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Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0052

2014

Department of the Treasury Internal Revenue Service

▶ 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.irs.gov/form990pf.

Open to Public Inspection

For	calend	dar year 2014 or tax year be	ginning	,	2014, and			, 20	
Name of foundation					A Employer identification number				
Wolfe Foundation Number and street (or P.O. box number if mail is not delivered to street address)						42-6063935			
					Room/surte	B Telephor	e number (see instructi	ons)	
309 E. Churchst						641-754-6200			
		, state or province, country, and ZIP o	r foreign postal code			<u> </u>			
		shall town, I				C if exemp	tion application is pend	ing, cneck nere ▶ ∐	
-	Chock	all that apply: Initial retu	urn Initial return	of a former p	ublic charity				
G	Check				ublic charity	D 1. Foreig	n organizations, check	here ▶ ∐	
		☐ Final retu	··· -				n organizations meeting		
		Address					here and attach computed foundation status was		
H		type of organization: 🛛 Se					07(b)(1)(A), check here		
Щ		n 4947(a)(1) nonexempt charit							
ı		arket value of all assets at	J Accounting method	:⊠ Cash L			ndation is in a 60-mont		
		year (from Part II, col. (c),	Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ 🔲	
_		► \$ 692647	(Part I, column (d) must be	on cash basis)	<u> </u>			
P		Analysis of Revenue and Ex		(a) Revenue a	nd asset		4-3 A door-4- door	(d) Disbursements	
		amounts in columns (b), (c), and (d)	may not necessarily equal	expenses pe	, (D) NE	t investment ncome	(c) Adjusted net income	for charitable purposes	
		the amounts in column (a) (see instr	uctions) Schedule 2	books				(cash basis only)	
	1	Contributions, gifts, grants, etc., r		3750		٠, ' د '	, i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	2	Check ► ☐ If the foundation is n		7 7 7		- '	1.4	7 86 7 7	
	1	Interest on savings and temp						1 1 1 1	
	4	Dividends and interest from s		18082	1180	82		2	
	5a	Gross rents Schedule		11a96	Tia			4 7 64 7 25 8	
	b	Net rental income or (loss)				,,,,,	, = #3/ , , , , , , ,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
•	_	Net gain or (loss) from sale of	f assets not on line 10			- 		2 2 2	
OBNINGS Revenue	6a			8, "	<u> </u>	3, ", no "	1	2 9 9 9	
ē	_b	Gross sales price for all assets on		•		(هم الشهر	000	7.5 2485500.50	
ڝٛ	(Capital gain net income (from		7,0			1. O. B. C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ω T	8	Net short-term capital gain .		3 00	· + +	9 ₋			
	9	Income modifications		9		·	7 7 4	1 44.5.58	
2	10a	Gross sales less returns and allow	· · · · · · · · · · · · · · · · · · ·	4			, , , , , , , , , , , , , , ,		
	1			b' -	i	*	1	3 2 3	
Ö	C	Gross profit or (loss) (attach s	-						
	11	Other income (attach schedu		221022					
SE	12	Total. Add lines 1 through 11		33128	129	378		7 3 3	
\neg	13	Compensation of officers, dir	rectors, trustees, etc.				RECEIVE		
7 ¶ (labeles	14	Other employee salaries and	wages				/LOLIA L.		
<u>ه</u> _ح	15	Pension plans, employee ber	nefits			10		SSO	
2	16a	Legal fees (attach schedule)				lői	AUG 1 2 2015		
맺	b	Accounting fees (attach sche	edule)			<u> </u>		- S	
Ĭ,	C	Other professional fees (attac	ch schedule)				OGDEN, U		
<u>ra</u>	17	Interest	۱۱ ام ف						
<u>s: 24</u>	18	Taxes (attach schedule) (see ins	structions)	589 -				589	
AUG 1.9 2015 and Administrative:Ēģ	19	Depreciation (attach schedul						,]	
드 등	20	Occupancy							
 ₹	21	Travel, conferences, and me				•			
₹ 2	22								
	23	Printing and publications Other expenses (attach sche	heavie 4	1316	131	6		1216	
∌⊂.⊆ັ	24	Total operating and adm		<u> </u>			1	13.	
a e		Add lines 13 through 23		1			1	l	
\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	25	Contributions, gifts, grants p	aid Sched 6	4288.	,		 	6288	
် _{ဖွဲ့} ဝ	26	Total expenses and disbursem	ents. Add lines 24 and 25	8193	12	ما ا	 	8093	
<u> </u>	27	Subtract line 26 from line 12:		ال ال	113	٠.٠	 	All 1-B	
Corres Ogden Operating		Excess of revenue over exper		24935			<u>}</u>		
	a	Net investment income (if n		O. 1-100	150	062	 		
	b	•	-	<u> </u>	 	UGA	· · · · · · · · · · · · · · · · · · ·	 	
	С	Adjusted net income (if neg	auve, enter -U-)	Ļ				L	

