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## Form 990-PF

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

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

	For	cale	nda	year 2009, or ta	ax year beginning		, 2009	, and end	ing			
•	G	Che	ck al	I that apply	Initial return	Init	ial Return of a former p	ublic char	ity		Fin	al return
				[	Amended return		Address	change	_	ne-	change	
•	Oth Oth See	se th S lab ierwi print r type Sper ructi	el. se, e.		VRE FOUNDATION NO Street #200					A B C D	Employer identification number 38-2902415 Telephone number (see the 616-546-4015 If exemption application is 1 Foreign organizations, chee	pending, check here
	Н	Çŀ		type of organiza			1(c)(3) exempt private				2 Foreign organizations mee	
•	1		r mar	ction 4947(a)(1) ket value of all asset rt II, column (c), line	: 16)	Acc	rust Other taxable counting method: X C Other (specify)	ash [	Accrual	E	here and attach computation If private foundation status under section 507(b)(1)(A) If the foundation is in a 60 under section 507(b)(1)(B)	s was terminated ), check here
	Pai	ŧΤ	Α	nalysis of Re	venue and		(a) Revenue and	(b) Net	ınvestme	nt	(c) Adjusted net	(d) Disbursements
			co sa	lumns (b), (c), a	total of amounts in and (d) may not neco nounts in column (a, ns))		expenses per books		ncome		income	for charitable purposes (cash basis only)
			1		grants, etc, received (att so		620,000.					
			2 3 4			В	248.		24	18	248.	
		l		Gross rents	est nom securities							
			Ŀ	Net rental income or (loss)								
	F E	:		Net gain/(loss) from Gross sales price for assets on line 6a	sale of assets not on line or all	10						
	E		7	Capital gain net inco	ome (from Part IV, line 2)							
	ľ	;	8 9	Net short-term Income modific								
	E		-	Gross sales less returns and								
				allowances Less Cost of								
			_	goods sold	()		-,					
			11		attach schedule)							
		_		Total. Add lines			620,248. 0.		24	18.	. 248.	
			13 14		icers, directors, trustees, e aries and wages		0.					
		Ì			employee benefits	ſ	KECEIAED					
		A		Legal fees (attach s		20		18				
_		M		Accounting fees (at	den sen)	Ñ	MAR 1 6 2010	0				
0107	O P	Ň	17	Other prof fees (att. Interest	ach sch)	₹						
	P E	S	18	Taxes (attach sched	dule) See Stmt	1	OGDEN 201	<del>                                     </del>		6.	,	20
S S	A T	R A T	19	Depreciation (a sch) and deplet	ittach l	<u></u>						
Ē	Ň G	Ý E	20 21	Occupancy Travel confere	nces, and meetings				<del></del>			<del></del>
=	Ą	i	22	Printing and pu	ublications							
	Ď	E X P E N	23		s (attach schedule) See Statement	2	66.					66
; :		E	24	Total operating	<mark>j and administrative</mark> Jines 13 through 23	!	92.			6.		86
,		3	25	Contributions, gifts,	grants paid Part X	V	631,450.					631,450
)				Total expenses Add lines 24 ar	and disbursement nd 25		631,542.			6.	0.	631,536
				Subtract line 26	5 from line 12: nue over expenses		-11,294.					
			k	Net investment inco	ome (if negative, enter 0-)				24	12.		
			c	Adjusted net incom	e (if negative, enter -0)			j			248.	

