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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 Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service . 2009, and ending For calendar year 2009, or tax year beginning Initial return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change A Employer identification number Name of foundation Use the IRS label. DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600 Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print 2015 8TH AVENUE (616)878-5554 or type. City or town, state, and ZIP code C If exemption application is pending, check here. See Specific Instructions. BYRON CENTER, MI 49315 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation . . . |X| Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E if private foundation status was terminated under section 507(b)(1)(A), check here . . Fair market value of all assets at J Accounting method X Cash Accrual end of year (from Part II, col (c). Other (specify) F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . line 16) ▶ \$ (Part I. column (d) must be on cash basis.) 48,734 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable amounts in columns (b), (c), and (d) may not necessarily equal (b) Net investment (c) Adjusted net expenses per books purposes (cash basis only) income the amounts in column (a) (see page 11 of the instructions)) Contributions, gifts, grants, etc., received (attach schedule) 117,728 Check ▶ I If the foundation is **not** required to attach Sch B . . Interest on savings and temporary cash investments INTERNAL REVENUE SERVICE 243 REGEIVED Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) MAY 2 5 2010 BATCHING UNIT Gross sales less returns and allowances COVINGTON, KY Less Cost of goods sold C 11 ol 12 117,730 13 Compensation of officers, directors, trustees, etc 14 ď 15 Legal fees (attach schedule) STM108 16a Accounting fees (attach schedule) 350 Ь STM109 Other professional fees (attach schedule) 5,037 C 17 18 Taxes (attach schedule) (see page 14 of the instructions) . 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 22 23 133 Other expenses (attach schedule) 24 Total operating and administrative expenses. 5,520 0 25 132,960 26 0 Total expenses and disbursements. Add lines 24 and 25. 138,480 27 Subtract line 26 from line 12 (20,750) Excess of revenue over expenses and disbursements . . Net investment income (if negative, enter -0-) 0

Form 990-PF (2009)

Adjusted net income (if negative, enter -0-)

Page 2

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End of | |
|------------|-------|--|---------------------|----------------|-----------------------|
| | 1.YY. | should be for end-of-year amounts only. (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 69,484 | 48,734 | 48,734 |
| | 2 | Savings and temporary cash investments | | | ······ |
| | 3 | Accounts receivable | 1 | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see page 16 of the | | | |
| A | | instructions) | | | |
| s | 7 | Other notes and loans receivable (attach schedule) | | | |
| s e | | Less allowance for doubtful accounts ▶ | | | |
| t | 8 | Inventories for sale or use | | | |
| 5 | 9 | Prepaid expenses and deferred charges | | - | |
| | 10a | | | | |
| | | Investments - corporate stock (attach schedule) | | - · - | |
| | _ | | | | _ · |
| | 11 | Investments - land, buildings, and equipment basis ▶ | | | ****** |
| | ` ` | Less accumulated depreciation (attach schedule) | 1 | j | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | , , | Less accumulated depreciation (attach schedule) | Ť | Ì | |
| | 15 | Other assets (describe ▶) | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | " | Instructions Also, see page 1, item I) | 69,484 | 48,734 | 48,734 |
| _ | 17 | Accounts payable and accrued expenses | 05,401 | 10,731 | 10,731 |
| L | 18 | Grants payable | | | |
| a b | 19 | Deferred revenue | | | |
| į | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| i | 21 | Mortgages and other notes payable (attach schedule) | | | |
| ţ | ĺ | | | | |
| ė | 22 | Other liabilities (describe >) | | 0 | |
| <u>s</u> | 23 | Total liabilities (add lines 17 through 22) | | | |
| | | Foundations that follow SFAS 117, check here · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31. | | | |
| NF | 24 | Unrestricted | | | |
| e u t n | 25 | Temporarily restricted | | | |
| ď | 26 | Permanently restricted | | | |
| A | | Foundations that do not follow SFAS 117, check here \blacktriangleright X | | | |
| Sp | | and complete lines 27 through 31. | | | |
| s a e i | 27 | Capital stock, trust principal, or current funds | | | |
| t ; | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| s n | 29 | Retained earnings, accumulated income, endowment, or other funds | 69,484 | 48,734 | |
| C | 30 | Total net assets or fund balances (see page 17 of the | | | |
| o e | | instructions) | 69,484 | 48,734 | |
| r | 31 | Total liabilities and net assets/fund balances (see page 17 | | | |
| | - | of the instructions) | 69,484 | 48,734 | |
| P | art I | | | | |
| | | I net assets or fund balances at beginning of year - Part II, column (a), lin | | | |
| • | | -of-year figure reported on prior year's return) | | 1 | 69,484 |
| 2 | | er amount from Part I, line 27a | | | (20,750) |
| | | er increases not included in line 2 (itemize) | | 3 | (20,.30) |
| | | lines 1, 2, and 3 | | | 48,734 |
| | | reases not included in line 2 (itemize) ▶ | | 5 | |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, | column (h) line 30 | | 48,734 |
| | rota | in her assers of furio balances at end of year (line 4 minus line 5) - Part II, | Column (D), line 30 | | T 000 DE /2000 |

