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2018

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	cale	ndar year 2018, or tax year beginning 01-01-20	)18 , ar	nd ending 12-31-	2018	•
		undation REA AND LAWRENCE WOLFE		A Employer ıd	entification numbe	r
		OUNDATION		38-3323521		
		d street (or P O box number if mail is not delivered to street address) BIG BEAVER SUITE 750	Room/suite	<b>B</b> Telephone nu	ımber (see ınstructio	ns)
				(248) 781-0200	)	
	or towr Y, MI 4	n, state or province, country, and ZIP or foreign postal code 48084		<b>C</b> If exemption	application is pendin	g, check here
G CI	neck al	ll that apply 🔲 Initial return 🔲 Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganızatıons, check he	ere . $\square$
		☐ Final return ☐ Amended return			rganizations meeting k here and attach co	
		Address change Name change		· ·		· -
_	,				undation status was t n 507(b)(1)(A), chec	
			e private foundation			
of	year (f	ket value of all assets at end from Part II, col (c),  ▶\$ 11,747,580  J Accounting method  □ Other (specify) _ (Part I, column (d) must	Cash Accru		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	730 445			
	_	schedule)	730,415			
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	307,071	305,996		
	5a	Gross rents				
<i>a</i> .	6a	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	1,313,954			
Ę	١.	- , ,	1,313,334			
Revenue	b	Gross sales price for all assets on line 6a 4,727,085				
ã	7	Capital gain net income (from Part IV, line 2)		1,313,954		
	8	Net short-term capital gain				
	9 10a	Income modifications				
	ь	Gross sales less returns and allowances Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	2,351,440	1,619,950	1	
	13	Compensation of officers, directors, trustees, etc	0	0	1	0
	14	Other employee salaries and wages				
6S	15	Pension plans, employee benefits				
Sui	16a	Legal fees (attach schedule)				
Expenses	ь	Accounting fees (attach schedule)	<b>9</b> 6,950	3,475		3,475
ē E	С	Other professional fees (attach schedule)				
atıv	17	Interest	m.1			
and Administrative	18	Taxes (attach schedule) (see instructions)	42,192	10,556	1	0
Ξ	19	Depreciation (attach schedule) and depletion				
Act	20	Occupancy				
pu	21 22	Travel, conferences, and meetings				
е б	23	Other expenses (attach schedule)	44,086	44,086		0
Operating	24	Total operating and administrative expenses.	,500	,500		
æ		Add lines 13 through 23	93,228	58,117		3,475
Ö	25	Contributions, gifts, grants paid	601,618			601,618
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	694,846	58,117		605,093
	27	Subtract line 26 from line 12		,		
	а	Excess of revenue over expenses and	1 656 504			
	b	disbursements  Net investment income (if negative, enter -0-)	1,656,594	1,561,833		
	c	Adjusted net income (if negative, enter -0-)		1,301,033		
For	ı Paper	work Reduction Act Notice, see instructions.	I.	L Cat No 11289>	· For	m <b>990-PF</b> (2018)

7,227,258

468,010

8,538,181

8,538,181

8,538,181

8,538,181

8,648,619

10,194,775

10,194,775

10,194,775 10,194,775

2

3

4

5

6

8,538,181

1,656,594

10,194,775

10,194,775 Form 990-PF (2018)

886,238

10,272,334

11,747,580

815,328

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts ▶ Inventories for sale or use . . . . . .

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Deferred revenue .