Pa	rt II	Balance Sheets should be for end-of-year amounts only. (See instructions.)	beginning of year			of year
			(a) Book Value	(b) Book Valu		(c) Fair Market Value
	1	Cash—non-interest-bearing	33007	22852		22852
	2	Savings and temporary cash investments				
	3	Accounts receivable ►				
	_	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
	_	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				İ
	_	disqualified persons (attach schedule) (see instructions)			-	
	7	Other notes and loans receivable (attach schedule)				
	_	Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges				
4	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
	_	Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶	4000	6000		23440
	15	Other assets (describe >) Total assets (to be completed by all filers—see the	516,832	551.92	<u>a</u>	646355
	16	Total assets (to be completed by all filers—see the		F0 - 77 (,	692647
		instructions. Also, see page 1, item l)	555839	580774	-	01041,1
	17	Accounts payable and accrued expenses				
Š	18	Grants payable				
Liabilities	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)		0		
	23		0			
S		Foundations that follow SFAS 117, check here	Ì			
alances	04	Unrestricted				
<u>a</u>	24 25	Temporarily restricted				
	26	Permanently restricted				
Fund B	20	•				
₫	Ì	Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	555839	58077	4	
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	00001	200	<u>'</u>	
Se	29	Retained earnings, accumulated income, endowment, or other funds		 		
As	30	Total net assets or fund balances (see instructions)				· · · · · · · · · · · · · · · · · · ·
et	31	Total liabilities and net assets/fund balances (see				
Z	• •	instructions)	555839	58077	4	
Pa	rt III		100000	1 2 60 7 7		
		al net assets or fund balances at beginning of year—Part II, colu	ımn (a), line 30 (mu	st agree with		T
		-of-year figure reported on prior year's return)			1	555839
2		er amount from Part I, line 27a			2	24935
3		er increases not included in line 2 (itemize)			3	1 a : 1 J J
	hhA	I lines 1, 2, and 3			4	580774
_		and the short and the Property of the section A. S.			5	
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), I	ine 30	6	580774
_						Form 990-PF (2014)

Part		kınd(s) of property sold (e.g., real es		(b) How acquired (c	c) Date acquired	(d) Date sold
		e, or common stock, 200 shs MLC (I D_Durchage I '	(mo , day, yr)	(mo , day, yr)
<u>1a</u>				ļ		
b	·			 		
_ <u>c</u>			···	 		
_ <u>d</u>				 		
<u>e</u>		49 Degreester allowed	(a) Coat o	s ether book	(h) Com	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		or (loss)) minus (g)
а						
_ <u>b</u> _	-					·
_ <u>c</u>			 			
<u>d</u>						
<u>e</u>	Complete only for assets show	wing gain in column (h) and own	I ed by the foundation	on 12/31/69	/D Cours /Col	<u></u>
		(j) Adjusted basis		ss of col (i)		(h) gain minus less than -0-) or
	(i) F M.V. as of 12/31/69	as of 12/31/69		ol. (j), if any	Losses (fr	om col (h))
а						
b						
С						
d_						
e		(If ~~	in, also enter in Pa	art Lline 7		
2	Capital gain net income or		ss), enter -0- in Pa		. 1	
3	Not short-term capital gair	or (loss) as defined in section	•	<u></u>	· 	
3		I, line 8, column (c) (see inst				
			, ,	″ } a	N/A	
Part	V Qualification Und	er Section 4940(e) for Re	duced Tax on I	Net Investment In		
	on 4940(d)(2) applies, leave	e this part blank. section 4942 tax on the distri	ihutahle amount o	of any year in the has	e period?	☐ Yes ⊠ N
		qualify under section 4940(e)				
1		unt in each column for each				
Cale	(a) Base penod years ndar year (or tax year beginning ın)	(b) X \ \ - \ Adjusted qualifying distributed		(c) X - 5 of noncharitable-use asset	1 (001. (0) 0	(d) nbution ratio livided by col (c))
	2013	13755	582	<u> </u>	.023	595
	2012	484a	4777	<u> 24</u>	.010	136
	2011	15935	4070		.039	059
	2010	15609		390	.679	
	2009	17653	1 17 (<u> </u>	11634	157
2	Total of line 1, column (d)				2 . 25	56135
3		for the 5-year base period—c			ا ا د	
		lation has been in existence			3 . 0 5	51227
4	Enter the net value of none	charitable-use assets for 201	4 from Part X, line	95	4 66	3126
5 Multiply line 4 by line 3					5 33	9710
6	Enter 1% of net investmen	nt income (1% of Part I, line 2	27b)		6	281
7	Add lines 5 and 6				7 34	1251
8		ns from Part XII, line 4			8 8	193
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the bo	x in Part VI, line 1	b, and complete tha	t part using a 1	% tax rate. See t
						Form 990-PF (20

