See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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WOLFE FOUNDATION
309 E CHURCH ST
MARSHALLTOWN IA 50158

025780

DECLARATION

RECEIVED
OCT 31 2016
OGDEN, UT
IRS-OSC

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee — Date: 10-3-16

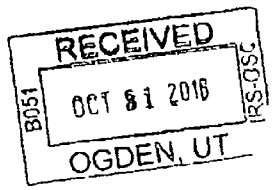
CFO
Title

04B014

Wolfe Foundation
Fac ID #47-6033835
Form 990PF 2015

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

Name of Recipient	Purpose of Gift or Grant	Relationship	Amount
Ottumwa Regional Health Care	Needy Patient Care	None	1,600 00
Unity Point Health	Needy Patient Care	None	1,500 00
Jerr Hospital	Needy Patient Care	None	3,500 00
Spencer Hospital	Support For Improved Healthcare	None	3,000 00
Iowa Lions Eye Ba	Support Corneal Tissue Program	None	2,500 00
Kids Sight	Support Vision Screening	None	3,000 00
	Pre Kindergarden		
Low Vision Meeting	Food for Low Vision Service	None	2,927 00
	Provider Council		
Total			18,127 00



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