Other liabilities (describe ▶\_

	5
	6
	7
2	8
Assets	9
As	10a
	b
	С
	11

12

13

14

15 16

17

18

19

20 21

22 23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		ase	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1aSee Additional Data Tabl	e				
b					
С					
d					
e					
	(f)	(g)		(1	h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or other basis plus expense of sale		Gain o	r (loss) ) mınus (g)
a See Addıtıonal Data Tabl	· · · · · · · · · · · · · · · · · · ·	plus expense of suic		(c) plus (i	, milas (g)
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on 12/31/69		(	I)
(i) F M V as of 12/31/69	(j)	(k) Excess of col (ı) over col (յ), ıf any		Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl		3,7,,		,	. , ,
b					
с					
d					
e					
		If gain, also enter in Part I, line 7			
•	e or (net capital loss) f gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	, , , , ,	}	3	1,313,954
			. 1		
Part V Qualification (	Under Section 4940(e) for Re	educed Tax on Net Investme	nt In	come	
If section 4940(d)(2) applies, le Was the foundation liable for th	ie section 4942 tax on the distributa	ble amount of any year in the base		_	es 🗹 No
·	ot qualify under section 4940(e) Do nount in each column for each year,	•	entries	<u> </u>	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution rati (col (b) divided by c	ol (c))
2017	259,666	9,549,678			0 027191
2016	491,546	7,079,047			0 069437
2015	431,596	6,780,068			0 063657
2014	144,314				0 028400
2013	192,912	4,063,425			0 047475
2 Total of line 1, column (	d)		2		0 236160
number of years the four	o for the 5-year base period—divide on dation has been in existence if less	than 5 years	3_		0 047232
	ncharitable-use assets for 2018 fron	•	4		12,019,325
5 Multiply line 4 by line 3	(40) (50 ) 7   07		5		567,697
	ent income (1% of Part I, line 27b)		6		15,618
			7		583,315
	ions from Part XII, line 4 , eater than line 7, check the box in Pa		8 art usin	 g a 1% tax rate Se	605,093 e the Part VI
				Fo	orm <b>990-PF</b> (2018

Page **6** 

Pa	rt VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (co	ntınue	ed)				
5a	During the	year did the foundation	pay o	r incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherv	rise attempt to influence legislation (section 4945(e))?									
				ecific public election (see section 4955), or to carry								
on, directly or indirectly, any vote				er registration drive?								
	(3) Provid	de a grant to an individual	for tr	avel, study, or other sim	ılar purposes?	F	」Yes □		No			
		de a grant to an organizat		• • • • • • • • • • • • • • • • • • • •	• •	_	<b>」Yes</b>	•	No			
		tion 4945(d)(4)(A)? See ii			· -		٦					
		de for any purpose other t				L	Yes	V	No			
	• •	tional purposes, or for the		- '	• • • • • • • • • • • • • • • • • • • •		1					
b		wer is "Yes" to 5a(1)-(5),		· ·			J Yes ed ≀n	V	No			
	•	ns section 53 4945 or in a		•						5b		
	•	ions relying on a current r					. •	_				
С	-	wer is "Yes" to question 5						Ш				
_		se it maintained expenditi			•		7	$\Box$				
		ttach the statement requi					<b>Yes</b>	Ш	No			
<b>6</b> a		undation, during the year		-		ime on						
<b>o</b> u		I benefit contract?					7					
ь	•	undation, during the year				· nefit contract?	Yes	✓	No	6b		No
		6b, file Form 8870	, pu,	premiums, ancerry or ma	irectly, on a personal be	Tierre contrace.	•	•				-110
7a		ne during the tax year, wa	c the	foundation a party to a r	rohibited tay shelter trai	saction?	7					
b	•	the foundation receive ar					」 Yes	✓	No	7b		
8		ndation subject to the sec		•			or .					
•		rachute payment during t		. , , ,			-					
							Yes					
Pa	rt VIII	Information About ( and Contractors	JITIC	ers, Directors, Trust	ees, roundation Ma	inagers, High	iy Pai	u Er	npio	yees,		
_	list all af	ficers, directors, truste	6-			Cas imatoriatio						
_1_	LISC all OI	ilcers, unectors, truste		<b>b)</b> Title, and average	(c) Compensation (If	(d) Contrib		.0	Τ	_		
	(a) Na	me and address	`	hours per week	not paid, enter	employee bene					ise acc Ilowano	
				devoted to position	-0-)	deferred com	pensat		-	tilei ui	- Towaria	
	EA WOLFE		TRUS 0 25	TEE - PRESIDENT	0			C	9			С
	WEST BIG BE , MI 48084	EAVER ROAD 750										
	ENCE A WOL	FE	TRUS	TEE - SECRETARY	0							0
2301	WEST BIG BE	EAVER ROAD 750	0 25									
	, MI 48084											
	UR A WEISS		TRUS 0 25	TEE	0			C				С
	7 FRANKLIN F HFIELD, MI		0 23									
2		ation of five highest-pa	id en	nplovees (other than t	l nose included on line 1	l .–see instructi	ons).	[f no	ne, e	nter "	NONE.	71
	•					(d) Contrib		- т				
(a) Name and address of each employee par			paıd	(b) Title, and average hours per week	(c) Compensation					(e) Expense account,		
	me	ore than \$50,000		devoted to position	(c) compensation	plans and compens		†	ot	her all	owanc	es
NON	<u> </u>					Compens	ation					
IVOIV	_											
					+	+		$\dashv$				
					1	+						
								_				
Tet	l mumahan -	f other amplement manifest	0r. ¢F	0.000				-				
1012	i number o	f other employees paid ov	ei \$5	0,000		· · · · ·			Ear	m 004	0-PF	2018