Part \		nstructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	6
	here ► and enter 1% of Part I, line-27b	
С	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-)	
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	<u>' </u>
6	Gredits/Payments:	
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a // ! · ·	
b	Exempt foreign organizations—tax withheld at source	
С	Tax paid with application for extension of time to file (Form 8868) . 6c 490	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	0
8	Enter any penalty for underpayment of estimated tax. Check here 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 7	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10	
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ► Refunded ► 11	
Part '	VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 ×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b /\//
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 2
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►	
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	8b ×
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	
	complete Part XIV	₉
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
	names and addresses	10 X
-	Fr	orm 990-PF (2014

_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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
4.4	Website address ► www. wolfeclinic.com	=	,	
14	The books are in care of ► Kevin Swartz Telephone no. ► 6417 Located at ► 309 E. Church St Marshall +0wn, IA ZIP+4 ► 501	540	62	00
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.	ه.د د د	•	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	1A	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If	·	20	
Doub	"Yes," enter the name of the foreign country	L <u>. </u>	نميم و	, ,
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.		l v	N-
1a	During the year did the foundation (either directly or indirectly):	3.	Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes (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)?	1000		المالية المالي المالية المالية
	(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.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 instructions)?	1b	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	N/A
	Organizations relying on a current notice regarding disaster assistance check here ▶□	1.5	,,,4	7
С	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 2014?	: ¾€ 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)):			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	1		-7,4
	If "Yes," list the years ▶ 20, 20, 20, 20	``]
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	ι ,	, ,	
_	all years listed, answer "No" and attach statement—see instructions.)	2b		<u></u>
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20		, J	,,,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		`.	• • • • • • • • • • • • • • • • • • • •
b	If "Yes," did it have excess business holdings in 2014 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 2014.)	3b		5.10
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		 \
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 2014?	4b		X

Part	VII-B Statements Regarding Activities	s for W	/hich Form	4720 I	Vlay Be R	equire	d (contin	nued)			
5a	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr	o influe c electi	ence legislatio	on 495	5); or to ca	irry on,	☐ Yes	⊠ No		1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										
b											
С	Organizations relying on a current notice regarding disaster assistance check here										
6a	•	funds,	directly or in	directly,	to pay pre		Yes	⊠ No		12.7	
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.			·	·		t contract	? .	6b		X
b	At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed	s or ha	ve any net inc	come at	tributable 1	to the t		1? .	7b		
Par	VIII Information About Officers, Direct and Contractors	tors, 1	rustees, F	oundat	tion Mana	agers,	Highly F	Paid E	mplo	yees,	
1	List all officers, directors, trustees, foundatio	n mana	agers and th	eir com	pensation	ı (see i	nstructio	ns).			
Rus	SSEL Watt 309 E. Churchst	hou devot	e, and average rs per week ed to position	i (lf n	npensation ot paid, ter -0-)	emplo	Contributions byee benefit erred compe	plans	(e) Exp	ense acc r allowan	count,
	vs hall town. IA 50158	14 h	our	-0	-	- 0) -		-0	· -	
m	in Graether 309 E. Churh St arshall tow, IA 50158	1/4 h	Presier our	-0	.	-0	-		ð	-	
Ja M	mes Davison 309 & Churchst arshall town, IR 50158		ltreas houe	-0	-	-0			~ O		
		<u> </u>									
	Compensation of five highest-paid employe "NONE."	es (oth 	er than tho	se inclu	uded on li					none, (enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Comper		(d) Contribution (d) Co	benefit deferred	(e) Exp	ense acc r allowan	count, ces
								_			
Total	number of other employees paid over \$50,000 .							. ▶	1		

