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# Form 990-PF

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

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

OMB No 1545-0052

Open to Public Inspection

2012

| _                                |           | dar year 2012 or tax year beginning   |           | , 201                                   | 2, and e       | nding       |             |  | , 20                          |
|----------------------------------|-----------|---|-----------|---|----------------|-------------|-------------|--|-------------------------------|
| Na                               | ame of f  | foundation  |           |   |                |             | A Employer  | identification number                                    |                               |
|                                  |           | L J & ARDITH KOSTER FOUNDATION  |           |   |                |             | 38-3067     | 600  |                               |
| N                                | umber a   | and street (or P O box number if mail is not delivered to street add  | dress)    |   | Room/su        | uite I      | 3 Telephone | number (see instructions)                                |                               |
|                                  |           | IVANREST AVE SW   |           |   |                |             | (616)87     | 8-5554   |                               |
| C                                | ty or to  | wn, state, and ZIP code   |           | _                                       |                | - 1         |             | on application is pending,                               | check here                    |
| _B                               | YRON      | CENTER, MI 49315  |           |   |                |             |             |  |                               |
| G                                | Check     | all that apply: Initial return Initial  | al return | of a former public o                    | harity         |             | D 1. Foreia | n organizations, check her                               | e ▶□                          |
|                                  |           | $\Box$ . $\Box$   | ended ref | •                                       | •              | Ì           | ·           |  | لـــا                         |
|                                  |           | Address change Nam  | ne chang  | je                                      |                |             |             | n organizations meeting the<br>here and attach computati |                               |
| H_C                              | Check     | type of organization. X Section 501(c)(3) exe   | empt priv | ate foundation                          |                |             |             | •  | O.,                           |
|                                  | Secti     | ion 4947(a)(1) nonexempt charitable trust   |           | axable private foun                     | dation         |             |             | foundation status was tern<br>07(b)(1)(A), check here    |                               |
| I F                              | aır ma    | arket value of all assets at J Accounting me  | ethod     | X Cash                                  | Accru          | ıal ,       |             | idation is in a 60-month te                              |                               |
| •                                | end of y  | year (from Part II, col. (c),   | cify)     |   | _              |             |             | tion 507(b)(1)(B), check h                               |                               |
| 1                                | ne 16)    |   | ) must be | e on cash basis )                       |                |             |             |  |                               |
| Pa                               | art l     | Analysis of Revenue and Expenses (The to  | otal of   | (a) Bayanya ana                         |                |             |             |  | (d) Disbursements             |
|                                  |           | amounts in columns (b), (c), and (d) may not necessarily equal  |           | (a) Revenue and<br>expenses per         | (b)            |             | vestment    | (c) Adjusted net   | for charitable                |
|                                  |           | the amounts in column (a) (see instructions))   |           | books                                   |                | inco        | ome         | income   | purposes<br>(cash basis only) |
|                                  | 1         | Contributions, gifts, grants, etc., received (attach schedul  | le)       | 257,6                                   | 50             |             |             |  | :                             |
|                                  | 2         | Check ▶ ☐ If the foundation is not required to attach Sch B   |           |   |                |             |             |  |                               |
|                                  | 3         | Interest on savings and temporary cash investments .  |           |   | 11             |             | 11          | 11   |                               |
| Revenue                          | 4         | Dividends and interest from securities  |           |   |                |             |             |  |                               |
|                                  | 5a        | Gross rents   |           |   |                |             |             |  |                               |
|                                  | b         | Net rental income or (loss)   |           |   |                |             |             | ,  |                               |
|                                  | 6a        | Net gain or (loss) from sale of assets not on line 10   |           |   |                | , _         |             |  |                               |
| en E                             | b         | Gross sales price for all assets on line of the RNAL BEVEN Capital gain net income (from Fault Vine 1)  | FOED      | /10m                                    |                |             |             |  | ,                             |
| ě                                | 7         | Capital gain net income (from Factor) RECENT  | E SEP     | KIN-E                                   |                |             |             |  |                               |
| —   0 14et short-te              |           | The second control of |           | 7777                                    |                |             |             |  |                               |
|                                  | 9         | Income modifications  | ĎŧĠ.      |   |                |             |             |  |                               |
|                                  | 10a       | Gross sales less returns and allowances MAY 17 20   |           |   |                |             | ,           |  | •                             |
|                                  | b         | Less: Cost of goods sold BATCHING U   | # 113c    |   |                | <del></del> |             |  |                               |
|                                  | C         | Gross profit or (loss) (attach schedule)  | NI.I .    |   |                |             |             |  |                               |
|                                  | 11        | Other income (attach schedule)  |           |   |                |             |             |  |                               |
|                                  | 12        | Total. Add lines 1 through 11   |           | 257,6                                   | 61             |             | 11          | 11   |                               |
| w                                | 13        | Compensation of officers, directors, trustees, etc  |           |   |                |             |             |  |                               |
| sesuec                           | 14        | Other employee salaries and wages   |           |   | <del></del>    |             |             |  |                               |
| )eu                              | 15<br>16a | Pension plans, employee benefits  |           | <u> </u>                                |                |             |             |  |                               |
| X                                | b         | Legal fees (attach schedule)  |           |   |                |             |             |  |                               |
| 9                                | C         | Other professional fees (attach schedule) S   |           |   | 100            |             |             | <del></del>  |                               |
| aj:                              | 17        | Interest  |           |   | 20             |             |             |  |                               |
| str                              | 18        | Taxes (attach schedule) (see instructions)  |           |   | <del> </del>   |             |             |  |                               |
| ₹.≣                              | 19        | Depreciation (attach schedule) and depletion  |           |   |                |             |             |  |                               |
| Б                                | 20        | Occupancy   |           |   | <del>-  </del> |             |             |  |                               |
| Ϋ́                               | 21        | Travel, conferences, and meetings   |           |   | <del>-  </del> |             |             |  |                               |
| Operating and Administrative Exp | 22        | Printing and publications   |           |   |                | <u>.</u>    |             |  |                               |
| ğ                                | 23        | Other expenses (attach schedule) STM103   |           | <u> </u>                                | 19             |             |             |  |                               |
| atir                             | 24        | Total operating and administrative expenses.  |           | <del></del>                             | -              |             |             |  |                               |
| er                               |           | Add lines 13 through 23   |           |   | 539            |             | 0           |  | ,                             |
| Ö                                | 25        | Contributions, gifts, grants paid   |           | 211,0                                   | <del> </del>   |             |             |  | 0                             |
|                                  | 26        | Total expenses and disbursements. Add lines 24 and 2  |           | 211,                                    |                |             | 0           |  | 0                             |
|                                  | 27        | Subtract line 26 from line 12:  |           | 211,                                    | -              |             |             |  | <u>U</u>                      |
|                                  | a         | Excess of revenue over expenses and disbursements   | s.        | 46,1                                    | 106            |             |             |  |                               |
|                                  | b         | Net investment income (if negative, enter -0-)  |           |   |                |             | 11          |  |                               |
|                                  |           | Adjusted net income (if negative, enter -0-)  |           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <del></del>    |             |             | 11   |                               |

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2012)