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). 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 releving and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>P</b> 0
		Form <b>990-PF</b> (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

605.093

15,618

589.475

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

88,184

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0

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Part XIII	Undis

**b** Total for prior years

a From 2013. . . . . **b** From 2014. . . . c From 2015. . . d From 2016. . . . . e From 2017. . . . .

stributed Income (see instructions)

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

- 1 Distributable amount for 2018 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. . . . . .

  - Excess distributions carryover, if any, to 2018

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

107,929



nter gros	s amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
_	m service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
		+				
	and contracts from government agencies					
Memb	ership dues and assessments					
	st on savings and temporary cash ments					
Divide	nds and interest from securities			14	307,071	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property	+				
	investment income					
ınvent	` ,			18	1,313,954	
	come or (loss) from special events			10	1,313,934	
	profit or (loss) from sales of inventory					
	revenue a					
		1				
d						
е						
e Subto	tal Add columns (b), (d), and (e).		0		1,621,025	
e 2 Subto 3 <b>Total</b>	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				1,621,025 <b>3</b>	
e 2 Subto 3 <b>Total</b> (See w	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions to verify calcu	lations )		13		
e 2 Subto 3 <b>Total</b> (See w	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w Part XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w art XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w Part XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
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e Subto Total (See w art XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w art XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w art XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w art XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w art XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w Part XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e Subto Total (See w Part XV	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations ) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	1,621,025