Part	TI 1	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Ena	or year
Part	<u> </u>	parance Sneers	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	bearing			
	2	Savings and tempor	ary cash investments .	72,818.	61,524.	
	3	Accounts receivable	<b>&gt;</b>		<del></del>	
	_	Less: allowance for	doubtful accounts ►			
	4	Pledges receivable	<b>&gt;</b>			
		Less: allowance for	doubtful accounts ►		<u>, </u>	
	5	Grants receivable.				<u> </u>
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see the instructions)			
	7	Other notes and loans rec	ewable (attach sch)			
Ą		Less: allowance for	doubtful accounts ►			
A S S E T	8	Inventories for sale	or use			ļ
E T	9	Prepaid expenses as	nd deferred charges			
Ś	10	a Investments – U.S. obligations (attach s	and state government chedule)			
	ļ I	<b>b</b> Investments — corporate :	stock (attach schedule)		·	
	] (	c Investments — corporate l	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			
		Less accumulated deprec (attach schedule)	nation			
	12	Investments - morto	gage loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment: basis			<u>                                     </u>
		Less accumulated deprec (attach schedule)	nation			
		Other assets (descri	be completed by all filers— o, see page 1, item I)	72,818.	61,524.	0.
L	17			:=/===		
Ī	18	Grants payable				1
A B	19	Deferred revenue				1
.!	20	_	tors, trustees, & other disqualified persons	_		
Ī	21		s payable (attach schedule)			
Ţ	22	Other liabilities (descri				
Ė			17.11	0	^	
<u> </u>	23			0.	0.	-
		and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31. ►			
N F E U	24	Unrestricted				-
T N	25	Temporarily restricte				4
A D	26	Permanently restrict				- 1
A B S A L T A		and complete lines	o not follow SFAS 117, check here X 27 through 31.			
TA	27	Capital stock, trust p	principal, or current funds			
2 M	28	Paid-in or capital surplus,	or land, building, and equipment fund			_
O E	29	Retained earnings, accumi	ulated income, endowment, or other funds	72,818.	61,524.	
R S	30		und balances(see the instructions)	72,818.	61,524.	
	31	(see the instructions	<u> </u>	72,818.	61,524.	
Part	111	Analysis of Chan	ges in Net Assets or Fund Balanc	es	<del></del>	
1	Tota end-	il net assets or fund ba of-year figure reporte	alances at beginning of year– Part II, colur d on prior year's return)	mn (a), line 30 (must agr	ee with	72,818.
2		er amount from Part I,			2	-11,294.
3		increases not included in li			3	
4	Add	lines 1, 2, and 3			4	61,524.
5	Decre	ases not included in line 2 (	(itemize)		5	
6_	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5)	⊢ Part II, column (b), Iın	e 30 <b>6</b>	61,524.

	in or (loss) (f) minus (g)
b c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus b c	(f) minus (g) s (Column (h)
c d e  (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus  b c	(f) minus (g) s (Column (h)
d e  (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Ga (or allowable)  plus expense of sale (e) plus  b c	(f) minus (g) s (Column (h)
e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Ga (or allowable) plus expense of sale (e) plus b c	(f) minus (g) s (Column (h)
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) plus  b c	(f) minus (g) s (Column (h)
b c	s (Column (h)
С	s (Column (h)
	s (Column (h)
d	s (Column (h)
	s (Column (h)
e	s (Column (h)
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (l) Gain	
(i) Fair Market Value (i) Adjusted basis (k) Excess of column (i) gain minus col	umn (k), but not less ses (from column (h))
a	
b	
С	
d	
е	
2 Capital gain net income or (net capital loss).  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).  If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8	
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part.  1 Enter the appropriate amount in each column for each year, see the instructions before making any entries	res X No
	(d) oution ratio yided by column (c))
2008 1,127,364. 1,127,364.	1.000000
2007 1,007,051. 1,007,051.	1.000000
2006 449,501. 449,501.	1.000000
2005 266,038. 266,038.	1.000000
2004 242,314. 242,314.	1.000000
2 Total of line 1, column (d)	5.000000
3 Average distribution ratio for the 5-year base period— divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years  3	1.000000
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	51,008.
5 Multiply line 4 by line 3	51,008.
6 Enter 1% of net investment income (1% of Part I, line 27b)	2.
7 Add lines 5 and 6 7	51,010.
8 Enter qualifying distributions from Part XII, line 4	631,536.
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. Se Part VI instructions  BAA	e the Form <b>990-PF</b> (2009)