Part VIII Information About Officers, Dire and Contractors (continued)	ectors, Trustees, Foundation	on Managers, Highly Paid En	ployees,
3 Five highest-paid independent contractors	for professional services (see i	nstructions) If none enter "NON	E"
(a) Name and address of each person paid m		(b) Type of service	(c) Compensation
(4)		(0) 1) 0 0 0 0 0 0 0 0 0	(o) componedacii
NONE			
		· <u> </u>	
Total number of others receiving over \$50,000 for p	professional services	<u> </u>	
Part IX-A Summary of Direct Charitable	Activities		
List the foundation's four largest direct charitable activities di organizations and other beneficiaries served, conferences con		istical information such as the number of	Expenses
1			
	,		
2			
3			
4			
Part IX-B Summary of Program-Related	I Investments (see instruction	ons)	<u></u>
Describe the two largest program-related investments made b			Amount
1			
,			
2			
All other program-related investments See instructions.	·		
3			
Total. Add lines 1 through 3			

Form **990-PF** (2014)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreinstructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	5	
	purposes:	منت من	1
а	Average monthly fair market value of securities	1a	625483
þ	Average of monthly cash balances	1b	24301
C	Fair market value of all other assets (see instructions)	1c	23440
d	Total (add lines 1a, b, and c)	1d	673224
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0,
3	Subtract line 2 from line 1d	3	673224
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	Instructions)	4	10698
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	663126
6	Minimum investment return. Enter 5% of line 5	6	33156
Part 1	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	ound	_
1	Minimum investment return from Part X, line 6	1	33156
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.) 2b		_ ,
C	Add lines 2a and 2b	2c	561
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32595
4	Recoveries of amounts treated as qualifying distributions	4	Ö
5	Add lines 3 and 4	5	32595
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,		2 - 2/
	line 1	7	32595
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	- 1, , ;	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	8193
(b)	Program-related investments—total from Part IX-B	1b	<u>′O</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	1	
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	8193
(5)	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		t.
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8193
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ether the foundation

Part	XIII Undistributed Income (see instructi	ons)			- rage e
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d)
1	Distributable amount for 2014 from Part XI, line 7	Corpus	rears prior to 2013	2013	2014
0					32595
(2)	Undistributed income, if any, as of the end of 2014:				
a	Enter amount for 2013 only			0	1
b	Total for prior years: 20,20,20		0	· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2014:				
a	From 2009	4			17.
b	From 2010	_			3.00
C .	From 2011	4		,	44.4
ď	From 2012 O	_		•	1,13
е	From 2013	0000		,	
f	Total of lines 3a through e	9890			1
4	Qualifying distributions for 2014 from Part XII,	1	1		
	line 4: ▶ \$ <u>8193</u>	, ,			, , , , , , , , , , , , , , , , , , , ,
a	Applied to 2013, but not more than line 2a .			0	1. 1 = 3
b	Applied to undistributed income of prior years	i	0	· .	(A)
	(Election required—see instructions)		<u> </u>	3 "	5. · · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election				1,21 20-1
	required—see instructions)		,		1
þ	Applied to 2014 distributable amount			* ef !	8193
е	Remaining amount distributed out of corpus		· } vi	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Therworks or the The
5	Excess distributions carryover applied to 2014	9890	单 位		9890
	(If an amount appears in column (d), the same	Principle of the second of the	W-	, , <u>, , , , , , , , , , , , , , , , , </u>	and the same
	amount must be shown in column (a).)		}		
6	Enter the net total of each column as	or A detroit union	3 5	in the state of	
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0		ر ق	
b	Prior years' undistributed income. Subtract	¢ (D	, 4	3, 6, 2
	line 4b from line 2b				9 July - 1
С	Enter the amount of prior years' undistributed			,	1 5 5 - 11 Can 14 - 14 - 14
	income for which a notice of deficiency has		()	*,	ي مومي
	been issued, or on which the section 4942(a)			* ,	
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable		0	, ,	4 5
	amount—see instructions				, , , , ,
е	Undistributed income for 2013. Subtract line				
	4a from line 2a. Taxable amount-see			l <i>O</i>	v i s
	instructions			-	- 1/10 - 1/10 - 1/10
f	Undistributed income for 2014. Subtract lines	4		33 3	,
	4d and 5 from line 1. This amount must be				14'512
	distributed in 2015				' '
7	Amounts treated as distributions out of corpus				2 - 1
	to satisfy requirements imposed by section		lı		, "
	170(b)(1)(F) or 4942(g)(3) (Election may be	0	ĺ		· !
	required—see instructions)				`
8	Excess distributions carryover from 2009 not			·	
	applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				· · · · · · · · · · · · · · · · · · ·
а	Excess from 2010	1]
b	Excess from 2011	1			
C	Excess from 2012	1			
ď	Excess from 2013 O	1			1
_	Excess from 2014	1			

