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# Return of Private Foundation

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

### Treated as a Private Foundation

2010

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2010, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Name of foundation <b>THE WOLFE FAMILY CHARITABLE FOUNDATION</b>		A Employer identification number <b>34-1756997</b>
Number and street (or P O box number if mail is not delivered to street address) <b>ONE SEAGATE</b>	Room/suite <b># 1960</b>	B Telephone number <b>419-247-2880</b>
City or town, state, and ZIP code <b>TOLEDO, OH 43604-1522</b>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 6,870,858.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		473,949.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		7,790.	7,790.		STATEMENT 1
4 Dividends and interest from securities		309,459.	309,459.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		-65,671.			
b Gross sales price for all assets on line 6a		917,535.			
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		725,527.	317,249.	0.	
13 Compensation of officers, directors, trustees, etc		0.	0.	0.	0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 3		5,440.	4,353.	0.	1,088.
c Other professional fees STMT 4		1,286.	1,286.	0.	0.
17 Interest					
18 Taxes STMT 5		264.	264.	0.	0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		4,472.	4,472.	0.	0.
22 Printing and publications					
23 Other expenses STMT 6		1,350.	1,350.	0.	0.
24 Total operating and administrative expenses Add lines 13 through 23		12,812.	11,725.	0.	1,088.
25 Contributions, gifts, grants paid		505,000.			505,000.
26 Total expenses and disbursements. Add lines 24 and 25		517,812.	11,725.	0.	506,088.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		207,715.			
b Net investment income (if negative, enter -0-)			305,524.		
c Adjusted net income (if negative, enter -0-)				0.	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	280,302.	78,464.	78,464.
	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 STMT 7	248,881.	298,731.	324,215.
	b	Investments - corporate stock STMT 8	1,066,048.	886,894.	4,587,655.
	c	Investments - corporate bonds STMT 9	99,700.	136,187.	151,614.
Liabilities	11	Investments - land, buildings, and equipment basis ▶			
		Less: accumulated depreciation ▶			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	1,654,840.	1,744,211.	1,728,910.
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation ▶			
Net Assets or Fund Balances	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers)	3,349,771.	3,144,487.	6,870,858.
	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 ▶)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	3,349,771.	3,144,487.	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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			
	30	Total net assets or fund balances	3,349,771.	3,144,487.	
	31	Total liabilities and net assets/fund balances	3,349,771.	3,144,487.	

## 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)	1	3,349,771.
2	Enter amount from Part I, line 27a	2	207,715.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	3,557,486.
5	Decreases not included in line 2 (itemize) ▶ ASSETS AT FAIR MARKET VALUE	5	412,999.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,144,487.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENTS				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 917,535.		983,206.	-65,671.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e			-65,671.	
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	-65,671.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8		3	N/A	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	452,161.	4,578,051.	.098767
2008	441,924.	5,479,450.	.080651
2007	424,138.	5,226,360.	.081154
2006	349,486.	4,509,306.	.077503
2005	202,775.	3,983,189.	.050908
2 Total of line 1, column (d)			2 .388983
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .077797
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 6,329,041.
5 Multiply line 4 by line 3			5 492,380.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 3,055.
7 Add lines 5 and 6			7 495,435.
8 Enter qualifying distributions from Part XII, line 4			8 506,088.

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.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	3,055.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> 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	0.
3 Add lines 1 and 2		3	3,055.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	3,055.
6 Credits/Payments:			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a 2,480.		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c 3,500.		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	5,980.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	2,925.
11 Enter the amount of line 10 to be. Credited to 2011 estimated tax <input checked="" type="checkbox"/> 2,925. Refunded <input type="checkbox"/>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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 with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> OH		
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) of each state as required by General Instruction G? If "No," attach explanation	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

STMT 11

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► BARBARA SKIVERS Telephone no. ► 419 247 2873 Located at ► ONE SEAGATE SUITE 1960, TOLEDO, OH ZIP+4 ► 43604			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2010 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 2010.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	6,241,399.
b Average of monthly cash balances	1b	184,023.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	6,425,422.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	6,425,422.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	96,381.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,329,041.
6 Minimum investment return. Enter 5% of line 5	6	316,452.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	316,452.
2a Tax on investment income for 2010 from Part VI, line 5	2a	3,055.
b Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	3,055.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	313,397.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	313,397.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	313,397.