Page 3

| Part IV Capital Gains a | and Losses for Tax on Inve | stment Incom | | | |
|--|---|---|--|--------------------------------------|---|
| | e the kind(s) of property sold (e g , real esta nouse, or common stock, 200 shs MLC Co | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (yr , mo , day) | (d) Date sold (yr , mo , day) |
| 1a N/A | | | | . <u> </u> | |
| b | | | | | |
| <u>c</u> | | | | | |
| <u>d</u> | | | | | <u> </u> |
| <u>e</u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or o | | | iain or (loss) s (f) minus (g) |
| a | | | | | <u> </u> |
| <u>b</u> | | | | _ | |
| <u>c</u> | | | | | |
| <u>d</u> | | <u> </u> | | | |
| e | in a new manking (b) and support | by the foundation | on 12/21/60 | | |
| Complete only for assets show | ving gain in column (h) and owned | | | | Col (h) gain minus ot less than -0-) or |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess over col (| | | (from col (h)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (ne | | so enter in Part I, li nter -0- in Part I, | | 2 | |
| 3 Net short-term capital gain or | (loss) as defined in sections 1222(5 |) and (6) | | | |
| | e 8, column (c) (see pages 13 and 1 | | ns) 1 | | |
| • | e 8 | | 5 | 3 | |
| Part V Qualification Ur | nder Section 4940(e) for Re | duced Tax or | Net Investm | ent Income | |
| If "Yes," the foundation does not o | section 4942 tax on the distributable qualify under section 4940(e) Do no | t complete this pa | rt. | | Yes X No |
| 1 Enter the appropriate amount (a) | in each column for each year, see | page 18 of the inst | ructions before m | aking any entries | (d) |
| (a) Base period years Calendar year (or tax year beginning i | (b) Adjusted qualifying distribution | ns Net value of | (c) noncharitable-use as | | Distribution ratio b) divided by col. (c)) |
| 2008 | 148,5 | 59 | 61,2 | 288 | 2.423949 |
| 2007 | 97,0 | 90 | 53,0 | 537 | 1.810131 |
| 2006 | 119,4 | | 97,4 | | 1.225783 |
| 2005 | 131,1 | | 69,3 | | 1.892525 |
| 2004 | 125,1 | .90 | 76, | 322 | 1.640287 |
| 2 Total of line 1, column (d) | | | | 2 | 8.992675 |
| 3 Average distribution ratio for t | he 5-year base period - divide the | total on line 2 by 5 | , or by the | | |
| number of years the foundation | on has been in existence if less than | 5 years | | 3 | 1.798535 |
| 4 Enter the net value of noncha | iritable-use assets for 2009 from Pa | rt X, line 5 | | 4 | 40,000 |
| 5 Multiply line 4 by line 3 | | | 5 | 71,941 | |
| 6 Enter 1% of net investment in | come (1% of Part I, line 27b) | | | 6 | |
| 7 Add lines 5 and 6 | | | | 7 | 71,941 |
| • | from Part XII, line 4 than line 7, check the box in Part VI | | | | ee the |
| Part VI instructions on page 1 | | , and to, and com | piete triat part usii | ya 1/0 lax fale 3 | |

| Form | 990-PF (2009) DANIEL J & ARDITH KOSTER FOUNDATION 38-3067 | 600 | Р | age 4 |
|------|---|----------------|------|---|
| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the in | structi | ons) | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.— | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, check | _ | | 0 |
| | here ▶ and enter 1% of Part I, line 27b | | | *************************************** |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | | |
| | Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2 | | | 0 |
| 3 | Add lines 1 and 2 | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-). | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | <u>0</u> |
| 6 | Credits/Payments | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | |
| Ь | Exempt foreign organizations - tax withheld at source 6b | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| ď | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here ff Form 2220 is attached | _ | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9 | | | |
| 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 2010 estimated tax ▶ Refunded ▶ 11 | | | |
| | t VII-A Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | participate or intervene in any political campaign? | 1a | | Х |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | |
| | of 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 | | | |
| _ | Did the foundation file Form 1120-POL for this year? | 1c | Ī | х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | 10 | | |
| đ | (1) On the foundation > \$ (2) On foundation managers > \$ | | | |
| _ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| e | | | | |
| • | on foundation managers \$ | 2 | ŧ | х |
| 2 | | | | <u></u> |
| | 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 | | Ī | v |
| | incorporation, or 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 | | _ |
| _ b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b_ | | Х |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | |
| | 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 | | Ī | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | ٠ | |
| | 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 | X | ļ |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | Ī | |
| | instructions) ► | | Ī | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | 1 | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | ļ | ļ |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | ŧ | |
| | 4942(1)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | | |
| | 27)? If "Yes," complete Part XIV | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | | X |

