Form **990-PF**Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

➤ Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0047 2019

For	calen	dar year 2019 or tax year beginning		, and ending		
Na	me of	foundation			A Employer identification	number
<u>"</u>	ΉE	SOAVE FAMILY CHARITABL	E FOUNDATION		46-4168386	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		0 E. LAFAYETTE			313-567-70	00
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		ROIT, MI <u>48207</u>				
G (Check	all that apply: Initial return	\equiv	ormer public charity	D 1 Foreign organizations	s, check here
		Final return	Amended return		2 Foreign organizations me check here and attach co	eeting the 85% test,
	No all	Address change	Name change		1	
, H <u>r</u>	_	type of organization. X Section 501(c)(3) ex ction 4947(a)(1) nonexempt charitable trust	empt private foundation Other taxable private founda	04	E If private foundation sta under section 507(b)(1)	
/ <u>-</u> -		irket value of all assets at end of year J Accounting		X Accrual	7	•
ı		· —	her (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
-	\$	2 . 933 . (Part I, colum	nn (d), must be on cash bas	ıs.)	ando: 555tion 557(5)(1	/(S/) silicon illore F
_	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	,			
	4	Dividends and interest from securities				
5	5a	Gross rents				
>	b	Net rental income or (loss)	CEIVED			
JINN V enue	6a	Net gain or (loss) from sale of assets not on the D	OLIVED			
<u> </u>	b	Gross sales price for all assets on line 6a MA	0000			
UIIV Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)	R 2 3 2020 0	0	<u> </u>	
	8	Net short-term capital gain	<u> </u>		 	
	9		DEN, UT			
	Ι.	and allowances				
•	1	Gross profit or (loss)	•		<u> </u>	
	1	Other income				
	12	Total Add lines 1 through 11	0.	0		
	13	Compensation of officers, directors, trustees, etc	0.	0		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
en Se	b	Accounting fees				
Ě	C	Other professional fees				
<u>`</u> .	17	Interest				
trat	18					
inis	19	Depreciation and depletion				ļ
g j	20	Occupancy			<u> </u>	
Ϋ́Þ	21	Travel, conferences, and meetings			-	
a	22	Printing and publications	056	0	-	856.
ting	23	Other expenses STMT 1	856.		•	030.
Operating and Administrative Expens	24	Total operating and administrative expenses Add lines 13 through 23	856.	0		856.
o	25	Contributions, gifts, grants paid	0.	- 0		0.
	i i	Total expenses and disbursements	- 0.			
	-	Add lines 24 and 25	856.	0		856.
_	27	Subtract line 26 from line 12:				
	l	Excess of revenue over expenses and disbursements	<856.	>	<u> </u>	
	l .	Net investment income (if negative, enter -0-)		0	•	
	ľ	Adjusted net income (if negative, enter -0-)			N/A	

6 0. 7 9,926. 8 856.

8 Enter qualifying distributions from Part XII, line 4

If line 0 is equal to or greater than line 7, check the box in Part VII, line 4b, and complete that part

If linc 0 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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Add lines 5 and 6

	990-PF (2019) THE SOAVE FAMILY CHARITABLE FOUNDATION 46-	4168. - see ir	386 stru		age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		- 11		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_		•	0.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		•		_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3, If zero or less, enter 0				<u>0.</u>
6	Credits/Payments:				
a	2019 estimated tax payments and 2018 overpayment credited to 2019 <u>6a</u> <u>0</u>			-	
b	Exempt foreign organizations - tax withheld at source 6b 0.				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
d	Backup withholding erroneously withheld 6d 0.				_
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				0.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax				
Pa	t 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	ļ		Yes	
	any political campaign?		1a_		_X_
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	ļ	1h		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.				
c	Did the foundation file Form 1120-POL for this year?	Į	1c		_X_
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				nae d
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				1.7
	managers. ▶ \$ 0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRSP		. 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	•			1 48 689
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_ 3		_X_
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?	1/A	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			i I	
	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	ļ	X_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. MI			10 00	entropper in a
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				1.
		4/V	8b		l [']
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	-/	- 55		<u> </u>
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9	1	X
	Did any persons become substantial contributors during the tax year? If the state has schedule listing their names and addresses		10		X
	oro arry porporto poportito publication dominotoro during the tax year. It is es, attach a schedule listing their haines and addresses				(2019)

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valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2019 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 Form 4720,

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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

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

Schedule C, to determine if the foundation had excess business holdings in 2019.)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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N/A

N/A

2b

4a

oria i 1

X

statement - see instructions.)

during the year?