	1990-RF (2009) JOIE DE VIVRE FOUNDATION 36-2902413			age 4
Part		tions)		
1 ಚ	Exempt operating foundations described in section 4940(d)(2), check here .			
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			<u>2.</u>
	check here ► X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			}
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only. Others enter -0-)			<u> </u>
3	Add lines 1 and 2			2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter ·0·)			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	•		2.
6	Credits/Payments			
	2009 estimated tax pmts and 2008 overpayment credited to 2009			
	Exempt foreign organizations – tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			j
	Backup withholding erroneously withheld  6d  7			
,	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			2.
9				
10				
Day	Enter the amount of line 10 to be. Credited to 2010 estimated tax    Refunded   11			
		T	Yes	No
1 a	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?	1 a	163	X
		14		<del>  ^</del>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		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?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0			
e	(1) On the foundation  S	+		
·	foundation managers $\blacktriangleright$ \$ 0.			
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			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	L		
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	olf 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	4b	N	/A
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			لـــا
	with the state law remain in the governing instrument?	6_	X	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	<del>                                     </del>
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)  MI			
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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	,		
•	for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV) If Yes, complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	_	Х
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Form 990-PF (2009) JOIE DE VIVRE FOUNDATION	38-29	02415	Pa	age 5
Part VII-A Statements Regarding Activities Continued	<del> </del>			
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		Х
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		Х
Did the foundation comply with the public inspection requirements for its annual returns and exem Website address ► N/A	iptio <u>n_appli</u> cation	?13	Χ_	=
	hone no. ► 61	16-546-4	015	
Located at > 345 E. 48th Street Holland MI ZIP +	<b>-</b> :-		<u> </u>	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of orm 1041 - Check her	re	. N/A		
and enter the amount of tax-exempt interest received or accrued during the year	. ▶ 15			N/A
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1			
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		<del></del>	Yes	No
1a During the year did the foundation (either directly or indirectly):		,		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐Yes X	No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐Yes X	No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X	]No		
(6) Agree to pay money or property to a government official? Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X	]No		
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the insti	l in ructions),?	1b	N	/A
Organizations relying on a current notice regarding disaster assistance check here.	▶ [	]		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted a that were not corrected before the first day of the tax year beginning in 2009?	acts,	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	a			
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X	]No		
If 'Yes,' list the years ▶ 20, 20, 20, 20				.
<b>b</b> Are there any years listed in 2a for which the foundation is applying the provisions of section 4 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4	942(a)(2) 942(a)(2) to			
all years listed, answer 'No' and attach statement - see the instructions )		2b	N	/ <u>A</u>
c If the provisions of section 4942(a)(2) are being applied to the years listed in 2a, list the year ≥ 20 , 20 , 20	rs here			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X	] No	!	
<b>b</b> If 'Yes,' did it have excess business holdings in 2009 as a result o <b>(1)</b> any purchase by the foundat or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period appr by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? <i>(Use Schedule C, Form 4720, to</i>	oved 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 2009)	1	3b	N	/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		х
L Dodding Council and a second		[		
<b>b</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		ļ- <u></u> -		
the tax year beginning in 2009?	<del>-</del>	Form 99	0 PF (	X X
			U-FF (.	とししろ

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Part VII-B   Statements Regarding Activiti	es for Which Form	1 4720 May Be Req	uired (continued)	
5a'During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see sectionation drive?	n 4955); or to carry	Yes X	No
(3) Provide a grant to an individual for travel,		purposes?	Yes X	_No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	. Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the preventio			Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), didany of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to d a current notice regard	qualify under the except ding disaster assistance	ions	5b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ _	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon. If 'Yes,' attach the statement required by Region.	sibility for the grant?		. N/A Yes	] No
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium:	Yes X	]No
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene	fit contract?	6ь Х
<b>7a</b> At any time during the tax year, was the found	dation a party to a prob	ubited tax shelter transa	oction? Yes X	No
<b>b</b> If yes, did the foundation receive any proceed				7b N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Eileen Ellens	President	0.	0.	0.
670 Old Orchard	0			
Holland, MI 49423				
Dennis Ellens	Treasurer	0.	0.	0.
670 Old Orchard	0			
Holland, MI 49423				
Kenneth Filippini	Secretary	0.	0.	0.
1364 Heather Dr	0			
Holland, MI 49423				
2 Compensation of five highest-paid employee	 es (other than those inc	 :luded on line-1see ınst	ructions). If none, ent	er 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
None				
			<del></del>	
				-
Total number of other employees paid over \$50,000	) TEE 403061	27,000,000	•	Form <b>990-PF</b> (2009)