Page 2

| P                  | art II  | Balance Sheets Attached schedules and amounts in the description column        | Beginning of year  | End o   | f year                                   |
|--------------------|---------|--|--------------------|---|--|
|                    |         | should be for end-of-year amounts only (See instructions )                     | (a) Book Value     | (b) Book Value                                    | (c) Fair Market Value                    |
|                    |         | Cash - non-interest-bearing  | 85,541             | 131,647   | 131,647                                  |
| ,                  | 2       | Savings and temporary cash investments   |                    |   |  |
|                    | 3       | Accounts receivable  |                    |   |  |
|                    |         | Less allowance for doubtful accounts   |                    |   |  |
|                    | 4       | Pledges receivable ▶   |                    | <del>, , , , , , , , , , , , , , , , , , , </del> |  |
|                    |         | Less. allowance for doubtful accounts  |                    |   |  |
|                    | 5       | Grants receivable  |                    |   |  |
|                    | 6       | Receivables due from officers, directors, trustees, and other                  |                    |   |  |
|                    |         | disqualified persons (attach schedule) (see instructions)                      |                    |   |  |
|                    | 7       | Other notes and loans receivable (attach schedule)                             |                    | <del>*</del>                                      |  |
|                    | ļ       | Less allowance for doubtful accounts   |                    |   |  |
| Assets             | 8       | Inventories for sale or use  | -                  | <del></del>                                       | · · · · · · · · · · · · · · · · · · ·    |
| <b>SS</b> (        |         | Prepaid expenses and deferred charges  |                    |   |  |
| Ä                  |         | Investments - U S. and state government obligations (attach schedule)          |                    |   |  |
|                    | 1       | Investments - corporate stock (attach schedule)                                |                    |   | <del></del>                              |
|                    | 1       | Investments - corporate bonds (attach schedule)                                |                    |   | <del> </del>                             |
|                    | ١       | Investments - land, buildings, and equipment basis                             | <del></del>        |   | · ////// //// /// // // // // // // // / |
|                    |         | Less accumulated depreciation (attach schedule)                                |                    |   |  |
|                    | I       | Investments - mortgage loans   |                    |   |  |
|                    |         | Investments - other (attach schedule)  |                    |   |  |
|                    | 1       | Land buildings and equipment; basis  |                    | <del>, , , , , , , , , , , , , , , , , , , </del> | · · · · · · · · · · · · · · · · · · ·    |
|                    |         | Less accumulated depreciation (attach schedule)                                | †                  |   |  |
|                    | 1       | Other assets (describe >   |                    |   |  |
|                    | 1       | Total assets (to be completed by all filers - see the                          |                    |   | ļ  |
|                    | '       | Instructions Also, see page 1, Item I)   | OF E41             | 121 647   | 121 645                                  |
|                    | 17      | Accounts payable and accrued expenses  | 85,541             | 131,647   | 131,647                                  |
|                    | 18      | Grants payable   |                    |   | -  |
| 8                  | 19      | Deferred revenue   |                    |   | -  |
| Liabilities        |         | Loans from officers, directors, trustees, and other disqualified persons       |                    |   | -  |
| ā                  | 21      | Mortgages and other notes payable (attach schedule)                            |                    |   | -  |
| Ë                  | 22      | Other liabilities (describe >  |                    |   | 4  |
|                    | 23      |  |                    |   | 4  |
|                    | 23      | Total liabilities (add lines 17 through 22)                                    | 0                  |   | 4  |
| <b>,</b>           |         | Foundations that follow SFAS 117, check here                                   |                    |   |  |
| ances              |         |  |                    |   |  |
| ä                  | l       | Unrestricted   |                    |   | -  |
| 찚                  | 25      | Temporarily restricted   |                    |   | 4  |
| 豆                  | 26      | Permanently restricted   |                    |   | 4  |
| ٦                  |         | Foundations that do not follow SFAS 117, check here ▶ X                        |                    |   |  |
| Assets or Fund Bal | 22      | and complete lines 27 through 31.  |                    |   |  |
| ŝ                  | 27      | Capital stock, trust principal, or current funds                               |                    |   | 4  |
| set                | 28      | Paid-in or capital surplus, or land, bldg., and equipment fund                 |                    |   | 4  |
| As                 | 29      | Retained earnings, accumulated income, endowment, or other funds               | 85,541             | 131,647   | 4  |
| Net                | 30      | Total net assets or fund balances (see instructions)                           | 85,541             | 131,647   | 4  |
| Z                  | 31      | Total liabilities and net assets/fund balances (see                            |                    |   |  |
|                    |         | instructions)  | 85,541             | 131,647   |  |
|                    | art III | 1 · · · · · · · · · · · · · · · · · · ·  |                    | <del></del>                                       | <del></del>                              |
| 1                  |         | net assets or fund balances at beginning of year - Part II, column (a), line   | ` •                |   |  |
|                    |         | f-year figure reported on prior year's return)                                 |                    |   | 85,541                                   |
|                    |         | amount from Part I, line 27a   |                    |   | 46,106                                   |
|                    |         | ıncreases not included in line 2 (itemize) ▶                                   | - · · · · ·        | 3   | <u> </u>                                 |
|                    |         | nes 1, 2, and 3  |                    | <u>4</u>  | 131,647                                  |
|                    |         | eases not included in line 2 (itemize)   |                    | 5   |  |
| 6                  | Total   | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6   | 131,647                                  |

| (a) List and describ                                    | the kind(s) of property sold (e.g., real<br>ehouse, or common stock, 200 shs MLC | estate,   | (b) How acquired<br>P-Purchase<br>D-Donation | (c) Date acquired<br>(yr , mo , day) | (d) Date sold<br>(yr , mo , day)              |
|---|--|---|--|--------------------------------------|---|
| a   |  |   |  |                                      |   |
| b   |  |   |  |                                      |   |
| С   |  | · · · · · · · · · · · · · · · · · · ·               |  |                                      |   |
| <u>d</u>  |  |   |  |                                      |   |
| e   |  |   | <u> </u>                                     |                                      |   |
| (e) Gross sales price                                   | (f) Depreciation allowed (or allowable)  |   | other basis<br>ense of sale                  |                                      | n or (loss)<br>f) minus (g)                   |
| a   |  |   |  |                                      |   |
| b   |  |   |  |                                      |   |
| C   |  |   |  |                                      |   |
| d   |  |   |  |                                      | ·   |
| 9   |  |   |  |                                      |   |
| Complete only for assets show                           | ving gain in column (h) and owned b  | y the foundation on                                 | 12/31/69                                     | (I) Gains (Co                        | ol (h) gain minus                             |
| (i) F M.V as of 12/31/69                                | (j) Adjusted basis<br>as of 12/31/69   | (k) Exces<br>over col                               | s of col (ı)<br>(ı), ıf any                  | col (k), but not                     | less than -0-) or<br>rom col (h))             |
| a   |  |   |  |                                      |   |
| b   |  |   |  |                                      |   |
| c   |  |   |  |                                      |   |
| d   |  |   |  |                                      |   |
| e   |  |   | ··   |                                      |   |
| Capital gain net income or (ne                          | r Cabital Iossi S  | also enter in Part I, lu<br>enter -0- ın Part I, lu | >  | 2                                    |   |
| Net short-term capital gain or                          | (loss) as defined in sections 1222(5   | •   |  |                                      |   |
| If gain, also enter in Part I, line                     | e 8, column (c) (see instructions). If   | (loss), enter -0- in                                | 1  |                                      |   |
|   |  |   | }  | 3                                    |   |
| 'art V Qualification U                                  | nder Section 4940(e) for R   | Reduced Tax or                                      | n Net Investm                                | ent Income                           |   |
| "Yes," the foundation does not q                        | ection 4942 tax on the distributable jualify under section 4940(e). Do not       | t complete this part.                               | •  |                                      | Yes X   |
| Enter the appropriate amount (a)                        | in each column for each year, see the  | ne instructions befor                               | e making any entr                            | ies.                                 | (d)   |
| Base penod years<br>Calendar year (or tax year beginnii | ng in) Adjusted qualifying distribution  | ons Net value of                                    | (c)<br>f noncharitable-use a                 |                                      | (d)<br>tribution ratio<br>divided by col (c)) |
| 2011  |  |   | 64,  | 025 0                                | .0  |
| 2010  |  |   |  |                                      |   |
| 2009  |  |   | <u> </u>                                     |                                      |   |
| 2008  |  |   |  |                                      |   |
| 2007  |  |   |  |                                      |   |
|   |  |   |  |                                      |   |
|   |  |   |  | 2 0                                  | . 0   |
|   | he 5-year base period - divide the to  | -   | •  |                                      | _   |
| number of years the foundation                          | on has been in existence if less than  | 5 years   |  | 3 0                                  | . 0   |
| Enter the net value of noncha                           | ntable-use assets for 2012 from Par  | t X, line 5   |  | 4                                    |   |
| Multiply line 4 by line 3                               |  |   |  | 5                                    |   |
| Enter 1% of net investment in                           | come (1% of Part I, line 27b)  |   |  | 6                                    |   |
|   |  |   |  |                                      |   |
| Add lines 5 and 6                                       |  |   |  | 7                                    |   |
|   |  |   |  |                                      |   |
| B Enter qualifying distributions f                      |  |   |  | 8                                    |   |

| Pai        | t VI Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst                                 | ructio      | ns)          |   |
|------------|---|-------------|--------------|---|
| 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)                                      |             |              |   |
| b          | 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-)                        | <del></del> |              | 0   |
| 5          | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-   |             |              | 0   |
| 6          | Credits/Payments:   |             |              |   |
| a          | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a  |             |              |   |
| b          | Exempt foreign organizations - tax withheld at source   |             |              |   |
| C          | Tax paid with application for extension of time to file (Form 8868) 6c  |             |              |   |
| d          | Backup withholding erroneously withheld   |             |              |   |
| 7          | Total credits and payments Add lines 6a through 6d  |             |              |   |
| 8          | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8  |             |              |   |
| 9          | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |             |              |   |
| 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 2013 estimated tax ► Refunded ► 11  rt VII-A Statements Regarding Activities       |             |              |   |
| 1a         | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                  |             | Yes          | NI.   |
| Ia         | participate or intervene in any political campaign?   | 10          | res          | No<br>X                                     |
| b          | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19                  | 1a          |              | <u> </u>                                    |
| b          | of the instructions for definition)?  | 45          |              | x   |
|            | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials                   | 1b          |              |   |
|            | published or distributed by the foundation in connection with the activities  | -           |              |   |
| С          | Did the foundation file Form 1120-POL for this year?  | 4.          |              | v   |
| d          | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                                 | 1c          |              | X   |
| •          | (1) On the foundation.   \$\\$\$ \\$\$ \\$\$ \\$\$ \\$\$ \\$\$ \\$\$ \\$\$  |             |              |   |
| е          | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                     |             |              |   |
| ·          | on foundation managers > \$   |             |              |   |
| 2          | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                   | 2           |              | Х   |
| _          | If "Yes," attach a detailed description of the activities.  | -           |              | 122   |
| 3          | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of                 | 1           | ľ            |   |
| •          | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                          | 3           | ţ            | x   |
| <b>4</b> a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                       | 4a          | <del> </del> | X   |
| b          | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b          |              |   |
| 5          | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                    | 5           |              | Х   |
| -          | If "Yes," attach the statement required by General Instruction T.   |             | -            | <u>                                    </u> |
| 6          | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                  |             |              |   |
|            | By language in the governing instrument, or   |             | ł            |   |
|            | By state legislation that effectively amends the governing instrument so that no mandatory directions that                        |             |              |   |
|            | conflict with the state law remain in the governing instrument?   | 6           | x            |   |
| 7          | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7           | X            |   |
| 8a         | Enter the states to which the foundation reports or with which it is registered (see instructions)                                |             |              |   |
|            |   |             | 1            |   |
| 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          |              |   |
| 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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"                |             |              |   |
|            | complete Part XIV   | 9           | 1.           | X   |
| 10         | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                    |             |              |   |
|            | names and addresses   | 10          |              | X   |
|            | ·· <del>···································</del>   |             |              |   |