,	<b>-</b> 0,		
VII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	:able	

Part	XVII	Exempt Organi		ansici	13 10 0	illa ITalisaci	LIOII	s and Relation	iisiiips Witii Noi	iciiaiita	DIC		
		ganization directly or in than section 501(c)(3)	directly enga							on 501		Yes	No
	•	from the reporting foun	-	•			•	_					
(1)	) Cash.									. 1	a(1)		No
(2)	) Other	rassets								. 1	a(2)		No
<b>b</b> Other transactions													
(1) Sales of assets to a noncharitable exempt organization											b(1)		No
(2)	) Purch	nases of assets from a r	noncharitable	exempt	organiz	ation				1	b(2)		No
(3)	) Renta	al of facilities, equipmer	nt, or other as	ssets.						<u>  1</u>	b(3)		No
(4)	) Reim	bursement arrangemen	its								b(4)		No
		s or loan guarantees.					•				b(5)		No
• •	•	mance of services or m			-					· [1	b(6)		No
	-	facilities, equipment, r								· L	1c		No
		wer to any of the above ds, other assets, or ser									ue		
		nsaction or sharing arra											
	s. 1	413.4	lessi e					(1) 5					
(a) Line	e No	(b) Amount involved	(c) Name of	noncharit	able exer	mpt organization		(d) Description of	transfers, transactions,	and sharin	g arra	ngemen	ts
<b>2a</b> Is t	the four	ndation directly or indire	ectly affiliated	with, o	r related	d to, one or mo	ore ta	x-exempt organi	zations				
des	cribed	ın section 501(c) (other	r than section	501(c)	(3)) or ı	n section 527?			□Y€	es 🗸	No		
b If"	Yes," c	omplete the following s	chedule										
		(a) Name of organization	on		(b	) Type of organiz	zation		(c) Description	of relations	hip		
	Unde	er penalties of perjury,	I declare that	t I have	examin	ed this return.	ınclu	dıng accompanyı	ng schedules and st	atements	and	to the	best
	of m	ny knowledge and belief	, it is true, co										
c:~~		th preparer has any kno	wledge			I				_			
Sign		*****				2019-10-29		*****		May the return	IRS dı	scuss th	115
Here	<b>*  </b>   -							_		with the	prepa	rer show	vn
	<b>"</b>	Signature of officer or t	rustee			Date		Title		below (see inst	,		п., І
		_							r	(see inst	r )	Y Yes	□ NO
		Print/Type preparer's	name	Prepare	er's Sign	ature		Date		PTIN			
									Check if self-	Pi	00360	0690	
		BRIAN SIMMONS						2019-10-07	employed ▶ ☐				
Paid													
-	arer	THILL SHALL PAR	ER TILLY VIR	CHOW K	RAUSE	LLP				Fırm's EIN	▶39	-08599	10
use	Only		100 TOWN CE	NITED CT	TE 000				<u> </u>				-
		Firm's address ► 20	000 TOWN CE	NIEKS	IE 900				1.	Db = :	(240	\	7200
		so	OUTHFIELD, M	1I 4807	'5					Phone no	(248	) 3/2-7	/ 300
		1											

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation JP MORGAN 1001 1 JP MORGAN 1001 JP MORGAN 7005 JP MORGAN 7005 JP MORGAN 4002 JP MORGAN 4002 JP MORGAN 1007 CLARION PRIVATE INVESTORS CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 13,937 13,232 705 2,632,716 1,264,561 1,368,155 948,525 947,732 793 329,921 272,939 56,982 587,192 602,442 -15,250185,733 180,417 5,316 24,202 -4,012 28,214 1,203 1,203 3,656 3,656 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 705 1,264,561 793 56,982 -15,250 5,316 -4,012 1,203 3,656

I	Form 990PF Part XV Line 1a - 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
1	than \$5,000).

ANDREA WOLFE

LAWRENCE A WOLFE

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ADAT SHALOM SYNAGOGUE NONE PC TO SUPPORT THE JEWISH 3,240 29901 MIDDLEBELT RD COMMUNITY EARMINGTON HILLS MT 49224

FARMINGTON HILLS, MI 46334				
ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076	NONE	PC	TO SUPPORT ALZHEIMER'S RESEARCH AND PROGRAM SERVICES	10,000
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	25,000

20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076			RESEARCH AND PROGRAM SERVICES	
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	25,000
Total			▶ 3a	601,618

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
AMERICAN TECHNION SOCIETY 30230 ORCHARD LAKE RD	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	100,000

FARMINGTON HILLS, MI 48334			PURPOSE	
BBYO MICHIGAN6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	NONE	PC	M&S RUBENFIRE DONATION	1,800
BERNARD ZELL ANSHE EMET DAY SCHOOL	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	4,000

BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N BROADWAY ST CHICAGO, IL 60613	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	4,000
BBYO MICHIGAN6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	NONE	PC	M&S RUBENFIRE DONATION	1,800