**Part XII** Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	506,088.
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	506,088.
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	3,055.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	503,033.

**Note** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				313,397.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007	221,291.			
d From 2008	444,772.			
e From 2009	454,625.			
f Total of lines 3a through e	1,120,688.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$	506,088.			
a Applied to 2009, 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) **	506,088.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	313,397.			313,397.
6 Enter the net total of each column as indicated below:	1,313,379.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	1,313,379.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008	352,666.			
d Excess from 2009	454,625.			
e Excess from 2010	506,088.			

\*\* SEE STATEMENT 13

Form 990-PF (2010)

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income

[illegible]

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

### 1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 14

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:**

- c Any submission deadlines:**

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
<b>SEE STATEMENT 15</b>				
<b>Total</b>			<b>► 3a</b>	<b>505,000.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>			<b>► 3b</b>	<b>0.</b>





**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2010**

Name of the organization

THE WOLFE FAMILY CHARITABLE FOUNDATION

Employer identification number

34-1756997

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

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**☐

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$**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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2010)

Name of organization	Employer identification number
THE WOLFE FAMILY CHARITABLE FOUNDATION	34-1756997

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FREDERIC D. WOLFE 11090 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408	\$ 437,462.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	CHRISTINE NICHOLS 27 WALSH LANE GREENWICH, CT 06830	\$ 36,487.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Name of organization

Employer identification number

THE WOLFE FAMILY CHARITABLE FOUNDATION

34-1756997

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	250,000 SHARES OF JP MORGAN CHASE BONDS AND 2,002 SHARES OF EXXON MOBIL CORP STOCK	\$ 437,462.	12/29/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	879 SHARES OF JP MORGAN CHASE	\$ 36,487.	12/29/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization	Employer identification number
THE WOLFE FAMILY CHARITABLE FOUNDATION	34-1756997

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) ▶ \$

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

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	GENERAL ELECTRIC		01/07/93	10/21/10
b	INTL BUSINESS MACHINES		09/26/97	10/21/10
c	WELLS FARGO AND CO NEW DEL	P	09/26/97	10/21/10
d	AMER CAP WRLD GRW & INC A	P	01/04/08	10/21/10
e	AMER CAP WRLD GRW & INC A	P	03/24/08	10/21/10
f	AMER CAP INC BLDR A	P	01/04/08	10/21/10
g	AMER CAP INC BLDR A	P	03/20/08	10/21/10
h	AMER CAP INC BLDR A	P	12/22/08	10/21/10
i	AMER CAP INC BLDR A	P	12/23/08	10/21/10
j	AMER INC FD OF AMCA A	P	01/04/08	10/21/10
k	AMER INC FD OF AMCA A	P	03/20/08	10/21/10
l	AMER CAP WRLD GRW & INC A	P	06/18/10	10/21/10
m	AMER CAP INC BLDR A	P	06/18/10	10/21/10
n	AMER INC FD OF AMCA A	P	06/18/10	10/21/10
o	PNC FINANCIAL SERVICES	P	02/19/03	10/27/10

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	40,031.		18,060.	21,971.
b	55,511.		20,565.	34,946.
c	7,763.		7,545.	218.
d	80,960.		99,988.	-19,028.
e	389.		440.	-51.
f	81,132.		99,996.	-18,864.
g	650.		743.	-93.
h	850.		692.	158.
i	50.		40.	10.
j	86,418.		99,997.	-13,579.
k	837.		910.	-73.
l	25.		22.	3.
m	8.		7.	1.
n	3.		3.	0.
o	19,696.		187,961.	-168,265.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			21,971.
b			34,946.
c			218.
d			-19,028.
e			-51.
f			-18,864.
g			-93.
h			158.
i			10.
j			-13,579.
k			-73.
l			3.
m			1.
n			0.
o			-168,265.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss), enter "-0-" in Part I, line 7 }