| orm | 990-PF(2009) DANIEL J & ARDITH KOSTER FOUNDATION 38-3067 | 600 | P | age 5 |
|-----|---|---------|----------|-----------------------------|
| Pai | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ GREGORY J KOSTER Telephone no ▶ 616- | 878-5 | 554 | |
| | Located at ▶ 7035 IVANREST AVE SW BYRON CENTER, MI ZIP+4 ▶ 493 | 15 | | |
| 15 | | | | $\overline{ ightharpoonup}$ |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| Pa | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | | | | |
| | (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? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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)? | | | |
| | (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 | | | |
| Ь | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1ь | į į | |
| | Organizations relying on a current notice regarding disaster assistance check here | | " " | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2009? | 1c | | |
| 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 | 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? | | | |
| | If "Yes," list the years ▶ , , , | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see page 20 of the instructions) | 2ь | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | • ,,,, | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2009) | 3ь | | <u></u> |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| Ь | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | <u> </u> | <u>X</u> |
| | EEA | Form 99 | 0-PF | (2009) |

| Par | VII-B Statements Regarding Activitie | es for \ | Which Forr | n 4720 | May Be | Requi | red (conti | nued) | | | |
|-------|---|--------------|---------------------------------|-------------|---------------------------|----------|---------------------------------|--------------------|----------|-------------|----------|
| 5a | During the year did the foundation pay or incur any | amount t | :o | _ | | _ | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to ir | fluence l | legislation (sec | tion 494 | 5(e))? | [| Yes X | No | | | |
| | (2) Influence the outcome of any specific public ele | ction (see | e section 4955 |), or to c | arry on, | _ | | _ | | | |
| | directly or indirectly, any voter registration drive? | | | | - | [| Yes X | No | | | |
| | (3) Provide a grant to an individual for travel, study, | | | | | - | Yes X | No | | | |
| | (4) Provide a grant to an organization other than a | | | | | | | | | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(| | _ | | | [| Yes | No | | | |
| | (5) Provide for any purpose other than religious, ch | | . • | | | | | _ | | | |
| | purposes, or for the prevention of cruelty to chil | | | • | | [| Yes X | No | | | |
| ь | If any answer is "Yes" to 5a(1)-(5), did any of the tra | | | | | L | | j | | | |
| | Regulations section 53 4945 or in a current notice re | | | | - | | | | 5ь | i | |
| | Organizations relying on a current notice regarding | - | | | . • | | | 7 | | | |
| С | If the answer is "Yes" to question 5a(4), does the for | | | | | | | J | | | |
| | because it maintained expenditure responsibility for | | | | | [| ☐ Yes ☐ | No | | | |
| | If "Yes," attach the statement required by Regulation | - | | | | | | J | | | |
| 6a | Did the foundation, during the year, receive any fun | | | | premiums | | | | | | |
| | on a personal benefit contract? | | - | | - | [| Yes X | No | | | |
| Ь | • | | | | | L | | | 6ь | l l x | 7 |
| | If "Yes" to 6b, file Form 8870 | , | | | | | | | | | _ |
| 7a | At any time during the tax year, was the foundation | a party to | a prohibited | tax shelt | er transactio | n? . [| Yes X | No | | | |
| | If yes, did the foundation receive any proceeds or h | | | | | | | | 7b | i | |
| | t VIII Information About Officers, Dire | | | | | | | | Emplo | yees, | _ |
| | and Contractors | | | | | _ | | | • | • | |
| 1 L | ist all officers, directors, trustees, foundation mar | agers a | nd their comp | ensatio | n (see page | 22 of th | ne instructio | ons). | | | _ |
| | (a) Name and address | | le, and average irs per week | | mpensation paid, enter | | Contributions byee benefit p | | | ense accour | |
| See | 990_OFOV | | ed to position | (11.102 | -0-) | | erred compen | | other a | allowances | |
| ARD: | ITH STEPHENSON | PRESI | DENT | | | | | | | | |
| 201 | 5 8TH STREET, MI 49315 | ļ | 0 | | 0 | | | 0 | | | <u> </u> |
| GRE | G KOSTER | EXEC | DIR | Ì | | | | | | | |
| 703 | VANREST, MI 49315 | | 0 | ļ | 0 | | | 0 | | | <u> </u> |
| CHE | RYL KOSTER | BOARD | MEMBER | | | | | | | | |
| 703 | 5 IVANREST, MI 49315 | ļ <u>.</u> . | 0 | | 0 | | | 0 | | | 2 |
| RIC | K KOSTER | BOARD | MEMBER | | | | | | | | |
| | 1 8TH BYRON CENTER, MI 49315 | | 0 | L | 0 | l | | 0 | | | <u> </u> |
| | compensation of five highest-paid employees (oth | er than | those include | d on lin | e 1 – see pa | ige 23 o | f the instru | ctions |). | | |
| Į! | none, enter "NONE." | | | | 1 | | | | | | |
| | | | (b) Title, and | | | | (d) Contribu | tions to enefit | (e) Expe | ense accour | nt. |
| | (a) Name and address of each employee pald more than \$50,0 | 00 | hours per v devoted to pe | | (c) Compe | nsation | plans and de compensa | ferred | | allowances | |
| | <u> </u> | | · . | | | | Compensa | | | | — |
| NON | s | | | | | | | | | | |
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| | | | | | - | | | - | · | | _ |
| | | | | | | | | | | | |
| Total | number of other employees paid over \$50,000 | | | | | | | | | | — |
| . – | | <u> </u> | · · · · · · · · | | <u> </u> | | <u>- · · · · · · </u> | | | | |