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Form 990-PF (2009)

• see instructions.)	oreign to	undations, 
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	
<b>b</b> Average of monthly cash balances	1b	51,785.
c Fair market_value of all_other_assets_(see instructions)	1c	
d Total (add lines 1a, b, and c).	1 d	51,785.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) . 1e 0	.]	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	51,785.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	777.
5 Net value of noncharitable-use assetsSubtract line 4 from line 3. Enter here and on Part V, line 4	5	51,008.
6 Minimum investment return Enter 5% of line 5	6	2,550.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope and certain foreign organizations check here ► ☐ and do not complete this p	rating fou art.)	ndations
1 Minimum investment return from Part X, line 6	1	2,550.
2a Tax on investment income for 2009 from Part VI, line 5		
<b>b</b> Income tax for 2009 (This does not include the tax from Part VI.)	7	
c Add lines 2a and 2b	2 c	2.
3 Distributable amount before adjustments, Subtract line 2c from line 1	3	2,548.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	2,548.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amountas adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,548.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		621 526
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	631,536.
<b>b</b> Program-related investments – total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	C21 F2C
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	631,536.
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 (see instructions)	5	_2.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	631,534.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who qualifies for the section 4940(e) reduction of tax in those years	ether the fou	undation

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 20	009 from Part XI,				2,548
2 Undistributed income, if any, as o	f the end of 2009 <sup>.</sup>				
a Enter amount for 2008 only				0.	
<b>b</b> Total for prior years. 20			0.		
3 Excess distributions carryover, if a					
a From 2004	241,985.				
<b>b</b> From 2005	265,953.		:		
<b>c</b> From 2006	446,164.				
<b>d</b> From 2007	998,603.				
e From 2008	1,124,301.				i
f Total of lines 3a through e		3,077,006.			
4 Qualifying distributions for	T	· · · · ·			
XII, line 4: ► \$					
a Applied to 2008, but not m				0.	
<b>b</b> Applied to undistributed in	come of prior years				
(Élection required – see in	nstructions) [		0.		
c Treated as distributions ou (Election required – see in	it of corpus estructions)	0.			
d Applied to 2009 distributab	ole amount				2,548.
e Remaining amount distribu	uted out of corpus	628,988.			
5 Excess distributions carryover app		0.			0.
(If an amount appears in a same amount must be sho	column (d), the				
same amount must be sno	wit iii colaitiii (a) )				
6 Enter the net total of each indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4e	Subtract line 5	3,705,994.			
<b>b</b> Prior years' undistributed if	ncome Subtract		0.		
c Enter the amount of prior	vears' undistribut-				
ed income for which a noti has been issued, or on wh 4942(a) tax has been prev	ice of deficiency lich the section		0.		
d Subtract line 6c from line 6 amount — see instructions			0.		
	Ī				
e Undistributed income for 2008. S line 2a. Taxable amount — see in				0.	
f Undistributed income for 2 4d and 5 from line 1. This distributed in 2010					0.
7 Amounts treated as distrib corpus to satisfy requirement					
by section 170(b)(1)(F) or (see instructions)	4942(g)(3)	0.			
8 Excess distributions carry applied on line 5 or line 7	over from 2004 not (see instructions)	241,985.			
9 Excess distributions carry Subtract lines 7 and 8 from	over to 2010.	3,464,009.			
10 Analysis of line 9					
a Excess from 2005	265,953.				
<b>b</b> Excess from 2006	446,164.				
c Excess from 2007	998,603.				
d Excess from 2008	1,124,301.				
e Excess from 2009	628,988.				
					Farm 000 DE (2000)

