		, HIC			4000	. /	
	- L—	n's address ▶ 67	10 E. CAM	ELBACK	RD STE 100			<del></del>		
			OTTSDALE,				Phone no. 480-3	15-95	<u> 95</u>	

Form **990-PF** (2016)

WOLFF FAMILY FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient : THE SALVATION ARMY ADOPT A FAMILY PROGRAM 2649 E. ADAMS ST. PHOENIX AZ 85034 3,027. COEUR D'ALENE SUMMER THEATER SUMMER THEATER 4951 N. BUILDING CENTER DR. SPC 105 COEUR D ALENE ID 83815 1,000. MORNING STAR BOYS' RANCH YOUTH REHABILITATION PO BOX 8087 10,000. SPOKANE WA 99203 COMMUNITY CANCER FUND CANCER RESEARCH 621 W MALLON AVE., #605 SPOKANE WA 99201 96,000. MAKE A WISH FAMILY SUPPORT 4741 N. 24TH ST STE. 400 33,010. PHOENIX, AZ 85016 BROPHY COLLEGE PREPARATORY MATCHING DONATION TO SCHOOL 4701 N. CENTRAL AVE. PHOENIX AZ 85012 5,000. BROPHY COMMUNITY FOUNDATION MATCHING DONATION TO 4701 N. CENTRAL AVE. SCHOOL 2,173. PHOENIX AZ 85012 HOMES FOR OUR TROOPS VETERAN SUPPORT 6 MAIN STREET TAUNTON MA 02780 500. SAVE THE CHILDREN FAMILY SUPPORT 501 KINGS HIGHWAY EAST #400 2,000. FAIRFIELD CT 06825 PHOENIX CHILDRENS HOSPITAL MATCHING DONATION TO 1919 E. THOOMAS ROAD HOSPITAL PHOENIX, AZ 85016 2,000, Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient ST. JUDES RESEARCH CENTER MATCHING DONATION TO 262 DANNY THOMAS PL HOSPITAL 2,000. MEMPHIS TN 38105 ST. PATRICK CATHOLIC COMMUNITY MATCHING DONATION TO 10815 N 84TH ST SCHOOL 800. SCOTTSDALE AZ 85260 THE COLLEGE OF WILLIAM AND MARY MATCHING DONATION TO 105 JAMESTOWN ROAD SCHOOL WILLIAMSBURG, VA 23185 400. THE CHURCH OF JESUS CHRIST OF LATTER MATCHING DONATION TO DAY SAINTS RELIGIOUS ORGANIZATION 50 EAST NORTH TEMPLE ST. 7,500. SALT LAKE CITY UT 84150 THE CLARK SCHOOL MATCHING DONATION TO 14 FOREST RIDGE DR. school 750. ROWLEY MA 01969 THE UNIVERSITY OF MASSACHUSETTS MATCHING DONATION TO SCHOOL 100 WILLIAM T MORRISSEY BLVD BOSTON, MA 02125 100. THE GOVERNERS ACADEMY MATCHING DONATION TO 1 ELM ST SCHOOL BOSTON MA 01922 5,000. Total from continuation sheets

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amoun	its unless otherwise indicated.		eu Dusilless Ilicollie	(c)		(e)
1 Program service	e revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a						
				[		
		I				·
ř	<del></del>			<del> </del>	<del>                                     </del>	
· ——	ntracts from government agencies	<b>-</b>	<del> </del>	<del>                                     </del>		
				<del></del>	<del> </del>	
	es and assessments			<del> </del>		
	ngs and temporary cash	1			1	
investments		<b></b>		14	33.	
	nterest from securities	<b></b>	ļ <del>-</del>	-		
	ne or (loss) from real estate:			<u> </u>		
a Debt-finance	ed property			<u> </u>		
b Not debt-fin:	anced property			<u> </u>		
6 Net rental incon	ne or (loss) from personal					
property		L	<u></u>		<u> </u>	
7 Other investmen	nt income					
8 Gain or (loss) fr	rom sales of assets other					
than inventory		ł		}	1	
	loss) from special events				<del>                                     </del>	
	(loss) from sales of inventory	<u> </u>		├──		
11 Other revenue:	(1035) ITOTT Sales OF HIVEHOLY	<del></del>	<del> </del>	<del>  -</del>	<del> </del>	<del></del>
				l		
				├─-	<del></del>	
			<del> </del>	├	<del></del>	<del> </del>
			<del></del>	<b>├</b>	<del> </del>	
_		L		<u> </u>		
·						
e					<del></del>	
e	olumns (b), (d), and (e)		0.		33.	
e	olumns (b), (d), and (e) 12, columns (b), (d), and (e)		0.	_		
e	olumns (b), (d), and (e)		0.	<u> </u>		
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in l	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)				13 _	
e	olumns (b), (d), and (e) 12, columns (b), (d), and (e)				13 _	
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)	to the Acce	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.
e 12 Subtotal. Add c 13 Total. Add line (See worksheet in I Part XVI-B Line No. Exp	olumns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations.)  Relationship of Activities 1	to the Acco	omplishment of Ex	emp	ot Purposes	33.

Form **990-PF** (2016)

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

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization

# **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.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number

	WOLFF FAMILY FOUNDATION	20-7190926
Organization type(	check one)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> In 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	cial Rule. See instructions.
X For an orga	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t rom any one contributor. Complete Parts I and II. See instructions for determining a contr	
Special Rules		
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 ontributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the 990-EZ, line 1 Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, oution of cruelty to children or animals. Complete Parts I, II, and III	_
year, contr is checked purpose. D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received that the section section is such contributions to the section of the section is such contributions to the section of the section is such contributions that were received during the year for an exclusively reconstructed any of the parts unless the <b>General Rule</b> applies to this organization because than table, etc., contributions to taking \$5,000 or more during the year	aled more than \$1,000 If this box eligious, chantable, etc ,
but it <b>must</b> answer '	zation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or o 't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

# WOLFF FAMILY FOUNDATION

20-7190926

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.
1 4111	Our in induction at the control of t

	Contributors (See instructions). Ose duplicate copies of Part I if additional 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	\$172,510.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	A COMPANY OF BROTHERS, LLP  6710 E CAMELBACK ROAD, STE.100  SCOTTSDALE, AZ 85251	\$\$.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	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		
4	THE STANDARD TRUST  6710 E CAMELBACK ROAD, STE.100  SCOTTSDALE, AZ 85251	\$237,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	PETER WOLFF  6710 E CAMELBACK ROAD, STE.100  SCOTTSDALE, AZ 85251	\$12,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	JESSE WOLFF  6710 E CAMELBACK ROAD, STE.100  SCOTTSDALE, AZ 85251	\$12,500.	Person X Payroll		

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

## WOLFF FAMILY FOUNDATION

20-7190926

Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOSEPH PETKUNAS  6710 E CAMELBACK ROAD, STE.100  SCOTTSDALE, AZ 85251	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
WASHINGTON TRUST BANK		33.	33.	
TOTAL TO PART I, LINE 3		33.	33.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
BANK FEES	35.	3	3.	0.
TO FORM 990-PF, PG 1, LN 23	35.	3	<u> </u>	0.