Form 990-PF (2009) DANIEL J & ARDITH KOSTER FOUNDATION

38-3067600

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| Form 990-PF (2009) DANIEL J & ARDITH KOSTER FOUNDATION | 38-30 | 67600 Page 7 |
|---|--------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundatio and Contractors (continued) | n Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional services (see page 23 of | the instructions). If none, en | ter "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 | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ormation such as the number of | Expenses |
| 1 THE SPECIFIC PURPOSE FOR WHICH THIS FOUNDATION EXISTS | | |
| IS TO ADVANCE ANY RELIGIOUS BASED ACTIVITY, ANY | | |
| ORGANIZATION THAT OPERATES FOR THE RELIEF OF POVERTY | | 0 |
| 2 RELIGIOUS BASED ACTIVITY, ANY ORGANIZATION THAT | | |
| OPERATES FOR THE RELIEF OF POVERTY OR ANY EDUCATIONAL | | |
| INSTITUTION | | 0 |
| 3 | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see page 24 of the | ľ | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a | nd 2 | Amount |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See page 24 of the instructions. | | |
| 3 | | |
| Total. Add lines 1 through 3 | | |
| EEA | | Form 990-PF (2009) |

| Pai | Minimum Investment Return (All domestic foundations must complete this part. Foreign for | undations | 1 |
|-----|--|------------|---------------------------------------|
| | see page 24 of the instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | · · · · · · · · · · · · · · · · · · · |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| Ь | Average of monthly cash balances | 1b | 40,000 |
| C | Fair market value of all other assets (see page 24 of the instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 40,000 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 40,000 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of | | |
| | the instructions) | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 40,000 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,000 |
| Pa | Titized Titizen Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of | perating | |
| | foundations and certain foreign organizations check here and do not complete this part) | | |
| 1 | Mınımum investment return from Part X, line 6 | 1 | 2,000 |
| 2a | Tax on investment income for 2009 from Part VI, line 5 2a | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 2,000 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 2,000 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 2,000 |
| Pa | RXII Qualifying Distributions (see page 25 of the instructions) | | |
| | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 0 |
| 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., | 1 1 | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| ь | 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 | |
| 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 page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether | r the four | ndation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

| | 990-PF (2009) DANIEL J & ARDITH F XIII Undistributed Income (see page 2) | COSTER FOUNDATION 6 of the instructions) | <u> </u> | 38-3067600 | Page ! |
|---|--|--|---------------------------------------|-------------|---|
| | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| | line 7 | | · · · · · · · · · · · · · · · · · · · | | 2,000 |
| | Undistributed income, if any, as of the end of 2009 | | | | 2,000 |
| | | | | | |
| | Enter amount for 2008 only | | - | | |
| | Total for prior years 2003, 2004, 2005 | | | <u> </u> | |
| | Excess distributions carryover, if any, to 2009 | | Į. | | |
| | From 2004 | - ₹ | | | |
| | From 2005 | ; ; | ‡ | | |
| | From 2006 | -; ; | 1 | <u> </u> | |
| | From 2007 94,40 | ⊣ : | 1 | | |
| | From 2008 145,49 | ⊣ | | | |
| | Total of lines 3a through e | 603,537 | | | |
| | Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ | | # # | ¥ | |
| а | Applied to 2008, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | 1 | |
| | (Election required - see page 26 of the instructions | ;)[| | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see page 26 of the instructions) | | | | |
| d | Applied to 2009 distributable amount | " | | | |
| е | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2009 | 2,000 | · · · · · · · · · · · · · · · · · · · | | 2,00 |
| | (If an amount appears in column (d), the same | | | | ····· |
| | amount must be shown in column (a)) | | | 1 | |
| 6 | Enter the net total of each column as | | | | |
| • | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e. Subtract line 5. | 601,537 | | | |
| | Prior years' undistributed income Subtract | 001,337 | | ······ | · · · · · · · · · · · · · · · · · · · |
| | line 4b from line 2b | | | | |
| _ | Enter the amount of prior years' undistributed | | | ····· | |
| C | Income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | • | | | | |
| | tax has been previously assessed | ··· | | | *********************** |
| a | Subtract line 6c from line 6b Taxable | | | ! | |
| | amount - see page 27 of the instructions | | | | *************************************** |
| е | Undistributed income for 2008 Subtract line | | | | |
| | 4a from line 2a Taxable amount - see page | | | | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2009 Subtract lines | | | 1 | |
| | 4d and 5 from line 1 This amount must be | | # | | |
| _ | distributed in 2010 | | | ···· | |
| 7 | Amounts treated as distributions out of corpus | | ! | I | |
| | to satisfy requirements imposed by section | | | 1 | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | 1 | ! | |
| | instructions) | | | ····· | ***** |
| 8 | Excess distributions carryover from 2004 not | | 1 | ‡ | |
| | applied on line 5 or line 7 (see page 27 of the | | 1 | 1 | |
| | instructions) | 119,374 | | | |
| 9 | Excess distributions carryover to 2010. | | ‡ | 1 | |
| | Subtract lines 7 and 8 from line 6a | 482,163 | | | |
| 0 | Analysis of line 9 | | | | |
| а | Excess from 2005 127,70 |)4[| 1 | 1 | |
| ь | Excess from 2006 114,55 | - | 1 | 1 | |
| | Excess from 2007 94,40 | ; ; | 1 | 1 | |
| C | | | Ŧ | 1 | |
| d | Excess from 2008 145, 49 | 5 | | ‡ | |