|     | 990-PF (2012) DANIEL J & ARDITH KOSTER FOUNDATION 38-30  | 67600    | F                                      | age 5      |
|-----|--|----------|--|------------|
| Par | 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 instructions)  | . 11     |  | X          |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified             |          |  |            |
|     | person had advisory privileges? If "Yes," attach statement (see instructions)  | . 12     |  | X          |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?    | . 13     | X                                      |            |
|     | Website address   N/A  |          |  |            |
| 14  | The books are in care of ▶ GREG KOSTER Telephone no. ▶ 610   | 5-878-5  | 5554                                   |            |
|     | Located at ▶ 7035 IVANREST BYRON CENTER, MI ZIP+4 ▶ 493  | 315      |  |            |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here                      |          |  | <b>▶</b> □ |
|     | and enter the amount of tax-exempt interest received or accrued during the year 15                                     |          |  |            |
| 16  | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority        |          | Yes                                    | No         |
|     | over a bank, securities, or other financial account in a foreign country?  | .   16   |  | Х          |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of         |          |  |            |
|     | the foreign country >  |          |  |            |
| Pai | rt 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  | 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 No.                         | <b>5</b> | 1                                      |            |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                              |          | 1                                      |            |
|     | disqualified person?   | ь        | Ī                                      |            |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes N                       | o        |  |            |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes N                             | 0        |  |            |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available for                        |          | ł                                      |            |
|     | the benefit or use of a disqualified person)?  | о        | 1                                      |            |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the                             |          | 1                                      |            |
|     | 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 N   | 0        |  |            |
| b   | 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 instructions)?                          | . 1b     |  |            |
|     | Organizations relying on a current notice regarding disaster assistance check here                                     |          | 1                                      |            |
| С   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that           |          | 1                                      |            |
|     | were not corrected before the first day of the tax year beginning in 2012?   | . 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)).   |          |  |            |
| а   | At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and                            |          | ł                                      |            |
|     | 6e, Part XIII) for tax year(s) beginning before 2012?  | 0        | 1                                      |            |
|     | 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)         |          | Į.                                     |            |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to     |          | 1                                      |            |
|     | all years listed, answer "No" and attach statement - see instructions.)  | . 2b     | , ]                                    |            |
| C   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here        |          |  |            |
|     | <b>▶</b>   |          | 1                                      |            |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise                          |          | İ                                      |            |
|     | at any time during the year?   | 0        |  |            |
| b   | If "Yes," did it have excess business holdings in 2012 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          |          | 1                                      |            |
|     | 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                   |          | į                                      |            |
|     | foundation had excess business holdings in 2012 )  | . 3b     | , ]                                    | 1          |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?        | . 4a     |  | 1          |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its         |          | 1                                      | 1          |
|     | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?     | . 4k     | , [                                    |            |

38-3067600

Form 990-PF (2012)

DANIEL J & ARDITH KOSTER FOUNDATION

Form 990-PF (2012)

| Form     | 990-PF (2012) DANIEL J & ARDITH K  | OSTER F      | OUNDATIO                     | N        |                            |               | 38-3067                               | 600      | Page 6      |
|----------|--|--------------|------------------------------|----------|----------------------------|---------------|---------------------------------------|----------|-------------|
| Par      | t VII-B   Statements Regarding Activitie   | es for W     | hich Forn                    | 14720    | May Be I                   | Requir        | ed (continued)                        |          | <del></del> |
| 5a       | During the year did the foundation pay or incur any ar                                       |              |                              |          | <del>-</del>               | <u>-</u>      |                                       | 1        | · T         |
|          | (1) Carry on propaganda, or otherwise attempt to infl  | luence legi: | slation (section             | n 4945(e | 2))?                       | Г             | Yes No                                | 1 1      |             |
|          | (2) Influence the outcome of any specific public elect                                       | _            |                              | •        |                            |               |                                       |          |             |
|          | directly or indirectly, any voter registration drive?  |              |                              |          | -                          | Г             | Yes No                                |          |             |
|          | (3) Provide a grant to an individual for travel, study, of                                   |              |                              |          |                            | -             | Yes No                                | 1 1      |             |
|          | (4) Provide a grant to an organization other than a ch                                       |              |                              |          |                            |               |                                       | 1 1      |             |
|          | section 509(a)(1), (2), or (3), or section 4940(d)(2   |              | -                            |          |                            | Г             | Yes No                                |          |             |
|          | (5) Provide for any purpose other than religious, chair                                      |              | •                            |          |                            | [             |                                       | 1 1      |             |
|          | purposes, or for the prevention of cruelty to children                                       |              |                              | •        |                            | Г             | Yes No                                | 1 1      |             |
| ь        | If any answer is "Yes" to 5a(1)-(5), did any of the trans                                    |              |                              |          | •                          | L             |                                       | 1 1      |             |
| -        | Regulations section 53.4945 or in a current notice reg                                       |              |                              |          | •                          |               | J 111                                 | 5b       | ĺ           |
|          | Organizations relying on a current notice regarding di                                       | _            |                              | •        |                            |               |                                       | 30       |             |
| С        | If the answer is "Yes" to question 5a(4), does the four                                      |              |                              |          |                            |               |                                       | 1 1      |             |
| ·        | because it maintained expenditure responsibility for the                                     |              | •                            |          |                            | ſ             | 7 v                                   |          |             |
|          | If "Yes," attach the statement required by Regulations                                       | -            |                              | • • • •  |                            | [             | Yes No                                |          |             |
| 6a       | · · · · · · · · · · · · · · · · · · ·  |              |                              |          |                            |               |                                       | 1 1      |             |
| Va       | Did the foundation, during the year, receive any funds                                       | -            | -                            |          |                            | ſ             |                                       | 1        |             |
| b        | on a personal benefit contract?  |              |                              |          |                            | ι,            | Yes No                                | 1        |             |
|          | Did the foundation, during the year, pay premiums, di  | rectly or in | directly, on a               | personai | benefit cont               | ract          |                                       | 6b       | <del></del> |
| 7-       | If "Yes" to 6b, file Form 8870   |              |                              | -1144    |                            | r             | 7 v 7 v.                              | 1 1      |             |
| _        | At any time during the tax year, was the foundation a  |              | •                            |          |                            | ا ٠           | Yes No                                | 1        |             |
| Da       | If yes, did the foundation receive any proceeds or hart VIII Information About Officers. Dir |              |                              |          |                            |               | o Ujarbiy Dajd                        | 7b       |             |
| Fai      | t VIII Information About Officers, Dir<br>and Contractors                                    | ectors,      | irustees,                    | round    | iation ivia                | mager         | s, nighiy Palo                        | Embi     | byees,      |
| 4 1      |  |              | 1 Ab - !                     |          | (                          | -4:>          |                                       |          |             |
|          | ist all officers, directors, trustees, foundation man  |              | , and average                |          | (see instru-<br>mpensation | <del></del> - | Contributions to                      |          |             |
| <b>a</b> | (a) Name and address   | hours        | per week                     | (lf n    | ot paid,                   | empl          | oyee benefit plans                    | (e) Expe | nse account |
|          | 990 OFOV   |              | d to position                | en       | ter -0-)                   | and de        | erred compensation                    |          |             |
|          | ITH STEPHENSON   | PRESID       | _                            |          | _                          |               |                                       |          |             |
|          | 5 8TH STREET, MI 49315   | BYBG D       | 5                            |          | 0                          | <u> </u>      | 0                                     |          | 0           |
|          | G KOSTER   | EXEC D       | IRECTOR                      |          |                            |               |                                       |          |             |
|          | 5 IVANREST, MI 49315   |              | 10                           |          | 0                          | <del></del>   | 0                                     | -        | 0           |
|          | RYL KOSTER   | BOARD        | MEMBER                       |          | _                          |               | _                                     |          | _           |
|          | 5 IVANREST, MI 49315   | -            | 5                            | -        | 0                          |               | 0                                     |          | 0           |
|          | K KOSTER   | BOARD        | MEMBER _                     |          | _                          |               | _                                     |          |             |
|          | 1 8TH BYRON CENTER, MI 49315   | 1            | 5                            | L        | 0                          | <u> </u>      | 0_                                    |          | 0           |
|          | Compensation of five highest-paid employees (other   | er than the  | ose included                 | on line  | 1 - see instr              | uctions       | ). If none, enter                     |          |             |
|          | NONE."   | г            |                              |          | I                          |               | 1                                     |          |             |
|          | (a) bloom and address of such analysis and such that the                                     |              | (b) Title, and               |          |                            |               | (d) Contributions to employee benefit | (e) Expe | nse account |
|          | (a) Name and address of each employee paid more than \$5                                     | 0,000        | hours per w<br>devoted to po |          | (c) Compe                  | nsation       | plans and deferred                    |          | allowances  |
|          |  |              |                              |          |                            |               | compensation                          |          |             |
| NON      | R  |              |                              |          |                            |               |                                       |          |             |
|          |  |              |                              |          |                            |               |                                       |          |             |
|          |  | 1            |                              |          |                            |               |                                       |          |             |
|          |  |              |                              |          |                            |               | ļ                                     |          | <del></del> |
|          |  |              |                              |          |                            |               |                                       |          |             |
|          |  |              |                              |          |                            |               | <b></b>                               |          |             |
|          |  |              |                              |          | 1                          |               | 1                                     |          |             |
|          |  | 1            |                              |          |                            |               |                                       | 1        |             |
|          |  |              |                              |          |                            |               |                                       |          |             |
|          |  |              |                              |          |                            |               |                                       |          |             |
|          |  |              |                              |          |                            |               |                                       |          |             |
| Tota     | I number of other employees paid over \$50,000   |              |                              |          |                            |               |                                       |          | 0           |