WEST BLOOMFIELD, MI 48322	NONE		MAS ROBERTINE BONATION	1,000
BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N BROADWAY ST CHICAGO, IL 60613	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	4,000
Total			▶ 3a	601,618

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BIG BROTHERS BIG SISTERS OF NONE PC TO SUPPORT CHARITABLE 300 WASHTENAW COUNTY PURPOSE 11 W MICHIGAN AVE

YPSILANTI, MI 48197				
BIRTHRIGHT ISRAEL FOUNDATION 33 E 33RD STREET 7TH FLOOR NEW YORK, NY 10016	NONE	PC	TO SUPPORT THAT THE GIFT OF A 10-DAY BIRTHRIGHT ISRAEL EDUCATIONAL TRIP IS AVAILABLE TO EVERY JEWISH YOUNG ADULT	25,000

PC

TO SUPPORT CHARITABLE

▶ 3a

**PURPOSE** 

500

601,618

BRILLIANT DETROIT5675 LARKINS ST

DETROIT, MI 48210

Total .

NONE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CABARET (313) NONE PC TO SUPPORT CHARITABLE 2.500

41000 WOODWARD AVENUE BLOOMFIELD HILLS, MI 48304			PURPOSE	·
CHILD SAFE MICHIGAN 30680 MONTPELIER MADISON HEIGHTS, MI 48071	NONE	PC	TO SUPPORT SAFE FOSTER CARE SERVICES TO NEGLECTED AND ABUSED CHILDREN	10,000

CHILD SAFE MICHIGAN 30680 MONTPELIER MADISON HEIGHTS, MI 48071	NONE	PC	TO SUPPORT SAFE FOSTER CARE SERVICES TO NEGLECTED AND ABUSED CHILDREN	10,000
CONSTANCE BROWN HEARING AND SPEECH CENTER 1634 GULL RD LOWR 201 KALAMAZOO, MI 49048	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	250

MADISON HEIGHTS, MI 48071			ABUSED CHILDREN	
CONSTANCE BROWN HEARING AND SPEECH CENTER 1634 GULL RD LOWR 201 KALAMAZOO, MI 49048	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	250
Total			▶ 3a	601,618

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

DETROIT JEWISH NEWS FOUNDATION 29200 NORTHWESTERN HWY STE 110 SOUTHFIELD, MI 48034	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	2,500
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE RD	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	5,200

DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE RD ROYAL OAK, MI 48067	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	

8450 W 10 MILE RD ROYAL OAK, MI 48067			PURPOSE	
DIA5200 WOODWARD AVE	NONE	PC	TO SUPPORT CHARITABLE	500

ROYAL OAK, MI 48067				
DIA5200 WOODWARD AVE	NONE	PC	TO SUPPORT CHARITABLE	50

DIA5200 WOODWARD AVE DETROIT, MI 48202	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	500

D1/10200 1100D11/110 /112	110112		10 0011 0111 0111112171022	
DETROIT, MI 48202			PURPOSE	
-		•	-	

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRANKEL JEWISH ACADEMY NONE PC TO SUPPORT CHARITABLE 5.000 6600 W MAPLE RD PURPOSE

WEST BLOOMFIELD, MI 48322				
FRIENDS OF MAGEN DAVID ADOM 23470 RIVERVIEW DR SOUTHFIELD, MI 48034	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,800
FRIENDS OF THE ISRAEL DEFENSE FORCES 1430 BROADWAY NEW YORK, NY 10018	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	3,600

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GARY BURNSTEIN COMMUNITY HEALTH NONE PC TO SUPPORT MEDICAL CARE TO 1,800 CLINIC LOW INCOME COMMUNITIES

2700 STEWART PARKWAY ROSEBURG, OR 97471				
GIRLS GROUP2531 JACKSON AVE 188 ANN ARBOR, MI 48103	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	500
GREATER PHOENIX JEWISH FILM FESTIVAL 6501 EAST GREENWAY PARKWAY SUITE 103 SCOTTSDALE, AZ 85254	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,000

Total .