| | NIV Private Operating Found | ARDITH KOSTER | | and Dark VIII. Aan | 38-306 | 7600 Page 10 |
|----|---|---------------|-----------------|--------------------|------------------|---------------|
| 1a | If the foundation has received a ruling o | | | | ion 9) | |
| | foundation, and the ruling is effective for | | | • | | |
| ь | Check box to indicate whether the found | | • | | 4942(j)(3) or | 4942(1)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | 1 10 12(),(0) 01 | [13 12()/(3) |
| | Income from Part I or the minimum Investment return from Part X for each year listed | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| b | 85% of line 2a | | | | | |
| С | 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 . | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | - | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test - enter (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under 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 | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

| 1 | Information | Regarding | Foundation | Managers: |
|---|-------------|-----------|------------|-----------|
|---|-------------|-----------|------------|-----------|

a 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 than \$5,000) (See section 507(d)(2))

| Ь | List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. |
|---|--|
| | |

| 2 | Information Regarding Contribution | , Grant, | Gift, Loan, | Scholarship, etc. | , Programs: |
|---|------------------------------------|----------|-------------|-------------------|-------------|

Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- The name, address, and telephone number of the person to whom applications should be addressed 990APP
- **b** The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

| Name and address (home or but a Paid during the year FREEDOM BAPTIST SCHOOL 6340 AUTUMN DRIVE HUDSONVILLE FRONTIER SCHOOL OF THE PO BOX 217 LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE GRAND RAPIDS | LS MI BIBI WY | 49426 LE 82221 | any foundation manager or substantial contributor NONE NONE | recipient | SUPPORT | 2,600 |
|--|----------------------------|----------------------|---|-----------|---------|-------|
| FREEDOM BAPTIST SCHOOL 6340 AUTUMN DRIVE HUDSONVILLE FRONTIER SCHOOL OF THE PO BOX 217 LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE | MI BIBI WY N SCHO | LE 82221 | | | | 2,600 |
| 6340 AUTUMN DRIVE HUDSONVILLE FRONTIER SCHOOL OF THE PO BOX 217 LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE | MI BIBI WY N SCHO | LE 82221 | | | | 2,600 |
| HUDSONVILLE FRONTIER SCHOOL OF THE PO BOX 217 LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE | BIBI WY N SCHO | LE 82221 | | | SUPPORT | 2,600 |
| FRONTIER SCHOOL OF THE PO BOX 217 LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE | BIBI WY N SCHO | LE 82221 | | | SUPPORT | 2,600 |
| PO BOX 217 LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE | WY N SCH | 82221 | NONE | | SUPPORT | |
| LAGRANGE NORTH POINTE CHRISTIAN 3101 LEONARD NE | N SCH | | NONE | | 1 | |
| NORTH POINTE CHRISTIAN 3101 LEONARD NE | N SCH | | NONE | | | |
| 3101 LEONARD NE | | ools | | 501C3 | | 5,000 |
| | MI | | | | SUPPORT | |
| GRAND RAPIDS | MI | | | | | |
| | | 49525 | NONE | 501C3 | | 9,000 |
| ALPHA WOMEN'S CENTER | | | | | SUPPORT | |
| 1055 E FULTON | | | | | | |
| GRAND RAPIDS | MI | 49503 | NONE | 501C | | 500 |
| BEACON HILL AT EASTGAT | re | | | | SUPPORT | |
| 1845 BOSTON STREET | | | | | | |
| GRAND RAPIDS | MI | 49506 | NONE | 501C3 | | 2,000 |
| ALPHA WOMEN'S CENTER | | | | | SUPPORT | |
| 1200 28TH STREET SE | | | | | | |
| GRAND RAPIDS | MI | 49508 | NONE | 501C3 | | 1,000 |
| CAMP AO-WA-KIYA | | | | | SUPPORT | |
| 8401 W THOMAS RD | | | | | | |
| Shelby | MI | 49455 | NONE | 501C3 | | 8,200 |
| CAMP AO-WA-KIYA | | | | | SUPPORT | |
| PO BOX 2513 | | | | | | |
| GRAND RAPIDS | MI | 49501 | NONE | 501C3 | | 9,600 |
| | | | | | ▶ 3a | |
| b Approved for future payment | | | | | | |
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38-3067600