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Bo F	loquired (continu	ued)	Yes	No
5a During the year, did the foundation pay or incur any amount to:	10.15(-)\0		[]	165	NO
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	'	
(2) Influence the outcome of any specific public election (see section 1955); o	r to carry on, directly or indire		s X No		8 P4=11111
any voter registration drive?	,		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'(4) Provide a grant to an organization other than a charitable, etc., organization		re	۱۰۰۱ لـمـا ۶۰	411.1	is is ambiental
4945(d)(4)(A)? See instructions	i described ili sectioni	v _a	s X No	-	' '
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f		3 [2] 110		
the prevention of cruelty to children or animals?	or educational purposes, or r		s 🗓 No	"""	'
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	_			;
section 53.4945 or in a current notice regarding disaster assistance? See instru		ii riogalationo	N/A 5	ь	
Organizations relying on a current notice regarding disaster assistance, check h				B 10 13 19	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		- 1	'
expenditure responsibility for the grant?			s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			_	-	l
Ga Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			. Internation	u
a personal benefit contract?	,,,	☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		F	ih	x
If "Yes" to 6b, file Form 8870.					Ī
7a. At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Yo	s 🗶 No 🕒	H 111-441	~ + 1111111
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A 7	'h	
8 Is the foundation subject to the section 4900 tax on payment(s) of more than \$	1,000 000 in remuneration of	,			
excess parachute payment(s) during the year?		Ye	s X No		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t			(d) Contabulance		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Exp	bense t, other
(a) Name and address	to position	`enter-0-)	compensation	allowa	inces
					^
SEE STATEMENT 2		0.	0.		0.
		<u></u>			
***************************************		1 -			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>		
	(b) Title, and average	T	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	t, other ances
NONE	devoted to position		Companau.		
NONE					
• · · · · · · · · · · · · · · · · · · ·					

Total number of other employees paid over \$50,000					0
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All other program-related investments. See instructions

Total. Add lines 1 through 3

THE SOAVE FAMILY CHARITABLE FOUNDATION

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	3,323.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,323.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,323.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	50.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,273.
6	Minimum investment return Enter 5% of line 5	6	164.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	164.
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	_0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	164.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	164.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	164.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>856.</u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	850.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0. 856.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies for t	the section
	4940(a) reduction of tay in those years		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				164.
line 7 2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		<u>-</u>		
g rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 201417,915.				
b From 2015 21, 208.				
c From 2016 1,447.				
dFrom 2017 1,442.				
e From 2018 901.				
f Total of lines 3a through e	42,913.			
4 Qualifying distributions for 2019 from	12/3201			
Part XII, line 4: ► \$ 856.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
vears (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				164.
e Remaining amount distributed out of corpus	692.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as	0.	-	_	
indicated below:	42 605			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	43,605.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b				<u></u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	17,915.			
9 Excess distributions carryover to 2020				
Subtract lines 7 and 8 from line 6a	25,690.			
10 Analysis of line 9:				
a Excess from 2015 21, 208.				
b Excess from 2016 1,447.				1
c Excess from 2017 1,442.				
d Excess from 2018 901.				
e Excess from 2019 692.				
				Form QQA-DF (2010)

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<u> </u>			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		• • •			,
foundation, and the ruling is effective for		\ -		4040(3/2) 40	140(1)(5)
b Check box to indicate whether the found		ng tourneation described i		4942(J)(3) or 49)42(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2019	(b) 2048	Prior 3 years (c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(a) 2019	(0) 2010	(6) 2017	(0)2010	(e) Iolai
investment return from Part X for					
each year listed				 /	
b 85% of line 2a		<u> </u>	\ 		
c Qualifying distributions from Part XII,					
line 4, for each year listed		<u> </u>		/	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			-		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<u> </u>		/	}	
alternative test relied upon;					
a "Assets" alternative test - enter:					
(1) Value of all assets				 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross				\	Į.
investment income (interest,					
dividends, rents, payments on					
securities loans (section 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)					
(3) Largest amount of support from			-		
an exempt organization					
(4) Gross investment income					`
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t			N/A		
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	foundation before the clo	se of any tax
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (or an equally large port	on of the ownership of a p	artnership or
other entity) of which the foundation has			(·
2 Information Description		Cabalantin : 5			
2 Information Regarding Contributi					reate for funds. If
Check here X if the foundation o the foundation makes gifts, grants, etc.,					Jests for fullos. II
					
a The name, address, and telephone number	per or email address of th	ie person to whom applic	ations should be addres	seu.	
b The form in which applications should b	e submitted and informa	tion and materials they st	nould include;		
c Any submission deadlines:			<u></u>		
<u> </u>					· · ·
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
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- ·· · · ·					. 5 5 - (2015)