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

3

THE WOLFE FAMILY CHARITABLE FOUNDATION

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo, day, yr.)
1a	VANGUARD 500 INDEX FUND	P	01/01/10	10/21/10
b	VANGUARD 500 INDEX FUND	P	03/20/08	10/21/10
c	VANGUARD SMALL CAP INDEX FUND	P	01/01/10	10/21/10
d	VANGUARD SMALL CAP INDEX FUND	P	03/20/08	10/21/10
e	VANGUARD EQUITY INCOME FUND	P	01/01/10	10/21/10
f	VANGUARD EQUITY INCOME FUND	P	03/20/08	10/21/10
g	VANGUARD REIT INDEX FUND	P	01/01/01	10/21/10
h	CAPITAL GAINS DIVIDENDS			
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	30,294.		30,368.	-74.
b	99,646.		99,887.	-241.
c	20.		16.	4.
d	124,013.		94,170.	29,843.
e	33,980.		38,294.	-4,314.
f	83,323.		93,902.	-10,579.
g	132,815.		89,600.	43,215.
h	39,121.			39,121.
i				
j				
k				
l				
m				
n				
o				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-74.
b			-241.
c			4.
d			29,843.
e			-4,314.
f			-10,579.
g			43,215.
h			39,121.
i			
j			
k			
l			
m			
n			
o			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-65,671.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
MERRILL LYNCH	726.
NORTHERN INSTITUTIONAL PRIME OBLIGATIONS	189.
US TREASURY NOTES	6,875.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	7,790.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
AMERICAN CAPITAL INC. BUILDER	2,182.	0.	2,182.
AMERICAN CAPITAL WORLD GROWTH & INCOME	1,609.	0.	1,609.
AMERICAN INCOME FUND OF AMERICA	2,631.	0.	2,631.
FEDERAL HOME LOAN	7,690.	0.	7,690.
FEDERAL HOME LOAN MORTGAGE CORP	3,744.	0.	3,744.
GENERAL ELECTRIC	1,050.	0.	1,050.
HARBOR BOND FUND - INST	56,990.	39,121.	17,869.
HEALTH CARE REIT, INC	218,816.	0.	218,816.
INTL. BUS. MACHINES	740.	0.	740.
KEYCORP	800.	0.	800.
NATIONAL HEALTH NV INC	5,265.	0.	5,265.
NATIONAL RURAL UTILITIES	3,167.	0.	3,167.
PFIZER	4,013.	0.	4,013.
PNC	146.	0.	146.
TRUST CO OF TOLEDO	825.	0.	825.
VANGUARD 500 INDEX - ADM	1,839.	0.	1,839.
VANGUARD EQUITY INCOME ADM	2,402.	0.	2,402.
VANGUARD HIGH YIELD CORP - ADM	17,989.	0.	17,989.
VANGUARD LONG-TERM INVEST-GR - ADM	13,564.	0.	13,564.
VANGUARD REIT INDEX - ADM	3,053.	0.	3,053.
VANGUARD SMALL CAP - ADM	20.	0.	20.
WELLS FARGO	45.	0.	45.
TOTAL TO FM 990-PF, PART I, LN 4	348,580.	39,121.	309,459.

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WILLIAM VAUGHN COMPANY	5,440.	4,353.	0.	1,088.
TO FORM 990-PF, PG 1, LN 16B	5,440.	4,353.	0.	1,088.

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FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROKER FEES	1,286.	1,286.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	1,286.	1,286.	0.	0.

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FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE	200.	200.	0.	0.
FED RESERVE BANK	64.	64.	0.	0.
TO FORM 990-PF, PG 1, LN 18	264.	264.	0.	0.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE	1,350.	1,350.	0.	0.
TO FORM 990-PF, PG 1, LN 23	1,350.	1,350.	0.	0.

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FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	7
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY NOTES	X		99,910.	103,625.
FED HOME LOAN BANK	X		149,145.	165,955.
FED HOME LOAN MTG CORP	X		49,676.	54,635.
TOTAL U.S. GOVERNMENT OBLIGATIONS			298,731.	324,215.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			298,731.	324,215.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
HCRI STOCK	544,707.	3,804,530.
NATIONAL HEALTH INV. INC	58,209.	135,060.
WELLS FARGO & CO.	1,561.	21,693.
GENERAL ELECTRIC	0.	0.
PNC	0.	0.
IBM	0.	0.
WELLS FARGO & CO.	0.	0.
KEYCORP	101,781.	177,000.
HEALTH CARE REIT, INC.	2,389.	11,910.
JP MORGAN CHASE	62,244.	288,213.
EXXON MOBIL	116,003.	149,249.
TOTAL TO FORM 990-PF, PART II, LINE 10B	886,894.	4,587,655.