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye

| 3 Grants and Contribut | ions Pa | id During the | Year or Approve | d for Future F | Payment | |
|-------------------------------------|---------------------------------------|---------------|--|--------------------------------------|----------------------------------|--------|
| Recipiei | | , | If recipient is an individual, show any relationship to any foundation manager | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| Name and address (home o | r business | s) | or substantial contributor | | | |
| a Paid during the year | | | | | | |
| CONGO INTERNATIONAL | MISSIO | N | | | SUPPORT | |
| 749 LAMOREAUX DR | | | | | | |
| COMSTOCK PARK | MI | 49321 | NONE | 501C3 | | 3,000 |
| 160 2120 600 | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1ST BAPTIST CHURCH (| OMENION | KY | | | SUPPORT | |
| 213 N MAIN | 9535 | 40250 | MONTE | E0103 | | 500 |
| OWENTON | KY | 40359 | NONE | 501C3 | | 500 |
| GRACE MINISTRIES | | | | | SUPPORT | |
| PO BOX 820 | | | | | Borrowi | |
| MOUNDSVILLE | wv | 26041 | NONE | 501C3 | | 13,500 |
| HOUNDS I IIIII | *** | 20011 | NONE | 30103 | | 13,300 |
| GRANDVILLE BIBLE CH | URCH | | | | SUPPORT | |
| 4122 44TH STREET SW | | | | | | |
| GRANDVILLE | MI | 49418 | NONE | 501C3 | | 5,000 |
| | | | | | 1 | |
| HARVEST MINISTRIES | | | | | SUPPORT | |
| 6115 ARLINGTON AVE | | | | | | |
| RIVERSIDE | CA | 92504 | NONE | 501C3 | | 1,000 |
| | | | | | | |
| HIGHWAY MELODIES HM | I MINIS | STRIE | | | SUPPORT | |
| PO BOX 8451 | | | | | | |
| GRAND RAPIDS | MI | 49518 | NONE | 501C3 | | 1,200 |
| | | | | | GTDDOD# | |
| IMI SOS INTERNATION | АL | | | | SUPPORT | |
| PO BOX 116 HUDSONVILLE | MI | 49426 | NONE | 501C3 | | 1,200 |
| RUDSONVILLE | MI | 19120 | NONE | 30103 | | 1,200 |
| INDEPENDENT BIBLE M | ISSION | | | | SUPPORT | |
| 749 LAMOREAUX DRIVE | | | | | | |
| COMSTOCK PARK | MI | 49321 | NONE | 501C3 | | 3,400 |
| | | | | | | |
| Total | | | | | ▶ 3a | |
| b Approved for future paymer | nt | | | | | |
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| Total | | | | | | |

Part XV | Supplementary Information (continued)

| Recipient | t | | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
|--------------------------------------|----------|-------|---|------------------------|---------------------|--------|
| Name and address (home or | husinoss | .1 | any foundation manager or substantial contributor | status of reciplent | contribution | Amount |
| a Paid during the year | Dusiness | | or substantial contributor | | - | |
| INTER-CITY CHURCH PL | ANTING | MIS | | | SUPPORT | |
| PO BOX 7 | | | | | | |
| GRANDVILLE | MI | 49468 | NONE | 501C3 | | 7,400 |
| LAKESHORE PREGNANCY | CENTER | | | | SUPPORT | |
| 339 RIVER AVE | | | | | | |
| HOLLAND | MI | 49423 | NONE | 501C3 | | 2,000 |
| LIVING ON THE EDGE | | | | | SUPPORT | |
| 4201 N PEACHTREE RD | | | | | | |
| ATLANTA | GA | 30341 | NONE | 501C3 | | 1,000 |
| MARION MEMORIAL TABE | RNACLE | 1 | | | SUPPORT | |
| 1533 E 37TH STREET | | | | | | |
| MARION | IN | 46953 | NONE | 501C3 | | 3,000 |
| MEL TROTTER MINISTRI | ES | | | | SUPPORT | |
| 225 COMMERCE AVE SW | | | | | | |
| GRAND RAPIDS | MI | 49503 | NONE | 501C3 | | 500 |
| MULLEY CHILDRENS FUN | D | | | | SUPPORT | |
| PO BOX 710 | | | | | | |
| ALTO | MI | 49302 | NONE | 501C3 | | 1,000 |
| NEW TRIBES MISSION I | NC | | | | SUPPORT | |
| 1000 EAST 1ST STREET | | | | | | |
| SANFORD | FL | 32771 | NONE | 501C3 | | 1,000 |
| PARTNERS IN EVANGELI | SM | | | | SUPPORT | |
| 2911 N CICERO | | | | | | |
| CHICAGO | IL | 60641 | NONE | 501C3 | | 18,060 |
| | | | | | ▶ 3a | |
| b Approved for future payment | | | | | | |
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Page 11