| Form 990-PF (2012) DANIEL J & ARDITH KOSTER FOUNDATION  | 38-3                            | 067600 Page      |
|---|---------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)   | dation Managers, Highly P       | aid Employees,   |
| 3 Five highest-paid independent contractors for professional services (see instru   | ctions). If none, enter "NONE." |                  |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service             | (c) Compensation |
| NONE  |                                 |                  |
|   |                                 |                  |
|   |                                 |                  |
|   |                                 |                  |
|   |                                 |                  |
|   |                                 | <del></del>      |
|   |                                 |                  |
|   |                                 |                  |
|   |                                 |                  |
| Total number of others receiving over \$50,000 for professional services  | <u>,,,,,,,,,,,,,,</u>           |                  |
| Part IX-A Summary of Direct Charitable Activities   |                                 |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis organizations and other beneficiaries served, conferences convened, research papers produced, etc. |                                 | 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  |                                 |                  |
| 2 RELIGIOUS BASED ACTIVITY, ANY ORGANIZATION THAT   |                                 |                  |
| OPERATES FOR THE RELIEF OF POVERTY OR ANY EDUCATIONAL   |                                 |                  |
| INSTITUTION   |                                 |                  |
| 3   |                                 |                  |
|   |                                 |                  |
| 4   |                                 |                  |
|   |                                 |                  |
|   | ···                             |                  |
| Part IX-B   Summary of Program-Related Investments (see instru  |                                 |                  |
| Describe the two largest program-related investments made by the foundation during the tax year or  | lines 1 and 2                   | Amount           |
| 1   |                                 | I                |

EEA

Form 990-PF (2012)

| Form | 990-PF | (2012) |
|------|--------|--------|
|------|--------|--------|

# DANIEL J & ARDITH KOSTER FOUNDATION

38-3067600 Page 8

| Pa         | Minimum Investment Return (All domestic foundations must complete this part. Foreign                            | foundations, |              |
|------------|---|--------------|--------------|
|            | see 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           | 0            |
| C          | Fair market value of all other assets (see instructions)  | 1c           | 0            |
| ď          | <b>Total</b> (add lines 1a, b, and c)   | 1d           | 0            |
| е          | Reduction claimed for blockage or other factors reported on lines 1a and  |              | <del> </del> |
|            | 1c (attach detailed explanation)  | [ ]          |              |
| 2          | Acquisition indebtedness applicable to line 1 assets  | 2            | 0            |
| 3          | Subtract line 2 from line 1d  | 3            | 0            |
| 4          | Cash deemed held for chantable activities   Enter 1 1/2% of line 3 (for greater amount, see                     |              |              |
|            | 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            | 0            |
| 6          | Minimum investment return. Enter 5% of line 5   | 6            | 0            |
| Pa         | Title Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating                  | <u> </u>     |              |
|            | foundations and certain foreign organizations check here ▶ and do not complete this                             | part.)       |              |
| 1          | Minimum investment return from Part X, line 6   | 1            |              |
| <b>2</b> a | Tax on investment income for 2012 from Part VI, line 5 2a   |              | -            |
| b          | Income tax for 2012. (This does not include the tax from Part VI ) 2b   |              |              |
| С          | Add lines 2a and 2b   | 2c           |              |
| 3          | Distributable amount before adjustments. Subtract line 2c from line 1   | 3            |              |
| 4          | Recoveries of amounts treated as qualifying distributions   | 4            |              |
| 5          | Add lines 3 and 4   | 5            |              |
| 6          | Deduction from distributable amount (see instructions)  | 6            |              |
| 7          | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,                       |              |              |
|            | line 1  | 7            | 0            |
| Da         |   | <u> </u>     |              |
| Fa         | rt XII   Qualifying Distributions (see 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.,                |              |              |
|            | purposes  | 2            |              |
| 3          | Amounts set aside for specific charitable projects that satisfy the.  |              |              |
| а          | Suitability test (prior IRS approval required)  | 3a           |              |
| b          | 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 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 the | e foundation |              |
|            | qualifies for the section 4940(e) reduction of tax in those years   |              |              |

| 1  | Distributable amount for 2012 from Part XI,         | (a)<br>Corpus                           | (b)<br>Years prior to 2011              | (c)<br>2011                            | (d)<br>2012   |
|----|---|---|---|--|---|
| _  | line 7  |   |   |  | 0   |
| 2  | Undistributed income, if any, as of the end of 2012 |   |   |  | 1   |
| a  | Enter amount for 2011 only                          |   |   |  |   |
| b  | Total for prior years:,,                            | <del></del>                             |   | ·<br>:<br>::                           |   |
| 3  | Excess distributions carryover, if any, to 2012.    |   |   |  |   |
| а  | From 2007   |   |   | •                                      |   |
| b  | From 2008   | -                                       | 1                                       |  |   |
| С  | From 2009   |   |   | :                                      | 1   |
| d  | From 2010   |   |   |  |   |
| е  | From 2011   |   |   | :                                      |   |
| f  | Total of lines 3a through e                         |   |   |  |   |
| 4  | Qualifying distributions for 2012 from Part XII,    |   |   |  |   |
|    | line 4 <sup>-</sup> ▶ \$                            |   |   | :                                      | 1   |
| а  | Applied to 2011, but not more than line 2a          |   |   |  |   |
| b  | Applied to undistributed income of prior years      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |  | 1 , , , , , , , , , , , , , , , , , , ,             |
|    | (Election required - see instructions)              |   |   |  |   |
| C  | Treated as distributions out of corpus (Election    |   |   | ·                                      | <del>- † ·· · · · · · · · · · · · · · · · · ·</del> |
|    | required - see instructions)                        |   |   |  | 1   |
| d  | Applied to 2012 distributable amount                |   | , | <del></del>                            |   |
| е  | Remaining amount distributed out of corpus          |   |   |  |   |
| 5  | Excess distributions carryover applied to 2012 .    |   | """                                     | · · · · · · · · · · · · · · · · · · ·  |   |
|    | (If an amount appears in column (d), the same       | :                                       |   | <del></del>                            | <b></b>   |
|    | amount must be shown in column (a) )                |   | ]                                       |  | 1   |
| 6  | Enter the net total of each column as               | <del>)</del>                            | 1                                       |  | 1   |
|    | indicated below:                                    | <b>.</b>                                |   |  | 1   |
| а  | Corpus Add lines 3f, 4c, and 4e Subtract line 5 .   | <u> </u>                                |   |  |   |
| ь  | Prior years' undistributed income Subtract          |   |   |  | 1   |
|    | line 4b from line 2b                                |   |   |  | 1   |
| С  | Enter the amount of prior years' undistributed      |   |   | <del>, , , -</del> <del>, ,</del>      | <del></del>   |
| _  | income for which a notice of deficiency has         |   |   |  | 1   |
|    | been issued, or on which the section 4942(a)        |   |   | <b>:</b>                               |   |
|    | tax has been previously assessed                    |   |   |  | 1   |
| d  | Subtract line 6c from line 6b Taxable               |   |   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |   |
| •  | amount - see instructions                           |   |   |  |   |
| е  | Undistributed income for 2011. Subtract line        |   |   |  | <del></del>   |
| E  | 4a from line 2a. Taxable amount - see               |   |   |  | İ   |
|    | instructions  | <u> </u>                                |   |  |   |
| f  | Undistributed income for 2012 Subtract lines        | <u> </u>                                | ······································  |  | <u> </u>  |
| •  | 4d and 5 from line 1. This amount must be           | <b>E</b>                                |   |  |   |
|    |   | Í                                       |   |  |   |
| 7  | Amounts treated as distributions out of corpus      |   |   |  | 0   |
| '  | •   |   |   |  | 1   |
|    | to satisfy requirements imposed by section          |   |   |  | }   |
| _  | 170(b)(1)(F) or 4942(g)(3) (see instructions)       |   |   |  |   |
| 8  | Excess distributions carryover from 2007 not        |   |   |  | 1   |
| _  | applied on line 5 or line 7 (see instructions)      |   |   |  |   |
| 9  | Excess distributions carryover to 2013.             |   |   |  | }   |
|    | Subtract lines 7 and 8 from line 6a                 |   |   |  |   |
| 10 | Analysis of line 9                                  | -                                       |   |  | <b>‡</b>  |
| a  | Excess from 2008                                    | -                                       |   |  | ‡   |
| b  | Excess from 2009                                    |   |   |  | 1   |
| С  | Excess from 2010                                    | <b>{</b>                                |   |  | 1   |
| þ  | Excess from 2011                                    | -                                       | -                                       |  | 1   |
| е  | Excess from 2012                                    | <u> </u>                                |   |  | ‡   |