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HADASSAH5030 ORCHARD LAKE ROAD NONE PC TO SUPPORT THE COMMUNITY 2.800 WEST BLOOMFIELD, MI 48323

HILLEL DAY SCHOOL 32200 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	2,500
HILLEL OF METRO DETROIT 5221 GULLEN MALL DETROIT, MI 48202	NONE	PC	TO SUPPORT THE JEWISH COLLEGE STUDENT COMMUNITY	30,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HOLOCAUST MEMORIAL CENTER	NONE	PC	TO SUPPORT THE HOLOCAUST	6,000

FARMINGTON HILLS, MI 48334				
HOSPICE OF MICHIGAN 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	

Total .

HOSPICE OF MICHIGAN 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	50
JERUSALEM UNIVERSITY COLLEGE 1185 WESLEY AVE	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	50,000

ANN ARBOR, MI 48103			1010 032	
JERUSALEM UNIVERSITY COLLEGE 1185 WESLEY AVE XENIA, OH 45385	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	50,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH COMMUNITY CENTER NONE PC TO SUPPORT CHARITABLE 25,000 15110 W TEN MILE RD **PURPOSE** OAK PARK, MI 48237

JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	NONE	PC	TO SUPPORT THE JEWISH COMMUNITY	500
JEWISH FAMILY SERVICE OF METRO DETROIT 6555 W MAPLE RD BLOOMEIELD HILLS MI 48322	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	10,360

Total .

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FEDERATION NONE PC TO SUPPORT THE JEWISH 165,000 6735 TELEGRAPH ROAD COMMUNITY AND BLOOMFIELD HILLS, MI 48301 PHILANTHROPY

JEWISH SENIOR LIFE OF METROPOLITAN DETROIT 15000 W TEN MILE RD OAK PARK, MI 48237	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,500
JEWISH WOMEN'S FOUNDATION 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,000

OAK PARK, MI 48237				
JEWISH WOMEN'S FOUNDATION 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,000
Total			▶ 3a	601,618

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

David down - the conserva-

Total .

a Paid during the year				
KADIMA15999 TWELVE MILE RD SOUTHFIELD, MI 48075	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	2,000
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH SUITE 348 BINGHAM FARMS, MI 48025	NONE	PC	TO SUPPORT YOUNG ADULTS IN THE LOCAL COMMUNITY	1,000

30100 TELEGRAPH SUITE 348 BINGHAM FARMS, MI 48025	NONE	۲	THE LOCAL COMMUNITY	1,000
ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	NONE	PC	TO SUPPORT THE ADVANCEMENT OF JEWISH AND OTHER PEOPLE THROUGH TRAINING AND EDUCATION	6,000

BINGHAM FARMS, MI 48025				
ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	NONE	PC	TO SUPPORT THE ADVANCEMENT OF JEWISH AND OTHER PEOPLE THROUGH TRAINING AND EDUCATION	6,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
SISTERHOOD-ADAT SHALOM 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	118

recipient

TAKMINGTON MILLS, MI 40354				
SKY FOUNDATION 33 BLOOMFIELD HILLS PKWY 275 BLOOMFIELD HILLS, MI 48304	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	500

33 BLOOMFIELD HILLS PKWY 275 BLOOMFIELD HILLS, MI 48304	NONE	PC	PURPOSE	500
TAMARACK CAMPS 6735 TELEGRAPH RD SUITE 380 BLOOMFIELD HILLS, MI 48301	NONE	PC	TO SUPPORT YOUTH PROGRAMS	7,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TEMPLE BETH SHALOM NONE l PC TO SUPPORT CHARITABLE 50