Form 990-PF (2009) JOIE DE VIVRE FO				38-290241	5 Page <b>10</b>
Part XIV   Private Operating Foundati					N/A
1 a'lf the foundation has received a ruling or is effective for 2009, enter the date of the	ruling			<u>.</u> -	
<b>b</b> Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	<del>,</del>	
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter:					
(1) Value of all assets					<del></del>
(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 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			<u> </u>		
Part XV Supplementary Information assets at any time during the	(Complete this ne year — see ir	part only if the structions.)	organization h	ad \$5,000 or mo	re in 
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav None	have contributed m	ore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2).)	received by the foun	dation before the
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 1	of the stock of a cor 0% or greater inter	poration (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra	nt, Gift, Loan, Scho	larship, etc. Progra	ims:		
Check here I I if the foundation only requests for funds. If the foundation make	makes contributions	to preselected cha	rıtable organızatıon		
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse		
a The Hame, address, and telephone Hamb	er or the person to	William applications	silvaia bo addi cooc	u.	
L The form of their control of the control of the			de they should real		
<b>b</b> The form in which applications should be	submitted and inioi	mation and materia	ns trey should met	aue	
c Any submission deadlines:		<del></del>			
, <del></del>					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of	institutions, or other	factors
					<del></del>

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
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)	substantial contributor	recipient		
a Paid during the year Schedule Attached		exempt	operating expenses	631,450.
,				
Total	<del>'</del>	·	► 3a	631,450.
<b>b</b> Approved for future payment				
				İ
Total		L	<u> </u>	
i Ulai			30	I .

1 all XIIIX   Allaysis of Hicoline   Loudoilla Acatia	analysis of Income-Producing Activities
-------------------------------------------------------	-----------------------------------------

		T	<del></del>	T.		··· · · · · · · · · · · · · · · · · ·
Enter gros	s amounts unless otherwise indicated.		business income	1	section 512, 513, or 514	
		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income
•	ram service revenue			code	•	(see the instructions)
a		<del>  -</del>	<del></del>			
			<del></del>	+		<del></del>
		<del>                                     </del>		+		
· ·		<del>  </del>		+		
- i		1			<del>-</del>	<del></del>
·	and contracts from government agencies			1	×	<del>-</del>
•	bership dues and assessments	<del> </del>			· ··· - · - · - · - · - ·	
	st on savings and temporary cash investments			14	248.	
	lends and interest from securities					
5 Net r	rental income or (loss) from real estate:					
	-financed property					
<b>b</b> Not o	debt-financed property					
6 Net re	ental income or (loss) from personal property				· · · · · · · · · · · · · · · · · · ·	
7 Othe	r investment income					
8 Gain d	or (loss) from sales of assets other than inventory			$\bot$		
	ncome or (loss) from special events					
10 Gros	s profit or (loss) from sales of inventory					
11 Othe	r revenue					
		-				
		+		+		
		1				
		-		+ +		
e		<del> </del>		<del>   </del>		
12 Subt	otal Add columns (h) (d) and (e)			1 1	248.	
	otal Add columns (b), (d), and (e)				248.	248.
13 Tota	I. Add line 12, columns (b), (d), and (e)	lculations)		<u> </u>		248.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca		ment of Evenn	t Purposa	13	248.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e)		hment of Exemp	t Purpose:	13	248.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works) Part XVI	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
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13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
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13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
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13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	
13 Tota (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplisi			13	