-
Page 10

4942(j)(5) (e) Total

in assets at
he foundation
portion of the
es not accept izations under

	0-PF (2014)					Page 10
Part_					9)	
1a	If the foundation has received a ruling				NA	
	foundation, and the ruling is effective fo		_		L	(0) FT 40.405\(5\)
b	Check box to indicate whether the four		e operating tounga		ection 4942()	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	71.5515	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	<u> </u>
	each year listed					
b	85% of line 2a	 _	 	ļ	<u> </u>	<u> </u>
C	Qualifying distributions from Part XII, line 4 for each year listed		1	1	1	
А	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
е	Qualifying distributions made directly		 	 		
•	for active conduct of exempt activities.		ļ			
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			 		
•	alternative test relied upon:					
а	"Assets" alternative test—enter:					
_	(1) Value of all assets					
	(2) Value of assets qualifying under		<u> </u>	 		
	section 4942(j)(3)(B)(i)			ļ		
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed		1		Ï	
С	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section		1			
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)			<u> </u>	ļ	
	(3) Largest amount of support from					
	an exempt organization	<u> </u>		 	 	
Part	(4) Gross investment income XV Supplementary Information	n (Complete ti	his part only if t	he foundation b	1 45 000 or m	oro in cocoto et
Part	any time during the year-			ine ioundation i	iau \$5,000 or 11	iore in assets at
1	Information Regarding Foundation		113.j			
' а	List any managers of the foundation		uted more than 29	% of the total cont	ributions received	by the foundation
a	before the close of any tax year (but of					. by the roundation
	None.	•		, ,	(, , , ,	
	List any managers of the foundation	who own 10% c	or more of the sto	ck of a corporatio	n (or an equally l	arge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater int	erest.	•
	NONE					
2	Information Regarding Contribution	n, Grant, Gift, Lo	an, Scholarship, e	etc., Programs:		
	Check here ▶ ☐ if the foundation	only makes conf	tributions to prese	elected charitable	organizations and	d does not accept
	unsolicited requests for funds. If the		s gifts, grants, etc.	(see instructions)	to individuals or o	organizations under
	other conditions, complete items 2a,					
а	The name, address, and telephone no Kevin Swartz 641	ımber or e-mail a	ddress of the pers	son to whom applic	ations should be	addressed [.]
	neuri swar = oti	15 7 6 20°	11 Jan. 7	-A 50158		
	309 E. Church St	mursna	1,1,000,1	.,, 50,00		·
b	The form in which applications should name and descrip Narrative Form as	be submitted ar	nd information and	materials they sho	ould include.	
	Nava tive Form Ou	nd purpo	scoff ch	Micited	7	
	_ <u>;</u>					
С	Any submission deadlines:					
	Any restrictions or limitations on a	varde euch ac h	ov geographical s	rose charitable 6	ielde kinde of in	stitutions or other
a	•	varus, such as t	y yeographical a	ireas, chantable II	icius, Kilius OI IN	sututions, or other
	see schedule 3					
						

Part XV Supplementary Information (cont				
3 Grants and Contributions Paid During	he Year or Approv	ed for Fut	ture Payment	,
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See attached Schedule				
schedule			:	
]
				1
				1
				1
				}
Total			▶ 3a	
b Approved for future payment				
				0
			1	
	1	1	1	
Total		<u> </u>	<u> </u>	

Form 990-PF (2014)

	Analysis of income-producing Ac		siness income	Excluded by socti	on 512, 513, or 514	41
_	ross' amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
	ogram service revenue:			 		<u> </u>
a		ļ <u>-</u>		<u> </u>	. 	
b		ļ		 -		_
C		ļ		ļ	 -	
d						
e				<u> </u>		
T						
g	Fees and contracts from government agencies			<u> </u>		
	embership dues and assessments					
	terest on savings and temporary cash investments					
	vidends and interest from securities					18082
5 N	et rental income or (loss) from real estate:	, , ,	<u>, , , , , , , , , , , , , , , , , , , </u>	1 7	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
а	, , ,		<u>.</u>			
) Not debt-financed property					11296
6 N	et rental income or (loss) from personal property					
7 0	ther investment income					
8 G	ain or (loss) from sales of assets other than inventory					
9 N	et income or (loss) from special events					
10 G	ross profit or (loss) from sales of inventory					
11 0	ther revenue: a					
b						
c						
d			· · · · · · · · · · · · · · · · · · ·			
е					-	
		<u> </u>		49 7 2 4 4 4 4		
12 S	ubtotal. Add columns (b). (d). and (e)	4 1		* * * * * * * * * * * * * * * * * * * *		
	ubtotal. Add columns (b), (d), and (e)				13 //	396
13 T	otal. Add line 12, columns (b), (d), and (e)				13	296
13 T	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation	 ns.)			13	1 296
13 T	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Te See we Part	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		
13 Teles Welling Name 1	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	ot Purposes		