| Part     | XIV Private Operating Four   | ndations (see inst        | ructions and Part          | VII-A, question 9)         |                   |                                       |
|----------|--|---------------------------|----------------------------|----------------------------|-------------------|---------------------------------------|
| 1a       | If the foundation has received a ruling or   | determination letter tha  | t it is a private operatin | g                          |                   |                                       |
|          | foundation, and the ruling is effective for  | 2012, enter the date of   | the ruling                 |                            | •                 |                                       |
| b        | Check box to indicate whether the found  | ation is a private operat | ting foundation describe   | ed in section              | 4942(j)(3) or     | 4942(J)(5)                            |
| 2a       | Enter the lesser of the adjusted net   | Tax year                  | <u>g</u>                   | Prior 3 years              | 1                 | 1                                     |
|          | income from Part I or the minimum  | (a) 2012                  | (b) 2011                   | (c) 2010                   | (d) 2009          | (e) Total                             |
|          | investment return from Part X for each year listed   | (8) 2012                  | (0) 2011                   | (6) 2010                   | (0) 2009          |                                       |
| <b>L</b> | each year listed   | <u> </u>                  |                            |                            |                   |                                       |
| b        |  |                           | <u> </u>                   | <u></u>                    |                   |                                       |
| 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 $\ .$                        |                           |                            |                            |                   |                                       |
| e        | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c      |                           |                            |                            |                   |                                       |
| 3        | Complete 3a, b, or c for the 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 |                           |                            |                            |                   |                                       |
| С        | "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  |                           |                            | 1                          |                   |                                       |
|          | section 4942(j)(3)(B)(iii)   |                           |                            |                            |                   |                                       |
|          | (3) Largest amount of support from   |                           |                            |                            |                   |                                       |
|          | an exempt organization   |                           |                            |                            |                   | 1                                     |
|          | (4) Gross investment income  |                           |                            |                            |                   |                                       |
| Par      | XV Supplementary Informa   |                           |                            | ne foundation ha           | d \$5,000 or more | e in assets at                        |
|          | any time during the yea  | ar - see instruction      | ons.)                      |                            |                   |                                       |
| 1        | Information Regarding Foundation N   |                           |                            |                            |                   |                                       |
| а        | List any managers of the foundation wh   | no have contributed mo    | re than 2% of the total    | contributions received to  | by the foundation |                                       |
|          | before the close of any tax year (but or   | nly if they have contribu | ted more than \$5,000)     | (See section 507(d)(2)     | ).)               |                                       |
|          |  |                           |                            |                            |                   |                                       |
|          |  |                           |                            |                            |                   |                                       |
| b        | List any managers of the foundation wh   | no own 10% or more of     | the stock of a corporat    | ion (or an equally large   | portion of the    |                                       |
|          | ownership of a partnership or other ent  | ity) of which the founda  | ition has a 10% or grea    | iter interest.             |                   |                                       |
|          |  |                           |                            |                            |                   |                                       |
|          |  |                           |                            |                            |                   |                                       |
| 2        | Information Regarding Contribution   | , Grant, Gift, Loan, Sc   | holarship, etc., Progr     | ams:                       |                   | <del>_</del>                          |
|          | Check here ▶ ☐ if the foundation on  | ly makes contributions    | to preselected charitat    | ole organizations and de   | oes not accept    |                                       |
|          | unsolicited requests for funds. If the for   | •                         | •                          | •                          | •                 |                                       |
|          | other conditions, complete items 2a, b,  | c, and d                  |                            |                            |                   |                                       |
| а        | The name, address, and telephone nur   | mber or e-mail of the pe  | erson to whom applicati    | ons should be address      | ed                |                                       |
|          | 990APP   |                           |                            |                            |                   |                                       |
| b        | The form in which applications should  | be submitted and inform   | nation and materials the   | ey snould include.         |                   |                                       |
| c        | Any submission deadlines   |                           |                            |                            |                   | · · · · · · · · · · · · · · · · · · · |
|          |  |                           |                            |                            | <del></del>       |                                       |
| d        | Any restrictions or limitations on award factors   | ls, such as by geograpl   | hical areas, charitable f  | ields, kınds of ınstıtutıo | ns, or other      |                                       |

Form 990-PF (2012)

DANIEL J & ARDITH KOSTER

Part XV | Supplementary Information (continued)

| Part XV   Supplementar<br>Grants and Contribut | ry Informati<br>ions Paid D | on (continuous the | ued)<br><b>Year or Approve</b>   | d for Future         | Payment                          |        |
|--|-----------------------------|--------------------|--|----------------------|----------------------------------|--------|
| Recipie  | ent                         |                    | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (h                            | nome or bus                 | ness)              | or substantial contributor   | recipient            |                                  |        |
| a Paid during the year                         |                             |                    |  |                      |                                  |        |
| AURORA CHRISTIAN SCH                           | IOOLS                       |                    |  |                      | SUPPORT                          |        |
| 2255 SULLIVAN RD                               |                             |                    |  |                      |                                  |        |
| AURORA   | IL 605                      | 06                 | N  | 501C3                |                                  | 1,000  |
| CORNERSTONE UNIVERSI                           | r <b>TV</b>                 |                    |  |                      | SUPPORT                          |        |
| 1001 EAST BELTLINE A                           |                             |                    |  |                      | 5027 087                         |        |
| GRAND RAPIDS                                   | MI 495                      | 25                 | NONE   | 501C3                |                                  | 4,500  |
|  |                             |                    |  | ]                    |                                  |        |
| FRONTIER SCHOOL OF I                           | BIBLE                       |                    |  |                      | SUPPORT                          |        |
| PO BOX 217                                     |                             |                    |  |                      |                                  |        |
| LAGRANGE                                       | WY 822                      | 21                 | NONE   | 501C3                |                                  | 13,300 |
| NORTH POINTE SCHOOLS                           | 2                           |                    |  |                      | SUPPORT                          |        |
| 3101 LEONARD NE                                | •                           |                    |  |                      | DOFFORE                          |        |
| GRAND RAPIDS                                   | MI 495                      | 25                 | NONE   | 501C3                | 1                                | 1,000  |
|  |                             |                    |  |                      |                                  |        |
| ADA BIBLE CHURCH                               |                             |                    |  |                      | SUPPORT                          |        |
| 8899 CASCADE ROAD                              |                             |                    |  |                      |                                  |        |
| ADA  | MI 493                      | 01                 | NONE   | 501C3                |                                  | 3,800  |
| CALVARY BAPTIST CHU                            | PCH                         |                    |  |                      | SUPPORT                          |        |
| 220 N JEBAVY DRIVE                             | .cn                         |                    |  |                      | Borrowi                          |        |
| LUDINGTON                                      | MI 494                      | 31                 | NONE   | 501C3                |                                  | 2,000  |
|  |                             |                    |  |                      |                                  |        |
| GRANDVILLE BIBLE CH                            | URCH                        |                    |  |                      | SUPPORT                          |        |
| 4122 44TH STREET SW                            |                             |                    |  |                      |                                  |        |
| GRANDVILLE                                     | MI 494                      | 18                 | NONE   | 501C3                |                                  | 6,500  |
| MARION TABERNACLE                              |                             |                    |  |                      | SUPPORT                          |        |
| 1533 E 37TH STREET                             |                             |                    |  |                      | DOTT ON I                        |        |
| MARION   | IN 469                      | 53                 | NONE   | 501C3                |                                  | 2,000  |
|  |                             |                    |  |                      |                                  |        |
| Total  |                             |                    | · · · · · · · · · · · · · · · · · · ·  | <u> </u>             | ▶ 3a                             |        |
| <b>b</b> Approved for future payme             | ent                         |                    |  |                      |                                  |        |
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Total