Part XVII	Exempt Organ	egarding Transfers To and Transacti izations	ons and Relationships with	Nonchantable	,	
1 0.4 *	no organization directly	or indirectly energy in any of the following we	th any other expenses		Yes	No
descr	ribed in section 501(c) on ng to political organizat	or indirectly engage in any of the following wi of the Code (other than section 501(c)(3) organ tions?	nizations) or in section 527,		'	
<b>a</b> Trans	sfers from the reporting	foundation to a noncharitable exempt organiz	ation_of:			
<b>(1)</b> C	Cash		•	1a(1)		Х
(2)	Other assets .			1a (2)		X
<b>b</b> Other	r transactions.					
(1) S	ales of assets to a non	charitable exempt organization		1b(1)		X
<b>(2)</b> P	Purchases of assets from	m a noncharitable exempt organization		1b (2)		Х
(3) F	Rental of facilities, equip	oment, or other assets		1b (3)		X
(4) F	Reimbursement arrange	ments		1b (4)		_X
<b>(5)</b> L	oans or loan guarantee	es .		1b (5)		Х
(6) Performance of services or membership or fundraising solicitations .			1b (6)		Х	
			•			
<b>d</b> If the	ng of facilities, equipm answer to any of the a	ent, mailing lists, other assets, or paid employ above is 'Yes,' complete the following schedule services given by the reporting foundation. If the	e. Columr <b>(b)</b> should always show the	r market value in	e of	X
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a	ent, mailing lists, other assets, or paid employ	e. Columr <b>(b)</b> should always show the	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		
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<b>d</b> If the the gany to	ng of facilities, equipm answer to any of the a oods, other assets, or s ransaction or sharing a	ent, mailing lists, other assets, or paid employ bove is 'Yes,' complete the following schedule services given by the reporting foundation. If the trangement, show in column(d) the value of the	e. Columr <b>(b)</b> should always show the ne foundation received less than fai e goods, other assets, or services i	e fair market value r market value in received.		

2a Is the foundation directly or indirectly affil described in section 501(c) of the Code (c	nated with, or related to, one or more tax-ex other than section 501(c)(3)) or in section 52	empt organizations  27?  Yes X No
<b>b</b> 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 r complete Declaration of preparer (other than taxpayer or fi	duciary) is based on all information of which preparer has a	to the best of my knowledge and belief, it is true, correct, and any knowledge
- Moen allen	<u>v</u>  3-0	02-10 - President
Signature of officer or trustee	Date	Title

Date

Free parer's Self-Prepared

Proparer's Signature

Preparer's Signature

Preparer's Self-Prepared

Firm's name (or yours if self-employed), address, and ZIP code

BAA

Form 990-PF (2009)

Preparer's Identifying number (See Signature in the instrs)

Check if self-employed

EIN

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, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number		
JOIE DE VIVRE FOUNDATION		38-2902415		
Organization-type-(check-one):-		<del></del>		
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> tres 527 political organization	ated as a private foundation		
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated 501(c)(3) taxable private foundation	d as a private foundation		
Check if your organization is covered <b>Note:</b> Only a section 501(c)(7), (8), or	by the <b>General Rule</b> or a <b>Special Rule</b> . r (10) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions		
General Rule –  X For an organization filing Form 99 contributor (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, $5,000$ d III)	) or more (in money or property) from any one		
Special Rules –				
509(a)(1)/170(b)(1)(A)(vi) and rec	on filing Form 990 or 990-EZ, that met the 33-1/3% support eived from any one contributor, during the year, a contribut , line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	tion of the greater of \$\iii \$5,000 or \$(2) 2% of the		
aggregate contributions of more th	D) organization filing Form 990 or 990-EZ, that received fron han \$1,000 for use <i>exclusively</i> for religious, charitable, scien r animals Complete Parts I, II, and III.	m any one contributor, during the year, ntific, literary, or educational purposes, or the		
contributions for use exclusively for this box is checked, enter here the purpose. Do not complete any of	O) organization filing Form 990 or 990-EZ, that received from or religious, charitable, etc, purposes, but these contribution e total contributions that were received during the year for a the parts unless the General Rule applies to this organization	ns did not aggregate to more than \$1,000. If arexclusively religious, charitable, etc.		
religious, charitable, etc, contribut	tions of \$5,000 or more during the year	► \$		
990-PF) but it must answer 'No' on Pa	overed by the General Rule and/or the Special Rules does art IV, line 2 of their Form 990, or check the box on line Ho et the filing requirements of Schedule B (Form 990, 990-EZ	of its Form 990-EZ, or on line 2 of its Form		
BAA For Privacy Act and Paperworl for Form 990, 990EZ, or 990-PF.	k Reduction Act Notice, see the Instructions	chedule B (Form 990, 990-EZ, or 990-PF) (2009)		

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	
Name of org	DE VIVRE FOUNDATION		ridentification number 902415
Part I	Contributors (see instructions.)	130 2	702413
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate — contributions	(d) Type of contribution
1	Dennis & Eileen Ellens  Holland, MI 49423	\$620,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
RΔΔ	TEE 0.7001 05 02 00	Schedule R /Form 90	0 990.EZ or 990 PE) (2009)