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Grants and Contribution | | | | | | |
|--------------------------------------|-----------|---------|--|--------------------------------------|----------------------------------|---------|
| Recipient | | | If recipient is an individual, show any relationship to any foundation manager | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| Name and address (home or | business | s) | or substantial contributor | | | |
| a Paid during the year | | | | | | |
| SCRIPTURE MEMORY MT I | MISSIC |)N | | | SUPPORT | |
| PO DRAWER 129 | 7737 | 41740 | NONE | 50103 | | 7 700 |
| EMMALENA | KY | 41740 | NONE | 501C3 | 1 | 7,700 |
| SEND INTERNATIONAL | | | | | SUPPORT | |
| PO BOX 513 | | | | | BULLOKI | |
| FARMINGTON | MI | 48332 | NONE | 501C3 | | 7,200 |
| | | | | | 1 | ., |
| TENTMAKERS BIBLE MIS | SION I | INC | | | SUPPORT | |
| PO BOX 4983 | | | | | | |
| FRISCO | co | 80443 | NONE | 501C3 | | 7,200 |
| | | | | | | |
| TRANSFORMATION LIFE | CENTER | ł | | | SUPPORT | |
| PO BOX 249 | | | | | | |
| WEST PARK | NY | 12493 | NONE | 501C3 | | 7,200 |
| | | | | | | |
| TRUTH ALIVE MINISTRI | es | | İ | | SUPPORT | |
| 1404 AUBURN PL | | | | | | |
| PLANO | ТX | 75093 | NONE | 501C3 | | 1,000 |
| | | | | | | |
| WINNING AT HOME INC | | | | | SUPPORT | |
| 300 S STATE ST SUITE | | 40454 | | 50163 | | 1 000 |
| ZEELAND | MI | 49464 | NONE | 501C3 | | 1,000 |
| WOMEN AT RISK INTERN | ATTON | AT. | | | SUPPORT | |
| PO BOX 2513 | 211 20142 | | | | | |
| GRAND RAPIDS | MI | 49501 | NONE | 501C3 | | 1,000 |
| | | | | | | • • • |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | <u> </u> | ▶ 3a | 132,960 |
| b Approved for future payment | : | | | | | |
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| nter gross an | mounts unless otherwise indicated | Unrelate | d business Income | Excluded by s | ection 512, 513, or 514 | (e) |
|------------------------------------|---|----------------------|-------------------|--------------------------|---------------------------------|--|
| l Program s | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of the instructions) |
| a | | | | - | | , |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| f | | | | | | |
| g Fees ar | nd contracts from government agencies | _ | | | | |
| Membersh | hip dues and assessments | | | | | |
| | n savings and temporary cash investments . | | | | | |
| Dividends | and interest from securities | | | | | |
| Net rental | income or (loss) from real estate | | | | 1127 1211 711 117 1 | |
| | inanced property | | | | | |
| | bt-financed property | | | | | |
| | income or (loss) from personal property | | | | | |
| | estment income | | | | <u> </u> | |
| Gain or (lo | oss) from sales of assets other than inventory. | | | | | |
| Net incom | ne or (loss) from special events | | | | | |
| | fit or (loss) from sales of inventory | | | | | _ |
| Other reve | enue a | _ | | | | |
| L | | | | | | |
| ^ | | | | | | |
| | | | | | | |
| d | | | | | | |
| d | • | | | | | |
| d | Add columns (b), (d), and (e) | | | | | |
| e Subtotal. Total. Add | Add columns (b), (d), and (e) | | | | 13 | |
| e Subtotal. Total. Addee workshee | Add columns (b), (d), and (e) | | | | 13 | |
| e Subtotal. Total. Addee workshee | Add columns (b), (d), and (e) | lculations) Accompl | ishment of Exe | empt Purpos | 13 | |
| e Subtotal. Total. Addee workshee | Add columns (b), (d), and (e) | lculations) Accompl | ishment of Exe | empt Purpos | 13 Ses Intributed importantly | |
| e Subtotal. Total. Addee workshee | Add columns (b), (d), and (e) | lculations) Accompl | ishment of Exe | empt Purpos | 13 Ses Intributed importantly | |
| e Subtotal. Total. Addee workshee | Add columns (b), (d), and (e) | lculations) Accompl | ishment of Exe | empt Purpos | 13 Ses Intributed importantly | |
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| e Subtotal. Total. Addee workshee | Add columns (b), (d), and (e) | lculations) Accompl | ishment of Exe | empt Purpos | 13 Ses Intributed importantly | |
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Form 990-PF (2009) DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) (2) Other assets 1a(2) X Other transactions 16(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) d 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 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations **b** If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship

| S i | belief, it is | | I have examined this return, including acceptantion of preparer (other than taxpayed) | | on all informa | tion of which p | |
|------------------|--------------------------------|---|---|-----------|---------------------|-----------------|---|
| ň H e r | Paid Prepar- er's Use | Preparer's signature | (- In) | 5/12/10 | Check if self-emplo | yed ▶ 📗 | Preparer's identifying number (see Signature on page 30 of the instructions) |
| | Only | Firm's name (or yours if self-employed), address, | Michael A Tawney & Co | ompany PC | | EIN ▶ | 38-3122537 |
| | | and ZIP code | Grand Rapids, MI 4950 |)3 | | Phone no | 616-456-4700 |

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, and 990-PF.