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or App

| 3 Grants and Contribution                  | ons P    | aid During the                        | Year or Approve  | d for Future F       | Payment                          |        |
|--|----------|---------------------------------------|--|----------------------|----------------------------------|--------|
| Recipier                                   |          |                                       | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (ho                       | ome o    | r business)                           | or substantial contributor   | recipient            |                                  |        |
| a Paid during the year                     |          |                                       |  |                      |                                  |        |
| AMBASSADORS INTNL MIN                      | IISTR    | IES                                   |  |                      | SUPPORT                          |        |
| PO BOX 627                                 |          |                                       |  |                      |                                  |        |
| LONGMONT                                   | CO       | 80502                                 | NONE   | 501C3                |                                  | 1,000  |
|  |          |                                       |  |                      |                                  |        |
| ABWE                                       |          |                                       |  |                      | SUPPORT                          |        |
| PO BOX 8585                                |          |                                       |  |                      | 1                                |        |
| HARRISBURG                                 | PA       | 17105                                 | NONE   | 501C3                |                                  | 1,000  |
|  |          |                                       |  |                      |                                  |        |
| CAMP AO-WA-KIYA                            |          |                                       |  |                      | SUPPORT                          |        |
| PO BOX 2513                                |          |                                       |  |                      | 1                                |        |
| GRAND RAPIDS                               | MI       | 49501                                 | NONE   | 501C3                |                                  | 24,900 |
|  |          |                                       |  |                      |                                  |        |
| CLOSED DOOR MINISTRIE                      |          |                                       | ·  |                      | SUPPORT                          |        |
| 4345 SAWKAW DRIVE NE                       |          |                                       |  |                      |                                  |        |
| GRAND RAPIDS                               | MI       | 49525                                 | NONE   | 501C3                |                                  | 15,800 |
|  |          |                                       |  |                      |                                  |        |
| COMPASSION INTERNATIO                      |          |                                       |  |                      | SUPPORT                          |        |
| 12290 VOYAGER PARKWAY                      |          |                                       |  |                      |                                  |        |
| COLORADO SPRINGS                           | CO       | 80921                                 | NONE   | 501C3                |                                  | 1,000  |
|  |          |                                       |  |                      |                                  |        |
| CONCERN INTERNATIONAL                      | <u>.</u> |                                       |  |                      | SUPPORT                          |        |
| 6715 E PONTALUNA RD                        |          |                                       |  |                      |                                  |        |
| FRUITPORT                                  | MI       | 49415                                 | NONE   | 501C3                |                                  | 1,200  |
| an a                                       |          |                                       |  |                      | <b></b>                          |        |
| CRU  |          |                                       |  |                      | SUPPORT                          |        |
| 100 LAKE HEART DRIVE                       |          | 20020                                 | ******   | 50153                |                                  |        |
| ORLANDO                                    | ЪГ       | 32832                                 | NONE   | 501C3                |                                  | 2,500  |
| DNA WILTERDY MINNE                         |          |                                       |  |                      | grapana.                         |        |
| DNA MILITARY EVENT<br>1579 PONDHAVEN DRIVE |          |                                       |  |                      | SUPPORT                          |        |
| HIGH POINT                                 | NC       | 27265                                 | NONE   | 501C3                |                                  | 2 000  |
| HIGH POINT                                 | NC       | 27265                                 | NONE   | 30103                |                                  | 2,000  |
| Total                                      |          | <del></del>                           | <u> </u>   |                      | ▶ 3a                             |        |
| b Approved for future paymen               |          | · · · · · · · · · · · · · · · · · · · | <del></del>  | 1                    |                                  |        |
| b Approved for fatare payment              |          |                                       |  |                      |                                  |        |
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|  |          |                                       |  |                      |                                  |        |
| Total                                      |          |                                       |  | <del></del>          | ▶ 3b                             |        |

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

| 3 Grants and Contribu                   | tions P   | aid During the | Year or Approve  | d for Future F       | ayment                           |            |
|---|-----------|----------------|--|----------------------|----------------------------------|------------|
| Recip                                   | ient      |                | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount     |
| Name and address (                      | home o    | r business)    | or substantial contributor   | recipient            |                                  |            |
| a Paid during the year                  |           |                |  |                      |                                  |            |
| FAMILY LIFE TODAY                       |           |                |  |                      | SUPPORT                          |            |
| 4345 SAWKAW DRIVE N                     | E 2       |                |  |                      |                                  |            |
| LITTLE ROCK                             | AR        | 72223          | NONE   | 501C3                |                                  | 4,500      |
|   |           |                |  |                      |                                  |            |
| FOCUS ON THE FAMILY                     |           |                |  |                      | SUPPORT                          |            |
| 4345 SAWKAW DRIVE N                     |           |                |  |                      |                                  |            |
| COLORADO SPRINGS                        | CO        | 80995          | NONE   | 501C3                |                                  | 1,000      |
| GRACE MINISTRIES                        |           |                |  |                      | SUPPORT                          |            |
| PO BOX 820                              |           |                | ŀ  |                      |                                  |            |
| MOUNDSVILLE                             | wv        | 26041          | NONE   | 501C3                |                                  | 9,400      |
|   |           |                |  |                      |                                  |            |
| HARVEST MINISTRIES                      |           |                |  |                      | SUPPORT                          |            |
| 6115 ARLINGTON AVE                      | <b>65</b> | 02504          | NONE   | 50153                |                                  |            |
| RIVERSIDE                               | CA        | 92504          | NONE   | 501C3                |                                  | 2,500      |
| IMI SOS INTERNATION                     | IAL       |                |  |                      | SUPPORT                          |            |
| PO BOX 116                              |           |                |  | -                    |                                  |            |
| HUDSONVILLE                             | MI        | 49426          | NONE   | 501C3                |                                  | 1,200      |
| -17777777777777777777777777777777777777 |           |                |  |                      |                                  |            |
| INDEPENDENT BIBLE M                     |           |                |  |                      | SUPPORT                          |            |
| 749 LAMOREAUX DRIVE                     |           | 40201          |  | 501.50               |                                  | 10.500     |
| COMSTOCK PARK                           | MI        | 49321          | NONE   | 501C3                |                                  | 10,500     |
| INTERCITY CHRISTIAN                     | N FEDER   | ATION          |  |                      | SUPPORT                          |            |
| 920 CHERRY STREET                       |           |                |  |                      | '                                |            |
| GRAND RAPIDS                            | MI        | 49506          | NONE   | 501C3                |                                  | 1,500      |
| INTER-CITY CHURCH E                     | LANTIN    | G MIS          |  |                      | SUPPORT                          |            |
| PO BOX 7                                |           |                |  |                      |                                  |            |
| GRANDVILLE                              | MI        | 49468          | NONE   | 501C3                |                                  | 7,200      |
| Total                                   |           |                | <u> </u>   | <u> </u>             | 3a                               |            |
| b Approved for future paym              |           |                | 1  | <del></del>          | Ja                               | · <u> </u> |
| 2                                       |           |                |  |                      |                                  |            |
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| Total                                   |           | <del></del>    | <u> </u>   | <del></del>          | 3b                               |            |
|   |           |                |  |                      |                                  | i .        |

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

| Recipi                                   |         |             | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
|--|---------|-------------|--|----------------------|----------------------------------|--------|
| Name and address (I                      | nome or | r business) | or substantial contributor   | recipient            |                                  |        |
| <ul> <li>Paid during the year</li> </ul> |         |             |  |                      | 1                                |        |
| KENYA HOPE                               |         |             |  |                      | SUPPORT                          |        |
| PO BOX 554                               |         |             |  |                      | 1                                |        |
| HUDSONVILLE                              | MI      | 49426       | NONE   | 501C3                |                                  | 1,000  |
| LIFE MATTER MATTERS                      | WORLD   | WIDE        |  |                      | SUPPORT                          |        |
| PO BOX 3158                              |         |             |  |                      |                                  |        |
| GRAND RAPIDS                             | MI      | 49501       | NONE   | 501C3                |                                  | 1,000  |
| LIVING ON THE EDGE                       |         |             |  |                      | SUPPORT                          |        |
| PO BOX 3007                              |         |             |  |                      |                                  |        |
| SUWANEE                                  | GA      | 30024       | NONE   | 501C3                |                                  | 1,000  |
| PARTNERS IN EVANGEL                      | ISM     |             |  |                      | SUPPORT                          |        |
| 2911 N CICERO                            |         |             |  |                      |                                  |        |
| CHICAGO                                  | IL      | 60641       | NONE   | 501C3                |                                  | 7,710  |
| RBC MINISTRIES                           |         |             |  |                      | SUPPORT                          |        |
| PO BOX 2222                              |         |             |  |                      |                                  |        |
| GRAND RAPIDS                             | MI      | 49501       | NONE   | 501C3                |                                  | 1,00   |
| RURAL HOME MISSIONA                      | RY ASS  | oc          |  |                      | SUPPORT                          |        |
| PO BOX 300                               |         |             |  |                      |                                  |        |
| MORTON                                   | IL      | 61550       | NONE   | 501C3                |                                  | 10,00  |
| SCRIPTURE MEMORY MT                      | MISSI   | ON          |  |                      | SUPPORT                          |        |
| PO DRAWER 129                            |         |             | ,  |                      | 1                                |        |
| EMMALENA                                 | KY      | 41740       | NONE   | 501C3                |                                  | 9,40   |
| SEND INTERNATIONAL                       |         |             |  |                      | SUPPORT                          |        |
| PO BOX 513                               |         |             |  |                      |                                  |        |
| FARMINGTON                               | MI      | 48332       | NONE   | 501C3                |                                  | 7,20   |
| Total                                    |         |             |  |                      |                                  |        |
| <b>b</b> Approved for future payme       | ent     |             |  |                      |                                  |        |
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|  |         |             |  |                      | <u></u>                          |        |

Part XV | Supplementary Information (continued)