Schedule E	k (Form 990, 990-EZ, or 990-PF) (2009)	Pag	je :	l of	
Name of organ				1	tification number
JOIE DE	E VIVRE FOUNDATION			38-2902	415
Part II	Noncash Property (see instructions.)				
(a) No. from Part I	(b)  Description of noncash property given	FM\ (sec	(or or inst	c) estimate) ructions)	(d) Date received
	N/A				
		\$		. ,	
(a) No. from Part I	(b)  Description of noncash property given	FM\(sec	(or e inst	estimate) ructions)	(d) Date received
		\$		<del></del>	
(a) No. from Part I	(b)  Description of noncash property given	FM'	(or e inst	estimate) ructions)	(d) Date received
		\$			
(a) No. from Part I	(b) Description of noncash property given	FM'	(e V (or e inst	estimate) ructions)	(d) Date received
		\$			
(a) No. from Part I	(b) Description of noncash property given	FM'	(or e inst	c) estimate) ructions)	(d) Date received
		\$	_		
(a) No. from Part I	(b)  Description of noncash property given	FM'	V (or e inst	estimate) ructions)	(d) Date received
		\$			

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

009	Federal Statements	Page 1	
	JOIE DE VIVRE FOUNDATION	38-2902415	
Statement 1 Form 990-PF, Part I, Line 18 Taxes			
State_of Michigan	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 20.	(d) Charitable Purposes \$ 20.	
U.S. Treasury	Total $\frac{6. $ 6.}{$ 26.} $ \frac{$ 6.}{$ 6.} $$	<u>\$ 20.</u>	
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses			
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable <u>Purposes</u>	
deluxe check	Total $\frac{$66.}{$000}$ $\frac{$66.}{$000}$ $\frac{$000}{$000}$ $\frac{$000}{$000}$	\$ 66.	

# **JOIE DE VIVRE FOUNDATION** FORM 9909 PF 12/31/2009

EXEMPT ORGANIZATION	Address-	 2009
AFCA (Amer Found for Children w/AIDS)	Harrisburg, PA	\$ 1,000
Authentic Leadership Inc	Holland, MI	\$ 17,000
Bethany Christian Services	Grand Rapids, MI	\$ 25,000
Bible League	Chicago, IL	\$ 50,000
Bible Study Fellowship	San Antonio, TX	\$ 15,000
Calvary CRC - Holland	Holland, MI	\$ 30,000
Central Wesleyan Church	Holland, MI	\$ 400
City of Holland	Holland, MI	\$ 200
Community Foundation of Holland/Zeeland	Holland, MI	\$ 3,000
Children's Advocacy Center	Holland, MI	\$ 10,000
City on a Hill Minstries	Zeeland, MI	\$ 10,000
Haven Christian Reformed Church	Zeeland, MI	\$ 8,700
Holland Christian Schools	Holland, MI	\$ 1,000
Holland Rescue Mission	Holland, MI	\$ 25,000
Lance Armstrong Foundation	Albert Lea, MN	\$ 100
OAR, Inc	Holland, MI	\$ 5,000
PET MI - Holland	Holland, MI	\$ 5,000
Project Canefire	Lake City, MI	\$ 4,500
Rafike Foundation	Eustis, FL	\$ 15,000
Real Life Ministries	Colorado Spgs, CO	\$ 5,000
Rejoice Ministries (Gordie Lindsay)	Pontiac, MI	\$ 10,000
S.A.M.E.	Petosky, MI	\$ 10,000
70 X 7 Life Recovery	Holland, MI	\$ 5,000
That the World May Know	Holland, MI	\$ 4,950
Urban Youth Ministries	Holland, MI	\$ 10,600
Wings Home	Allegan, MI	\$ 25,000
Winning At Home	Zeeland, MI	\$ 75,000
Young Life	Colorado Spgs, CO	\$ 10,000
Young Life - Timberwolf Camp	Colorado Spgs, CO	\$ 250,000
YTD Total		\$ 631,450