Part XVII		- 	Regard	ling Tran	sfers To	and Trans	action	s and Re	elationshi	ns Witt	n Noncha	ritable
4.1	,	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations									i i i i i i i i i i i i i i i i i i i	
	in sec	e organization d tion 501(c) of the zations?	lirectly or	indirectly e								Yes No
	_	sfers from the reporting foundation to a noncharitable exempt organization of:									1	
		1) Cash										1a(1) X
	(2) Ot	Other assets										1a(2)
þ	Other	er transactions:										
		les of assets to										1b(1)
		Purchases of assets from a noncharitable exempt organization										1b(2)
		ental of facilities,										1b(3)
		eimbursement ar		nts								1b(4)
		ans or loan gua										1b(5)
		erformance of se			-	-						1b(6)
		ng of facilities, e										1c /
d	If the	answer to any	of the abo	ove is "Yes	s," comple	te the follow	ving sc	hedule. C	olumn (b) s	should a	lways sho	w the fair marke
	value	or trie goods, or	mer assei	s, or servi	ces given i ement sho	by the repor	ung tou	indation, i	t the tound	ation re	ceived less	s than fair marke ervices received.
(a) Line) Amount involved				pt organization						aring arrangements
(a) Line	110. (2) Amount involved	水 /	A	iaillable exell	ipi organization		(d) Descrip	transie	15, 11411540	and sn	aring arrangements
	+		/ <u>V</u>							 -		
	-+											
					······							
	$\neg +$						 -					
												
		-	:		-							
	_											
	descr	foundation dire libed in section 5 s," complete the	601(c) of t	he Code (c	ther than s					pt organ	nizations · · · [☐ Yes 內No
		(a) Name of organ	ization		(t) Type of organ	nization			(c) Descri	otion of relation	nship
		NA										
											·	
			1 1	<u> </u>	1.0			had to a de				
Sign	correc	r penaities of perjury, i ct, and complete. Decl	oeciare that aration oj∕pre	parer (other the	an texpayer) is	ncluding accomp based on all info	mation o	nedules and s which prepai	rer has any kno	i to the bes wledge.		dge and belief, it is tru
_		Duni		11/		P-5-1		DEP)			RS discuss this return preparer shown below
Here		ature of officer or trus	etob	MA		Date	Title		<u></u>		- (see instru	ctions)? Yes No
	3137	Print/Type preparer			Preparer's		- True		Date			PTIN
Paid	/	i inio rype preparer	o name	·	Toparers	orginature.			Date	CI	heck I If	1 1114
Prep		Euro's norms			_ 				L			
Use (Only	Firm's name ►								Phone no		
								orm 990-PF (201				

Wolfe Foundation Supporting Schedule-1 Y/E 12-31-14

	Balance	Stock	Dividends	Stock	Balance	
	12/31/2013			Sale	12/31/2014	
Cash	33,007				22,852 B	
Bonds, Notes, Etc.	516,832	100,703	1,012	66,625	551,922	
Kansas Farm	6,000				6,000	
Fund Balance	555,839	100,703 . B	1,012	66,625 B	580,774	

B-Ok to Annual Summary Statement-United Bank and Trust

Wolfe Foundation Supporting Schedule-2 Y/E 12-31-14

Page 1, 5A Farm Income Farm Expense	15,306.05 (4,010.12) 11,295.93 A
Page 1, 4 Interest Dividend	3,822.34 13,783.20 17,605.54 A
Page 1, 1 Wellmark Kevin Swartz James Davidson	2,000.00 750.00 1,000.00
	3,750.00 A

A-Ok to Wolfe Foundation Financial Report

Wolfe Foundation Supporting Schedule-3 Y/E 12-31-14

Part XV, 2, (d), Page 10

All contributions and grants are restricted to tax exempt entities that provide education materials to the public concerning eye health care or provide aid and assistance to qualified individuals with impaired vision. Entities provide educational materials to physicians, surgeons and optometrists in all forms of diagnosis and treatment of cataract, glaucoma, and allied diseases.