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

| Grants and Contribu                        |                   | If recipient is an individual,   | Foundation                            |                                  |              |
|--|-------------------|--|---------------------------------------|----------------------------------|--------------|
| Recipi                                     |                   | show any relationship to<br>any foundation manager<br>or substantial contributor | status of recipient                   | Purpose of grant or contribution | Amount       |
| Name and address (  a Paid during the year | nome or business) | of substantial contributor   |                                       |                                  |              |
| TENTMAKERS BIBLE MI                        | SSTON INC         |  |                                       | SUPPORT                          |              |
| PO BOX 4983                                | DDION INC         |  |                                       | SUPPORT                          |              |
| FRISCO                                     | CO 80443          | NONE   | 501C3                                 |                                  | 12,400       |
| TRANSFORMATION LIFE                        | CENTER            |  |                                       | SUPPORT                          |              |
| PO BOX 249                                 | CENTER            |  |                                       | SUPPORT                          |              |
| WEST PARK                                  | NY 12493          | NONE   | 501C3                                 |                                  | 7,200        |
| TRANSPORT FOR CHRIS                        | T                 |  |                                       | SUPPORT                          |              |
| 1525 RIVER ROAD                            |                   |  |                                       |                                  |              |
| MARIETTA                                   | PA 17547          | NONE   | 501C3                                 |                                  | 1,000        |
| TRUTH ALIVE MINISTR                        | IES               |  |                                       | SUPPORT                          |              |
| 1404 AUBURN PLACE                          |                   |  |                                       |                                  |              |
| PLANO                                      | TX 75093          | NONE   | 501C3                                 |                                  | 4,000        |
| UNITED INDIAN MISSI                        | ON INTL           |  |                                       | SUPPORT                          |              |
| PO BOX 6429                                |                   |  |                                       |                                  |              |
| GLENDALE                                   | AZ 85312          | NONE   | 501C3                                 |                                  | 4,800        |
| WAY FM                                     |                   |  |                                       | SUPPORT                          |              |
| 1159 E BELTLINE AVE                        | NE                |  |                                       | :                                |              |
| GRAND RAPIDS                               | MI 49525          | NONE   | 501C3                                 |                                  | 1,000        |
| WINNING AT HOME                            |                   |  |                                       | SUPPORT                          |              |
| 300 S STATE ST STE                         |                   |  |                                       |                                  |              |
| ZEELAND                                    | MI 49464          | NONE   | 501C3                                 |                                  | 3,000        |
| WOMEN AT RISK INTER                        | NATIONAL          |  |                                       | SUPPORT                          |              |
| PO BOX 2513                                | WT 40501          |  | 501.50                                |                                  | <b>5</b> 000 |
| GRAND RAPIDS                               | MI 49501          | NONE   | 501C3                                 |                                  | 5,000        |
|  |                   |  | · · · · · · · · · · · · · · · · · · · |                                  |              |
| b Approved for future payme                | ent               |  |                                       |                                  |              |
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| Total                                      |                   |  | <u> </u>                              | <b>&gt;</b> 3b                   |              |

Part XV Supplementary Information (continued)

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

| 3 Grants and Contribu             | itions Paid During t              | he Year or Approve   | d for Future F                       | Payment                          |                   |
|-----------------------------------|-----------------------------------|--|--------------------------------------|----------------------------------|-------------------|
| Recip                             | pient                             | If recipient is an individual, show any relationship to any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount            |
| Name and address                  | (home or business)                | or substantial contributor   | тестрия                              |                                  |                   |
| a Paid during the year            |                                   |  |                                      | :                                |                   |
| WORD OF LIFE                      |                                   |  |                                      | SUPPORT                          |                   |
| 4200 GLENDALE RD                  |                                   |  |                                      |                                  |                   |
| POTTERSVILLE                      | NY 12860                          | NONE   | 501C3                                |                                  | 2,500             |
|                                   |                                   |  | ł                                    | ·                                |                   |
| WORLD MINISTRIES                  |                                   |  |                                      | SUPPORT                          |                   |
| PO BOX 491656                     |                                   |  |                                      |                                  |                   |
| LEESBURG                          | FL 34749                          | NONE   | 501C3                                |                                  | 6,000             |
|                                   |                                   |  |                                      |                                  |                   |
| YWAM                              |                                   |  |                                      | SUPPORT                          |                   |
| PO BOX 61700                      |                                   |  | ŀ                                    |                                  |                   |
| HONOLULU                          | HI 96839                          | NONE   | 501C3                                |                                  | 1,500             |
|                                   | , , , , , , , , , , , , , , , , , |  | 30103                                |                                  | 1,500             |
| VARIOUS SMALL MISS                | ONS                               |  |                                      | SUPPORT                          |                   |
| VIII. TOOD DIAILE II. DO          | 10110                             |  |                                      | SOFFORT                          |                   |
|                                   |                                   | NONE   | 501C3                                |                                  | 3 000             |
|                                   |                                   | NONE   | 30163                                | j                                | 3,000             |
|                                   |                                   |  |                                      | ]                                |                   |
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| Total                             |                                   |  | <u> </u>                             | <b>&gt;</b> 3a                   | 211,016           |
| <b>b</b> Approved for future paym | nent                              | · · · · · · · · · · · · · · · · · · ·  | 1                                    |                                  | 211,010           |
| b Approved for lattire paying     | iiciit                            |  |                                      |                                  |                   |
|                                   |                                   |  |                                      |                                  |                   |
|                                   |                                   |  |                                      |                                  |                   |
|                                   |                                   |  |                                      |                                  |                   |
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|                                   |                                   |  |                                      |                                  |                   |
| Total                             |                                   | <u>l</u>   | .l                                   | D. 01:                           |                   |
| Total                             |                                   | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · ·              | ▶ 3b                             | Form 000 PE (2012 |

| P    | art XVI-A Analysis of Income  | -Producing A | Activities      | · ·                                   |  |  |  |
|------|---|--------------|-----------------|---------------------------------------|--|--|--|
| Ent  | ter gross amounts unless otherwise indica                                       | ted          | Unrelate        | d business income                     | Excluded by s                                    | ection 512, 513, or 514                | (e)  |
|      |   |              | (a)<br>Business | (b)<br>Amount                         | (c)<br>Exclusion code                            | (d)<br>Amount                          | Related or exempt<br>function income<br>(See instructions) |
| 1    | Program service revenue   |              | code            |                                       |  |  |  |
|      | a   |              |                 |                                       |  |  |  |
|      | с   |              | -··             |                                       |  |  |  |
|      | d   |              |                 |                                       |  |  |  |
|      | е   |              |                 |                                       |  |  |  |
|      | f   |              |                 |                                       |  |  |  |
| _    | g Fees and contracts from government  |              |                 |                                       |  |  |  |
|      | Membership dues and assessments .   |              |                 |                                       |  |  |  |
|      | Interest on savings and temporary cash Dividends and interest from securities . |              |                 | -                                     | 14   | 11                                     | <del></del>  |
|      | Net rental income or (loss) from real esta                                      |              |                 |                                       |  |  |  |
|      | a Debt-financed property  |              |                 |                                       | <del> </del>                                     |  |  |
|      | <b>b</b> Not debt-financed property   |              |                 |                                       |  |  |  |
|      | Net rental income or (loss) from personal                                       | I property   |                 |                                       |  |  |  |
|      | Other investment income   |              |                 |                                       |  |  |  |
|      | Gain or (loss) from sales of assets other                                       | •            |                 | ļ                                     |  |  |  |
|      | Net income or (loss) from special events  |              |                 |                                       | <u> </u>   |  | <del></del>  |
|      | Gross profit or (loss) from sales of invent                                     |              | -               | <del></del>                           |  |  |  |
| ••   | Other revenue a   |              |                 |                                       |  |  |  |
|      | C   |              |                 |                                       |  |  |  |
|      | d   |              |                 |                                       | <del>                                     </del> |  |  |
|      | е   |              |                 |                                       |  |  |  |
|      | Subtotal Add columns (b), (d), and (e)  |              |                 |                                       |  | 11                                     |  |
|      | Total. Add line 12, columns (b), (d), and                                       |              |                 |                                       |  | 13                                     | 11   |
|      | ee worksheet in line 13 instructions to veri<br>eart XVI-B Relationship of Ac   |              | A 000 mm        | liabmant of Ev                        | amand Design                                     |  |  |
| ئىڭ! | Explain below how each act  |              |                 |                                       |  |  |  |
| L    | accomplishment of the found   | =            |                 | , ,                                   |  | •                                      |  |
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| EE/  | A   |              |                 |                                       |  |  | Form <b>990-PF</b> (2012)                                  |