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FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NATIONAL RURAL UTILITIES CORP	49,750.	54,846.
PFIZER INC.	49,950.	59,481.
JP MORGAN CHASE	36,487.	37,287.
TOTAL TO FORM 990-PF, PART II, LINE 10C	136,187.	151,614.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTHERN INST'L PRIME OBLIGATIONS PORTFOLIO	COST	101,154.	101,167.
VANGUARD EQUITY INCOME- ADM	COST	0.	0.
VANGUARD SM CAP INDEX-ADM	COST	0.	0.
VANGUARD 500 INDEX FUND	COST	0.	0.
VANGUARD REIT INDEX FUND	COST	0.	0.
AMERICAN CAPITAL WORLD GROWTH AND INCOME FUND	COST	0.	0.
AMERICAN CAPITAL INC. BUILDER FUND	COST	0.	0.
AMERICAN CAPITAL INC. FUND OF AMERICA	COST	0.	0.
HARBOR BOND FUND - INST	COST	810,711.	779,363.
VANGUARD HIGH YIELD CORP FUND- ADM	COST	418,435.	426,589.
VANGUARD EQUITY FUNDS	COST	0.	0.
VANGUARD LONG-TERM INVEST-GR - ADM	COST	413,911.	421,791.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,744,211.	1,728,910.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 11
	PART VII-A, LINE 10	
<hr/>		
NAME OF CONTRIBUTOR	ADDRESS	
<hr/>	<hr/>	
CHRISTINE W. NICHOLS	C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	



FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
FREDERIC D. WOLFE C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	TRUSTEE 0.90	0.	0.	0.
MARY T. WOLFE C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	TRUSTEE 0.90	0.	0.	0.
ELIZABETH T. WOLFE C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	TRUSTEE 0.90	0.	0.	0.
CHRISTINE W. NICHOLS C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	TRUSTEE 0.90	0.	0.	0.
FREDERICA R. WOLFE C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	TRUSTEE 0.90	0.	0.	0.
WILLIAM A. NICHOLS C/O THE WOLFE FAMILY FOUNDATION, ONE SEAGATE TOLEDO, OH 43604	TRUSTEE 0.90	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION  
53.4942(A)-3(D)(2) TO TREAT  
EXCESS QUALIFYING DISTRIBUTIONS  
AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 13

PURSUANT TO REGULATION SECTION 53.4942(A)-3(D)(2), THE WOLFE FAMILY  
CHARITABLE FOUNDATION HEREBY ELECTS TO APPLY \$506,088 OF THE 2010  
QUALIFIED DISTRIBUTIONS TO CORPUS DISTRIBUTIONS.

FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 14

## NAME OF MANAGER

FREDERIC D. WOLFE  
CHRISTINE W. NICHOLS

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 15

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
UNITED WAY OF GREATER TOLEDO AVAILABLE UPON REQUEST	TO SUPPORT THE COLLABORATION OF VOLUNTEERS AND AREA		5,000.
TOLEDO PUBLIC SCHOOLS FOUNDATION AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT		500.
BGSU FOUNDATION AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT		150,000.
MAUMEE VALLEY COUNTRY DAY SCHOOL AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT		25,000.
THE CHURCH OF EPIPHANY AVAILABLE UPON REQUEST	TO SUPPORT RELIGIOUS PROGRAMS AND EVENTS		1,000.
DENISON UNIVERSITY AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT		2,000.