OMB No 1545-0047

2009

Name of the organization Employer identification number DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600 Organization type (check one) Filers 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your 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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

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

Name of organization DANIEL J & ARDITH KOSTER FOUNDATION

Employer identification number

38-3067600

| Part I | Contributors (see instructions) | | |
|-------------|--|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1_ | NTB INC 1240 84TH STREET BYRON CENTER, MI 49315 | \$\$ 57,728 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | ARDITH STEPHENSON 2015 8TH AVENUE BYRON CENTER, MI 49315 | \$ 60,000 | Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person |

Current Officers, Directors, Trustees, and Key Employees

Form 990_OfOv (2009)

| 1 List all officers, directors, trustees, and key employed | es for the year even if t | hey were not comp | ensated. | |
|--|---|---|---|--|
| (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 deferred compensation | (e) Expense account, other allowances |
| SUSAN KOSTER | BOARD MEMBER | | | |
| 2031 8TH BYRON CENTER, MI 49315 |] o | 0 | 0 | 0 |
| KURT KOSTER | BOARD MEMBER | | | |
| 224 BARRY GRANDVILLE, MI 49418 | 0 | 0 | 0 | 0 |
| LINDA KOSTER | BOARD MEMBER | | | |
| 224 BARRY GRANDVILLE, MI 49418 | 0 | 0 | 0 | 0 |
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EEA

| 2009 PG 01 | Your Social Security Number 38–3067600 | STATEMENT #103 | | | | | | | |
|-------------------------------|--|---------------------------------|-----------------------------|--------|--|--|--|--|--|
| nents | | | CHARITABLE PURPOSE 0 | 0 | | | | | |
| Federal Supporting Statements | | - OTHER EXPENSES SCHEDULE | ADJUSTED NET INCOME 0 | 0 | | | | | |
| Federal Su | : | FORM 990PF, PART I, LINE 23 - 0 | NET INVESTMENT | 0 | | | | | |
| | | | REVENUE AND EXPENSES 133 | 133 | | | | | |
| | Name(s) as shown on return DANTEL J. R. ARDITH KOSTER FOUNDATION | | DESCRIPTION BANK CHARGES | TOTALS | | | | | |

| 2009 PG 01 | Your Social Security Number 38–3067600 | STATEMENT #108 | | | | | | | |
|-------------------------------|--|------------------------------------|--------------------------------|--------|--|--|--|--|--|
| ients | | DULE | CHARITABLE PURPOSE 0 | 0 | | | | | |
| Federal Supporting Statements | | E 16(B) - ACCOUNTING FEES SCHEDULE | ADJUSTED NET INCOME 0 | 0 | | | | | |
| Federal Su | | PART I, LINE 16(B) - | NET INVESTMENT | 0 | | | | | |
| | 2 | FORM 990PF, PART I, LIN | REVENUE AND EXPENSES 350 | 350 | | | | | |
| | Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION | | DESCRIPTION ACCOUNTING FEES | TOTALS | | | | | |

| | | Federal Su | Federal Supporting Statements | nents | 2009 PG 01 | |
|---|-------------------------|----------------------|---|----------------------------|--|------|
| Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION | | | | | Your Social Security Nur 38–3067600 | nber |
| | FORM 990PF, PART I | ;, LINE 16(C) - OTHE | FORM 990PF, PART I, LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE | SCHEDULE | STATEMENT #109 | • |
| DESCRIPTION FIELD | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHARITABLE PURPOSE 0 | | |
| OUISIDE PROFESSIONAL FEES TOTALS | 5,037 | | | | | |
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Federal Supporting Statements Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION 2009 PG 01 Your Social Security Number 38-3067600

FORM 990PF, PART XV, LINE 2 APPLICATION SUBMISSION INFORMATION

990APP

GRANT PROGRAM

<u>APPLICANT NAME</u> GREG KOSTER

ADDRESS

2015 8TH AVENUE

BYRON CENTERMI 49315

TELEPHONE 616-878-5554

FORM & CONTENT

APPLICATIONS MAY BE REQUESTED IN WRITING TO THE ABOVE ADDRESS

SUBMISSION DEADLINE

NONE

RESTRICTIONS ON AWARD

GRANTS OR SCHOLARSHIPS ARE AVAILABLE TO FULL-TIME STUDENTS WHO WILL ATTEND A QUALIFIED CHRISTIAN EDUCATIONAL INSTITUTION. THE STUDENT OR HIS/HER PARENTS MUST HAVE BEEN OR CURRENTLY BE ENGAGED IN SUBSTANTIAL CHRISITIAN SERVICE. CHRISTIAN BASED 501(C)(3) ORGANIZATIONS MAY ALSO MAKE REQUESTS.