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Total

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Evoludos	by section 512, 513, or 514	1-1
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
Program service revenue:	code	Amount	code	Amount	idiletion income
a					
b	i l		+++		
<u> </u>	i l	·-			
		 		<u>.</u>	
e	_ _ -			 -	
Food and contracts from covernment againsts			- -		
g Fees and contracts from government agencies Membership dues and assessments			 -		-
Interest on savings and temporary cash					
investments			1 1		
Dividends and interest from securities			+		
Net rental income or (loss) from real estate:					
a Debt-financed property					-
b Not debt-financed property				<u> </u>	
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b	1				
С					
d					
e					
Subtotal. Add columns (b), (d), and (e)			0.	0	•
Total. Add line 12, columns (b), (d), and (e)				13 _	
, ======== \=, \=, \=, === \=,	ons)			<u> </u>	
			-	Durnacac	
ee worksheet in line 13 instructions to verify calculation	ies to the Accor	nplishment of	Exempt	ruipuses	
Part XVI-B Relationship of Activit				<u></u> .	
Part XVI-B Relationship of Activit Line No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activit ine No Explain below how each activity for whice	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activiting No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activitine No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activitions to Verify Calculation Relationship of Activition No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activitions to Verify Calculation Relationship of Activition No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activitions to Verify Calculation Relationship of Activition No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activiting No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activition No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activitions to Verify Calculation Relationship of Activition No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
Part XVI-B Relationship of Activiting No Explain below how each activity for which	h income is reported in	column (e) of Part X\	/I-A contribut	<u></u> .	omplishment of
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Form **990-PF** (2019)

THE SOAVE FAMILY CHARITABLE FOUNDATION Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) Х (1) Cash X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees 1b(6) (6) Performance of services or membership or fundraising solicitations 1c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No | Yes in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr Ther than taxpayer) is based on all information of which preparer has any knowledge Sign Here Yes TREASURER Title Signature of officer of trustee Date Check PTIN Print/Type preparer's name Preparer's signature Date self- employed Paid Preparer Firm's EIN ▶ Firm's name

Form **990-PF** (2019)

Use Only

Firm's address

Phone no.

Schedule B

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

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

T	HE SOAVE FAMILY CHARITABLE FOUNDATION	46-4168386
Filers of:	Section:	
Organization type (check one) Filters of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line I3, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on () Form 990, Part VIII, line or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section \$01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., cu		
	sof: Section: 990 or 990-EZ	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
~J		
		la. Saa instructions
Note: Only a section 50 No	5/(7), (6), or (10) organization can effect boxes for both the deficial null adoption has	ie oge instructions
General Rule		
-		· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1 any one contribu) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount	or 16b, and that received from
year, total contrib	outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa-	•
year, contribution is checked, enter purpose Don't co	ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it r	ore than \$1,000 If this box , charitable, etc , eceived nonexclusively
but it must answer "No" o	·	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

THE SOAVE FAMILY CHARITABLE FOUNDATION

46-4168386

Part I	Contributors (see instructions) Use duplicate copies of Part I	of additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANTHONY L. SOAVE 3400 EAST LAFAYETTE DETROIT, MI 48207	 \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· · · · · · · · · · · · · · · · · · ·		\$	Person Payroll Onncash (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)

Name of organization

Employer identification number

THE SOAVE FAMILY CHARITABLE FOUNDATION

46-4168386

Part II No	ncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ _			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			-
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

FORM 990-PF	OTHER E	XPENSES			STATI	EMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	ST-		STED CI	(D) HARITA PURPOS	
LICENSES AND FEES BANK FEES	136. 720.		0.				36.
TO FORM 990-PF, PG 1, LN 23			0.				56.
	- LIST OF OF EES AND FOUNDA			TORS	STAT	EMENT	2
NAME AND ADDRESS		LE AND HRS/WK		MPEN- PION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	
BRYANT M. FRANK 3400 E. LAFAYETTE DETROIT, MI 48207	SECRE 0	TARY		0.	0.		0.
YALE LEVIN 3400 E. LAFAYETTE DETROIT, MI 48207		DENT, DIR	ECTO	0.	0.		0.
RICHARD T. BROCKHAUS 3400 E. LAFAYETTE DETROIT, MI 48207	TREAS 0	URER .00		0.	0.		0.
EDWARD L. SCHWARTZ 3400 E. LAFAYETTE DETROIT, MI 48207	DIREC 0	TOR .00		0.	0.		0
MICHAEL L. PIESKO 3400 E. LAFAYETTE DETROIT, MI 48207	DIREC 0	TOR .00		0.	0.		0
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART	VIII		0.	0.	·	0

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