|        |             | E                       | Exempt Or                                 | ganizations  |  |  |  |                                       |                                       |             |            |           |
|--------|-------------|-------------------------|---|--|--|--|--|---------------------------------------|---------------------------------------|-------------|------------|-----------|
| 1      | Did         | the org                 | anization direc                           | ctly or indirectly en                                    | gage in any o                              | f the following with                             | h any other orga                             | anızatıon dese                        | cribed                                |             | Yes        | No        |
|        | ın s        | ection 5                | 01(c) of the C                            | ode (other than se                                       | ection 501(c)(3                            | 3) organizations) (                              | or in section 527                            | 7, relating to p                      | oolitical                             |             |            |           |
|        | orga        | anızatıo                | ns?                                       |  |  |  |  |                                       |                                       |             | 1          |           |
| а      | Tra         | nsfers f                | rom the report                            | ting foundation to a                                     | noncharitable                              | e exempt organiza                                | ation of                                     |                                       |                                       |             |            |           |
|        | (1)         | Cash .                  |   |  |  |  |  |                                       |                                       | 1a(1)       |            | X         |
|        | (2)         | Other a                 | issets                                    |  |  |  |  |                                       |                                       | 1a(2)       |            | X         |
| b      | Oth         | er trans                | actions.                                  |  |  |  |  |                                       |                                       |             |            |           |
|        | (1)         | Sales o                 | of assets to a r                          | noncharitable exer                                       | mpt organization                           | on   |  |                                       |                                       | 1b(1)       |            | X         |
|        |             |                         |   |  |  |  |  |                                       |                                       | 1b(2)       |            | X         |
|        |             |                         |   |  |  |  |  |                                       |                                       | 1b(3)       |            | Х         |
|        |             |                         |   |  |  |  |  |                                       |                                       | 1b(4)       | 1          | X         |
|        |             |                         |   |  |  |  |  |                                       |                                       | 1b(5)       |            | X         |
|        |             |                         |   |  |  |  |  |                                       |                                       | 1b(6)       |            | Х         |
| С      | Sha         | aring of                | facilities, equip                         | pment, mailing lists                                     | s, other assets                            | s, or paid employe                               | ees  |                                       |                                       | 1c          |            | Х         |
| d      |             |                         |   |  |  |  |  |                                       | show the fair market                  |             | 4          |           |
|        |             |                         |   |  |  |  |  |                                       | ed less than fair marke               | et          |            |           |
|        |             |                         |   |  |  |  |  |                                       | ets, or services receive              |             |            |           |
| (a) Lu |             |                         | nount involved                            | 1  |  | xempt organization                               |  |                                       | fers, transactions, and s             |             | rangem     | ents      |
|        |             |                         |   |  |  |  |  |                                       |                                       |             |            |           |
|        |             | l                       |   |  |  |  |  | •                                     | · · · · · · · · · · · · · · · · · · · |             |            |           |
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| 2a     | ls t        | he foun                 | dation directly                           | or indirectly affilia                                    | ted with, or re                            | lated to, one or m                               | ore tax-exempt                               | organizations                         | 3                                     |             |            |           |
|        | des         | scribed i               | in section 501                            | (c) of the Code (ot                                      | ther than secti                            | on 501(c)(3)) or II                              | n section 527?                               |                                       |                                       | Y           | es [∑      | ON 2      |
| b      | If "`       | Yes," co                | omplete the fol                           | llowing schedule   | .,   |  |  |                                       |                                       |             |            |           |
|        |             | (a                      | ) Name of organ                           | nization   |  | (b) Type of organia                              | zation                                       | <u> </u>                              | (c) Description of rela               | ionship     |            |           |
|        |             |                         |   |  |  |  |  |                                       |                                       |             |            |           |
|        |             |                         |   |  |  |  |  |                                       |                                       |             |            |           |
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| ۵.     | - 1         | Under per<br>correct, a | nalties of perjury, I<br>nd complete Decl | I declare that I have exa<br>laration of preparer (other | amined this return,<br>er than taxpayer) i | , including accompany<br>is based on all informa | ing schedules and s<br>ition of which prepar | tatements, and to<br>er has any knowl | o the best of my knowledge :<br>edge  | and belief, | it is true | •         |
| Sig    | jn          | ×                       | 7   | - 1/   | ,  |  |  | 1                                     |                                       | IRS discu   | ss this re | etum      |
| He     | re          | <b>/</b>                | Ye  | 2 7 Kar  |  | 5-10-13  |  | rector                                | with the (see ins                     | preparer s  | hown be    | low<br>No |
|        |             | Signa                   | iture of officer or to                    | ( ) - 1  | <del></del>                                | Date   | Title  | <del></del>                           | 1/200 mg                              |             | 1 , 63     | <u> </u>  |
| D-     | , al        |                         | Print/Type prepa                          |  | Prepar                                     | rer's s <del>ignature</del>                      | 1  | Date 5                                | Check if                              | PTIN        |            |           |
| Pa     |             |                         | MICHAEL A                                 | <del></del>  |  | 16   |  | 19/10/                                | self-employed                         | P0124       | 44698      | 3         |
|        | •           | rer                     | Firm's name                               | ▶ Michael  |  |  | c /  | , ,                                   | Firm's EIN ► 38.                      | 3/22        | 537        |           |
| Us     | e C         | nly                     | Firm's address                            | ► 1675 Micl  |  | <del></del>                                      |  |                                       | Phone no                              |             | ,          |           |
|        |             |                         | i .                                       | Grand Rai  | nide MT 4                                  | 9503   |  |                                       | 616-456                               | _4700       |            |           |

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

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 chantable 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 K 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 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 II 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, total 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 total 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 during the year 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 Part I, 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 990-PF)

Name of organization

DANIEL J & ARDITH KOSTER FOUNDATION

Employer identification number 38-3067600

| Part I     | Contributors (see instructions). Use duplicate copi        | es of Part I if additional space is r | needed.   |
|------------|--|---------------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d)<br>Type of contribution   |
| 1          | NTB INC  1240 84TH STREET  BYRON CENTER, MI 49315          | \$\$                                  | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d) Type of contribution  |
|            | ARDITH STEPHENSON  2015 8TH AVENUE  BYRON CENTER, MI 49315 | \$ 60,000                             | Person  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d)<br>Type of contribution   |
|            |  |                                       | Person  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d) Type of contribution  |
|            |  |                                       | Person  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d) Type of contribution  |
|            |  | \$                                    | Person  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d) Type of contribution  |
|            |  | \$                                    | Person  |

List of Officers, Directors, Trustees, and Key Employees

| List all officers, directors, trustees, and key employees for the | <del>*                                      </del>   | · ·   |  |  |
|---|--|---|--|--|
| (a) Name and title  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and<br>deferred compensation | (e) Estimated amount of other compensation |
| SUSAN KOSTER BOARD MEMBER   |  | ti not paid, etiter -0-7  | deletted compensation  |  |
| 2031 8TH BYRON CENTER, MI 49315                                   | 5  | 0   | o  | o  |
| KURT KOSTER BOARD MEMBER  |  |   | <u> </u>   |  |
| 224 BARRY GRANDVILLE, MI 49418                                    | 5  | 0   | o  | o  |
| LINDA KOSTER BOARD MEMBER   |  | †   | •  |  |
| 224 BARRY GRANDVILLE, MI 49418                                    | 5  | 0   | 0  | 0  |
| all blacks distributed in 1910                                    |  |   | <u> </u>   | ļ  |
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| 2012 PG 01                    | Employer Identification Number 38-3067600                      | STATEMENT #103  |   |                        |        |  | <u> </u> |  |  |  |
|-------------------------------|--|---|---|------------------------|--------|--|----------|--|--|--|
| ing Statements                |  | PENSES SCHEDULE                                       | ADJUSTED CHARITABLE NET INCOME PURPOSE          | 0 0                    | 0 0    |  |          |  |  |  |
| Federal Supporting Statements |  | FORM 990PF, PART I, LINE 23 - OTHER EXPENSES SCHEDULE | REVENUE NET ADJI<br>AND EXPENSES INVESTMENT NET | ,                      | 119 0  |  |          |  |  |  |
|                               | Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION |   | R DESCRIPTION AND                               | E CHARGES<br>IVE COSTS | TOTALS |  |          |  |  |  |

STM103

STM103~ 001

| STM108~ 001 STM108   |                       |                                      |                            |   |
|--|-----------------------|--------------------------------------|----------------------------|---|
|  | Federal St            | Federal Supporting Statements        |                            | 2012 PG 01                                |
| Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION | NO I.                 |                                      |                            | Employer Identification Number 38-3067600 |
|  | FORM 990PF, PART 1, 1 | INE 16(B) - ACCOUNTING FEES SCHEDULE |                            | STATEMENT #108                            |
| DESCRIPTION  | NET<br>INVESTMEN      | ADJUSTED CHARI NET INCOME PUR        | CHARITABLE<br>PURPOSE<br>0 |   |
| ACCOUNTING FEES TOTALS   | 0 004                 |                                      | 0                          |   |
|  |                       |                                      |                            |   |
|  |                       |                                      |                            |   |
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|  |                       |                                      |                            |   |
|  |                       |                                      |                            |   |

| Z012 PG 01 Employer Identification Number 38-3067600           | STATEMENT #109  |  |        |  |  |  |
|--|---|--|--------|--|--|--|
|  | SCHEDULE  | CHARITABLE<br>PURPOSE<br>0             | 0      |  |  |  |
|  | FORM 990PF, PART 1, LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE | ADJUSTED NET INCOME 0                  | 0      |  |  |  |
|  | 1, LINE 16(C) - OTHE  | NET<br>INVESTMENT<br>0                 | 0      |  |  |  |
| NO   |   | REVENUE<br>AND EXPENSES<br>20          | 20     |  |  |  |
| Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION |   | DESCRIPTION<br>OTHER PROFESSIONAL FEES | TOTALS |  |  |  |

| Federal Supporting State            | ements 2012 PG 01           |
|-------------------------------------|-----------------------------|
| Name(s) as shown on return          | Your Social Security Number |
| DANIEL J & ARDITH KOSTER FOUNDATION | 38-3067600                  |

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

## GRANT PROGRAM

## APPLICANT NAME

GREG KOSTER

### **ADDRESS**

2015 8TH AVENUE

BYRON CENTER MI 49315

#### TELEPHONE

616-878-5554

#### EMAIL ADDRESS

## 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.