40 WELLINGTON DRIVE PALM COAST, FL 32164			PURPOSE	
UNIVERSITY OF MICHIGAN - STEM CELL 3003 S STATE STREET 8000 ANN ARBOR, MI 48109	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	25,000
UNIVERSITY OF MICHIGAN HEALTH SYSTEM - FOOD ALLERGY CENTER 1500 E MEDICAL CENTER DR ANN ARBOR, MI 48109	NONE	PC	TO SUPPORT UNIVERSITY OF MICHIGAN FOOD ALLERGY CENTER	10,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF MICHIGAN HILLEL NONE PC TO SUPPORT CHARITABLE 1,800 1429 HILL ST PLIRPOSE

ANN ARBOR, MI 48104				
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE WASHINGTON, DC 20024	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	25,450

PC

V HECHZAKTA BOPO BOX 310737

DETROIT, MI 48231

NONE

TO SUPPORT CHARITABLE

▶ 3a

PURPOSE

1,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VARIETY - THE CHILDREN'S CHARITY NONE PC 1,000 TO SUPPORT KID'S IN THE

BIRMINGHAM, MI 48009			LOCAL COMMUNITY	
WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48202	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	700

42 W WARREN AVE DETROIT, MI 48202			PURPOSE	
YAD EZRA2850 11 MILE RD BERKLEY, MI 48072	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	3,000

Total . .

601,618

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
YESHIVA BETH YEHUDA 15751 LINCOLN DR SOUTHFIELD, MI 48076	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	15,000

SOUTHFIELD, MI 48076				
YESHIVAS DARCHEI TORAH 21550 W 12 MILE ROAD SOUTHFIELD, MI 48076	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,800

YESHIVAS DARCHEI TORAH 21550 W 12 MILE ROAD SOUTHFIELD, MI 48076	NONE	PC	TO SUPPORT CHARITABLE PURPOSE	1,800
Total			▶ 3a	601,618

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DI	N: 93491304004229		
TY 2018 Accounting Fe	TY 2018 Accounting Fees Schedule						
	Name:	THE ANDREA	AND LAWRENCE	CE WOLFE			
	FAMILY FOUNDATION						
<b>EIN:</b> 38-3323521							
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

3,475

3,475

ACCOUNTING FEES

erile GRAPHIC Print - DO NOT PROCESS	AS FIIEU Data -	DLN: 93491304004229
TY 2018 Investments Corpora	ate Bonds Schedule	
Name:	THE ANDREA AND LAWRENCE W	VOLFE
	FAMILY FOUNDATION	
EIN:	38-3323521	
Investments Corporate Bonds Schedule	<b>!</b>	

**End of Year Book** 

Value

886,238

DI Nº 03/0130/00/13/0

**End of Year Fair** 

**Market Value** 

815,328

ofile CRAPHIC print - DO NOT PROCESS As Filed Data -

Name of Bond

**INVESTMENTS** 

enie dkarnie print - Do Nor PROCESS	As Theu Data -	DLN. 93491304004229							
TY 2018 Investments Corporate Stock Schedule									
Name:	THE ANDREA AND LA	AWRENCE WOLFE							

DI Nº 03/0130/00/1330

10,272,334

8,648,619

efile GPAPHIC print - DO NOT PPOCESS | As Filed Data -

INVESTMENTS IN EQUITY

Investments Corporation Stock Schedule

Name of Stock

End of Year Book Value

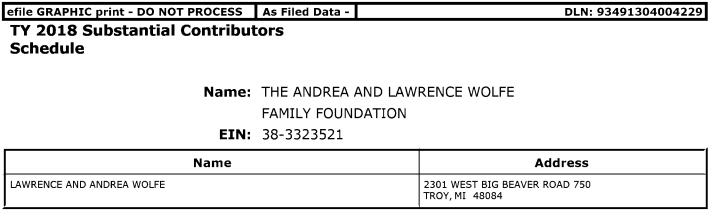
Market Value

FAMILY FOUNDATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491304004229		
TY 2018 Other Expenses Schedule						
Name:	THE ANDREA A	ND LAWRENCE W	OLFE			
	FAMILY FOUND	ATION				
EIN:	38-3323521					
Other Expenses Schedule				·		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
MANAGEMENT FEES	42,181	42,181		0		
STATE OF MICHIGAN FEES	20	20		0		