NY ACADEMY OF ART AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATION OF THE ARTS	1,000.
THE BANCROFT HOUSE AVAILABLE UPON REQUEST	TO SUPPORT THE PRESERVATION OF LOCAL HISTORY	1,000.
TOLEDO SYMPHONY ORCHESTRA AVAILABLE UPON REQUEST	TO SUSTAIN A WORKING COMMUNITY OF ARTISTS	195,000.
YALE UNIVERSITY AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	5,000.
CULVER MILITARY ACADEMY AVAILABLE UPON REQUEST	TO SUPPORT AN EDUCATIONAL SYSTEM THAT INTEGRATES CULTURE	59,000.
PERRYSBURG AREA HISTORIC MUSEUM AVAILABLE UPON REQUEST	TO SUPPORT THE PRESERVATION OF LOCAL HISTORY	1,000.
ST TIMOTHY'S EPISCOPAL CHURCH AVAILABLE UPON REQUEST	TO SUPPORT RELIGIOUS PROGRAMS AND EVENTS	6,500.
THE WALKER FUND FOR ANNUAL GIVING AVAILABLE UPON REQUEST	TO SUPPORT THE COLLABORATION OF VOLUNTEERS AND AREA	1,000.
HAZELDON AVAILABLE UPON REQUEST	TO SUPPORT ALCOHOL AND DRUG TREATMENT AWARENESS	500.
TOLEDO SCHOOL FOR THE ARTS AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	500.

USF ALUMNI GIVING AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	2,000.
THE MENAUL SCHOOL AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	5,000.
YALE UNIVERSITY/ CLASS OF 1984 AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	10,000.
GREENWICH COUNTRY DAY SCHOOL/CAPITAL FUND AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	5,000.
GREENWICH COUNTRY DAY SCHOOL/CLASS OF 2010 AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	1,000.
CHRIST CHURCH AVAILABLE UPON REQUEST	TO SUPPORT RELIGIOUS PROGRAMS AND EVENTS	2,000.
EAGLE HILL SCHOOL AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	1,000.
CAMP DUDLEY AT KINIYA AVAILABLE UPON REQUEST	TO SUPPORT THE OPPORTUNITY FOR KIDS TO EXPLORE AND WORK TOGETHER	5,000.
YALE SCHOOL OF ARCHITECTURE AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	1,000.
ALZHEIMER ASSOCIATION AVAILABLE UPON REQUEST	TO SUPPORT THE AWARENESS AND RESEARCH OF ALZHEIMER'S	100.

AMERICAN CANCER SOCIETY AVAILABLE UPON REQUEST	TO SUPPORT THE RESEARCH OF CANCER	100.
ARTSPACE LIMA AVAILABLE UPON REQUEST	TO SUPPORT THE ARTS IN CENTRAL OHIO	100.
BLACK SWAMP CONSERVANCY AVAILABLE UPON REQUEST	TO SUPPORT THE PRESERVATION OF LAND ON LAKE ERIE ISLANDS	100.
CAMP COURAGEOUS, INC AVAILABLE UPON REQUEST	TO SUPPORT OUTDOOR RECREATIONAL ACTIVITIES	100.
CARE AVAILABLE UPON REQUEST	TO HELP SUPPORT THE FIGHT AGAINST GLOBAL POVERTY	100.
CENTRAL CITY MINISTRIES AVAILABLE UPON REQUEST	TO SUPPORT RELIGIOUS PROGRAMS AND EVENTS	500.
CHERRY STREET MISSIONS MINISTRIES AVAILABLE UPON REQUEST	TO SUPPORT RELIGIOUS PROGRAMS AND EVENTS	300.
CLEVELAND CLINIC AVAILABLE UPON REQUEST	TO SUPPORT THE MEDICAL NEEDS AND RESEARCH OF INDIVIDUALS	250.
DBSA AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATION OF DEPRESSION AND BIPOLAR DISORDER	300.
EPISCOPAL DIOCESE OF OHIO AVAILABLE UPON REQUEST	TO SUPPORT RELIGIOUS PROGRAMS AND EVENTS	250.

GOODWILL INDUSTRIES OF NW OHIO AVAILABLE UPON REQUEST	TO SUPPORT THE COLLABORATION OF VOLUNTEERS AND AREA	100.
JUNIOR ACHIEVEMENT AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	200.
LEAGUE OF WOMEN VOTERS AVAILABLE UPON REQUEST	TO SUPPORT THE ACTIVE PARTICIPATION AND UNDERSTANDING OF PUBLIC POLICIES	100.
LITTLE TRAVERSE CONSERVANCY AVAILABLE UPON REQUEST	TO SUPPORT THE PRESERVATION OF LAND IN NORTHERN MICHIGAN	100.
LOST TREE VILLAGE CHARITABLE FOUNDATION AVAILABLE UPON REQUEST	TO SUPPORT THE DEDICATION TO BUILDING A STRONGER COMMUNITY	1,000.
MALTZ JUPITER THEATRE AVAILABLE UPON REQUEST	TO SUPPORT THE ARTS	100.
MASTERWORKS CHORALE AVAILABLE UPON REQUEST	TO SUSTAIN A WORKING COMMUNITY OF ARTISTS	100.
MOM'S HOUSE AVAILABLE UPON REQUEST	TO HELP SUPPORT SINGLE MOTHERS FINISH EDUCATION	100.
NORTHERN MICHIGAN HOSPITAL FOUNDATION AVAILABLE UPON REQUEST	TO SUPPORT THE THE LEGACY OF HEALTHCARE EXCELLENCE IN NORTHERN MICHIGAN	250.
OHIO HISTORICAL SOCIETY AVAILABLE UPON REQUEST	TO SUPPORT THE PRESERVATION OF LOCAL HISTORY	100.