Wolfe Foundation Supporting Schedule-4 Y/E 12-31-14

Page 1, Line 18 IRS

589.00 A

Page 1, Line 23
Times Republican Notice
Bank Fees

10.66 1,305.00 A 1,315.66

A-Ok to Wolfe Foundation Financial Report

Part X

1a-Calculated by adding long market value securities, (fixed income) for the four quarters and dividing the total by four to determine average. (Page 3, UB&T quarterly statements)

1b-Same as 1a using cash-money accounts.

Wolfe Foundation Supporting Schedule-5 Y/E 12-31-14

Part VII-A Question 10

Kevin Swartz \$750.00
309 E. Church St

Marshalltown, IA 50158

James Davison \$1,000

309 E. Church St

Marshalltown, IA 50158

Wellmark Foundation \$2,000

Box 9232

Des Moines, IA 50306 Employee Marie Quanbeck Wolfe Foundation Fed. ID #42-603935 Form 990PF 2014

Supplementary Information-Schedule 6
Part XV-(3) Grants and Contributions Paid During Year

Name of Recipient	Purpose of Gift or Grant	Relationship	Found. Status	Amount
International Marshalltown I	Health Partners Jioness			2,000.00 2,600.00
Kathleen Strot	ther Indigent Care	None		1,688.21
Total				6,288.21

Wolfe Foundation Indigent Care 2013

Indigent Patient Care

Wheaton Franciscan

Landon Flickinger 3,156.72

Wheaton Franciscan

Sarah Klurtz 1,663.64

Mary Greeley Medical Center

Kathleen Strother 1,688.21

Mary Greeley Medical Center

Debra Steele 478.35

Total Indigent Patient Care \$ 6,986.92

Affidavit of Publication

STATE OF IOWA, Marshall County, ss.

Wolfe Cataract Foundation Notice of Availability of the Annual Report

I, Diane Caloud, being first duly sworn, on oath depose and say that Marshalltown Newspaper, Inc. is a corporation for pecuniary profit organization under the law of the State of Iowa, with its principal place of business in Marshalltown, Iowa; that the "Times-Republican" is a daily newspaper of general circulation printed wholly in the English language and published by said corporation at the city of Marshalltown, in Marshall County, Iowa; that I am the corporation Accounting Manager of said and a full time employee of the said newspaper, and have personal knowledge of the facts stated herein; that the Notice hereto attached in the above entitled action was published in the regular daily edition of the said "Times-Republican" once each week for:

One

consecutive weeks on the days and dates as follows, to-wit: April 22, 2014

Statutory fees for publishing said notice are:

10.66

Sworn to before me and subscribed in my presence by the said Diane Caloud this Twenty-second Day of April, 2014

Sandra Plummer, Notary Public Marshall County, Iowa

Commission No. 766297

Commission Expires March 14, 2014

Account No. and Account Name
L51050 Wolfe Cataract Foundation



PUBLIC NOTICE

NOTICE OF AVAILABILITY OF ANNUAL REPORT
Pursuant of Section 6104(d) of the Internal Revenue Code, notice is hereby given that the annual report for the calendar year 12013 at Wolfe Cataracts Foundation, a private foundation, is available at the foundation's principle office, for inspection during regular business hours from 9am to 4pm for any citizen who requests it within 180 days after date of publication. The Foundation's principle office is located at 309 East Church Street, Marshalltown, lowa 50158

FOUNDATION
309 East Church Street
Marshalltown, Iowa 50158
(641) 754-6200

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

Form 8868 (Rev 1-2014)