1,885

PORTFOLIO EXPENSE



efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	-	DLI	N: 93491304004229	
TY 2018 Taxes Schedule						
	Name:	THE ANDREA	A AND LAWRENCE	WOLFE		
FAMILY FOUNDATION						
	<b>EIN:</b> 38-3323521					
Category	А	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL TAXES		31,636	0		0	
FOREIGN TAXES		10,556	10,556		0	

efile GRAPHIC print - DO	NOT PROCESS A	s Filed Data -			[	DLN: 93491304004229
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<b>▶</b> G		Form 990, 990-EZ, or 990- v <u>/Form990</u> for the latest <b>I</b> I			2018
Name of the organizatio					Employer ide	entification number
FAMILY FOUNDATION	L				38-3323521	
Organization type (chec	k one)					
Filers of:	Section:					
Form 990 or 990-EZ						
	☐ 4947(a)(1) no	onexempt char	table trust <b>not</b> treated as	s a private foundat	ion	
	☐ 527 political o	organization				
Form 990-PF	<b>✓</b> 501(c)(3) exe	empt private fou	indation			
	table trust treated as a p	orivate foundation				
☐ 501(c)(3) taxable private foundation						
			F that received, during to complete Parts I and II Se			
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b)(1)(	A)(vı), that chec g the year, tota	Form 990 or 990-EZ thanked Schedule A (Form 9 I contributions of the grellete Parts I and II	990 or 990-EZ), Pa	art II, line 13, 1	16a, or 16b, and that
during the year, to	otal contributions of mo	ore than \$1,000	or (10) filing Form 990 o <i>exclusively</i> for religious. animals Complete Parts	, charitable, scient		
during the year, c If this box is chec purpose Don't co	ontributions <i>exclusivel</i> ked, enter here the tota mplete any of the parts	y for religious, c al contributions s unless the <b>Ge</b>	or (10) filing Form 990 o haritable, etc , purposes that were received durin neral Rule applies to th or more during the year .	s, but no such cont ng the year for an $\epsilon$ ns organization bed	ributions totale exclusively relication	ed more than \$1,000 igious, charitable, etc , red nonexclusively
Caution. An organization 990-EZ, or 990-PF), but i Form 990-EZ or on its Fo 990-EZ, or 990-PF)	t <b>must</b> answer "No" on	Part IV, line 2,	of its Form 990, or ched	k the box on line h	d of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990		ions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organiz THE ANDREA AND FAMILY FOUNDATE	LAWRENCE WOLFE	Employer identification 38-3323521	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAWRENCE AND ANDREA WOLFE 2301 W BIG BEAVER ROAD SUITE 750  TROY, MI 480843300	\$ 492,525	Person  Payroll  Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LAWRENCE AND ANDREA WOLFE 2301 W BIG BEAVER ROAD SUITE 750  TROY, MI 480843300	\$ 993,545	(Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Forr	m 990, 990-EZ, or 990-PF) (2018)		Page 3
Name of organiz	zation D LAWRENCE WOLFE	Employer ident	ification number
FAMILY FOUNDAT		38-3?	323521
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	MULTIPLE LOTS OF PUBLICLY TRADED SECURITIES	\$ 492 525	2018-05-29
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	MULTIPLE LOTS OF PUBLICLY TRADED SECURITIES	\$ 993 545	2018-10-12
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>
Name of organizat THE ANDREA AND LA FAMILY FOUNDATIO	AWRENCE WOLFE		Employer identification number 38-3323521
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
		<del></del>	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)