OWENS COMMUNITY COLLEGE FOUNDATION AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	100.
PHI GAMMA DELTA AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	50.
PLANNED PARENTHOOD OF NORTHWEST OHIO AVAILABLE UPON REQUEST	TO SUPPORT SEXUAL HEALTH EDUCATION AND RESOURCES	2,000.
SAUDER VILLAGE AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATION OF LOCAL HISTORY	100.
SKILLMAN ASSOCIATES AVAILABLE UPON REQUEST	TO HELP SUPPORT THE YALE SQUASH PROGRAM	100.
SPECIAL OLYMPICS OHIO AVAILABLE UPON REQUEST	TO HELP SUPPORT THE TRAINING AND COMPETITION OF CHILDREN AND ADULTS	100.
SUSAN G KOMEN FOR THE CURE NW OHIO AVAILABLE UPON REQUEST	TO SUPPORT CANCER RESEARCH	100.
THE HERITAGE FOUNDATION AVAILABLE UPON REQUEST	TO SUPPORT RESEARCH AND EDUCATION ON CONSERVATIVE PUBLIC POLICIES	250.
THE LEARNING CLUB OF TOLEDO AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	100.
THE OHIO FOUNDATION OF INDEPENDENT COL AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	250.



THE SALVATION ARMY AVAILABLE UPON REQUEST	TO SUPPOORT THE FIGHT AGAINST POVERTY	300.
THE SIGHT CENTER OF NORTHWEST OHIO AVAILABLE UPON REQUEST	TO SUPPORT THE HOPE FOR CONTINUED INDEPENDENCE FOR THE BLIND OR VISUALLY IMP	100.
THE TOLEDO ZOO AVAILABLE UPON REQUEST	TO SUPPORT THE CONSERVATION OF ENDANGERED SPECIES	500.
TOLEDO COMMUNITY FOUNDATION, INC. AVAILABLE UPON REQUEST	TO HELP SUPPORT THE CREATING OF A BETTER COMMUNTY	200.
TOLEDO LUCAS COUNTY LIBRARY AVAILABLE UPON REQUEST	TO HELP SUPPORT THE PUBLIC IN READING AND EDUCATION NEEDS	100.
TOLEDO NORTHWESTERN OHIO FOODBANK AVAILABLE UPON REQUEST	TO HELP SUPPORT THE FIGHT AGAINST POVERTY	100.
VICTORY CENTER AVAILABLE UPON REQUEST	TO HELP SUPPORT AND EDUCATE CANCER PATIENTS AND FAMILY MEMBERS	100.
WAY PUBLIC LIBRARY FOUNDATION AVAILABLE UPON REQUEST	TO HELP SUPPORT THE PUBLIC IN READING AND EDUCATION NEEDS	100.
YALE ART MUSEUMS AVAILABLE UPON REQUEST	TO SUPPORT THE ARTS	5,000.
HARVARD BUSINESS SCHOOL AVAILABLE UPON REQUEST	TO SUPPORT THE EDUCATIONAL NEEDS OF STUDENT	5,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

505,000.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	THE WOLFE FAMILY CHARITABLE FOUNDATION	34-1756997
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE SEAGATE, NO. # 1960	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43604-1522	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BARBARA SKIVERS**

- The books are in the care of **ONE SEAGATE SUITE 1960 - TOLEDO, OH 43604**

Telephone No. **4192472873**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

**THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>3,500.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>3,500.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **MANAGING TRUSTEE**

Date