Cat. No. 27916D

• If you are	filing for an Automatic 3-Month Extension,	complete	only Part I and ched	ck this box			▶ 🛭
	filing for an Additional (Not Automatic) 3-M						
	nplete Part II unless you have already been						
a corporation 8868 to receive Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personal). For more details on the electronic filing of the	nal (not aut forms liste il Benefit (omatic) 3-month ext ed in Part I or Part II Contracts, which m	ension of time. You of with the exception of ust be sent to the	can el of Foi IRS i	ectro rm 88 n paj	onically file Form 870, Information per format (see
Part I							
•	on required to file Form 990-T and reque						
,							
	rporations (including 1120-C filers), partnersh	iips, REMI	Cs, and trusts must	use Form 7004 to red	quest	an e	xtension of time
to me incon	ne tax returns.			Enter filorie identific		I	
	Name of exempt organization or other filer, see ii	estructions.		Enter filer's identifying Employer identification			
Type or				42-6063	93	5	
print	Wolfe Foundation Number, street, and room or suite no. If a P.O. be	ox, see instr	ructions.	Social security number			
File by the due date for	309 E. Church 5+ City, town or post office, state, and ZIP code. Fo			}	,	•	
filing your	City, town or post office, state, and ZIP code. Fo	r a foreign a	ddress, see instruction	s.			
return See instructions.	Marshalltown, IA 50	0158					
Enter the Re	eturn code for the return that this application i	s for (file a	separate application	n for each return) .			04
Applicatio	n	Return	Application				Return
Is For		Code	Is For				Code
Form 990 c	or Form 990-EZ	01		orm 990-T (corporation)			
Form 990-		02	Form 1041-A				08
	(individual)	03	Form 4720 (other t	han individual)			09
Form 990-I		04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
Telephone If the orga If this is fo	are in the care of ► Keuin L. So No. ► 641-754-6262cx+1 nization does not have an office or place of but r a Group Return, enter the organization's found e group, check this box ►	002 F usiness in t ir digit Gro	ax No. ► <u>641-7</u> the United States, cl up Exemption Numb	neck this box er (GEN)		- 1	▶□
	•					and	u attach
	e names and EINs of all members the extensi uest an automatic 3-month (6 months for a co			990-T) extension of t	ıme		
until for th	Augus + 15, 20 15, to file the exer ne organization's return for: calendar year 20 14 or					The	extension is
. □	tay year baginning	20	and ending				20
2 If the	tax year beginning tax year entered in line 1 is for less than 12 m	onths che	eck reason: Thitia	I return		'	20
	nange in accounting period	ioritrio, oric	con reason	riciani Ermaneta	•		
	application is for Forms 990-BL, 990-PF, 990	0-T, 4720,	or 6069, enter the te	ntative tax, less any	Γ_	Γ'	
	efundable credits. See instructions.		,	,	3a	\$	490
b If this	s application is for Forms 990-PF, 990-T,	1720, or 6	069, enter any refu	indable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.							
	nce due. Subtract line 3b from line 3a. Include			if required, by using			
	S (Electronic Federal Tax Payment System). S				3с		
Caution. If you instructions.	u are going to make an electronic funds withdrawal	(direct debi	t) with this Form 8868,	see Form 8453-EO and	Form	8879	-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 88	868 (Rev	1-2014)					Page 2
• If yo	u are f	ling for an Additional (Not Automatic) 3-	Month Exter	sion, complete only	y Part II and check th	ns box	
Note.	Only o	omplete Part II if you have already been g	ranted an aut	tomatic 3-month exte	ension on a previous!	y filed Fo	orm 8868.
• If yo		ling for an Automatic 3-Month Extension				•	
Part		Additional (Not Automatic) 3-Month	Extension	of Time. Only file t	the original (no cop	ies nee	ded).
					Enter filer's identifyir	g numbe	er, see instructions
Type print	ype or int Name of exempt organization or other filer, see instructions. Employer identification					number	(EIN) or
File by t	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number educate for				r (SSN)	· 	
filing you return S	1						
Enter t	the Re	turn code for the return that this application	on is for (file a	separate application	for each return) .		
	ication		Return	Application			Return
Is Fo	r		Code	Is For			Code
Form	990 o	Form 990-EZ	01				A TOTAL
Form	990-B	L	02	Form 1041-A			08
Form	4720	individual)	03	Form 4720 (other th	nan indıvidual)		09
Form	990-P	F	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
Telep If the If this for the list wit 4 5 6	phone e organ s is for whole th the r I requ For ca If the the State	ization does not have an office or place of a Group Return, enter the organization's figroup, check this box	Fax Notes that I have a second factor of the	the United States, chup Exemption Number of the group, check	er (GEN) this box	▶ [] a	. If this is and attach a
	nonre	application is for Forms 990-BL, 990-PF, sundable credits. See instructions.				8a \$	
	estima amour	application is for Forms 990-PF, 990-T ted tax payments made. Include any part paid previously with Form 8868.	rior year ove	rpayment allowed a		8b \$	
c		se due. Subtract line 8b from line 8a. Include onic Federal Tax Payment System). See instr		with this form, if requ	ired, by using EFTPS	8c \$	
Under p	penaltie	Signature and Verific	this form, ınclı	uding accompanying s	chedules and statemen	nts, and	to the best of my
	-	belief, it is true, correct, and complete, and that	at i am autnonz Title ▶	eu to prepare this form		te ▶	
Signature	-				Da		8868 (Rev 1-2014)
						i Jiiil	(1.64 1-2014)