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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

For ca	lend	ar year 2014, or ta	x year beginning	, 2014	and ending	-	,	·
JOIE	E DI	E VIVRE FOUN	IDATION	·	<u> </u>	A	Employer identification num 38-2902415	
		48th Street d, MI 49423	#200			B 	Telephone number (see inst	ructions)
			7			С	If exemption application is	
G Cn	еск	all that apply	Initial return Final return	Initial return of a form Amended return	ner public charity	D	1 Foreign organizations, chec2 Foreign organizations meet	
H Ch		type of organization		Name change 1(c)(3) exempt private f			here and attach computation	on 🕒 📙
	r mar	ket value of all assets a		trust Other taxable producting method XC	orivate foundation ash Accrual	E	If private foundation status under section 507(b)(1)(A)	
•	\$		069. (Part I	Other (specify) , column (d) must be or	n cash basis)	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part		Analysis of Rev Expenses (The to columns (b), (c), a sarily equal the arr (see instructions))	total of amounts in nd (d) may not neces- nounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	7 7	Contributions, gifts, grants,	, etc, received (attach schedule)	187,500.				
	2	Ck ►if the foun	dn is not required to attach Sch B					
	3	Interest on savings and ten Dividends and interest from	•	143.	14	13.	. 143.	
	5	a Gross rents b Net rental income						
R E V	•	or (loss) a Net gain or (loss) from sal b Gross sales price for			-			
Ě	7	assets on line 6a Capital gain net inco	me (from Part IV, line 2)				************	
N	8	•	-					
U E		Income modifications	5					
	10	Da Gross sales less returns and allowances						
		b Less Cost of goods sold						
		C Gross profit or (loss) (atta	ch schedule).					· · · · · · · · · · · · · · · · · · ·
	1	Other income (attach	n schedule)					
	1:	2 Total. Add lines 1	through 11	187,643.	14	43	. 143.	
	1:		cers, directors, trustees, etc	0.				
	14	, ,	•				<u> </u>	
	19	5 Pension plans, empli 6 a Legal fees (attach so	•					
A	; ·	b Accounting fees (atta		68.		68		
N !		C Other prof fees (atta				••	·	
O I P S E T	1	7 Interest						
, RR	1:			20.	RECE	<u>=1/</u>	VED	20.
i A A		sch) and depletion						
i i N V G E	2 2		and meetings		MAR S	<u> </u>	2015	
. .	- -				MAK A		8	<u> </u>
AND ENSES	2		ach schedule)		OGD		N, UI	
) N N	2	4 Total operating and						20
> s	6 2	expenses Add lines 5 Contributions, gifts, grants	D VII	88. 173,500.		<u>68</u>	•	20. 173,500.
	I _	6 Total expenses and Add lines 24 and 25	disbursements	173,588.		68	. 0.	173,500.
š —	2			1/3,368.		00	· 	1,3,320.
		a Excess of revenue of		14 055	1			!
		and disbursements b Net investment inco	ome (if negative, enter -0-)	14,055.	 	75		
			e (if negative, enter -0-)				143.	

Page 2

Pari	TIP I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash — non-interest-bearing			
	2	Savings and temporary cash investments	35,014.	49,069.	49,069.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			·
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
_	7	Other notes and loans receivable (attach sch)			
A S		Less allowance for doubtful accounts ▶			
A S E T	8	Inventories for sale or use			
T	9	Prepaid expenses and deferred charges			
S	10 a	Investments — U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe ►) Total assets (to be completed by all filers —)			
		see the instructions. Also, see page 1, item I).	35,014.	49, 069.	49,069.
Ļ	17	Accounts payable and accrued expenses			
Å	18	Grants payable			
В	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ť	21	Mortgages and other notes payable (attach schedule)		···	
į	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22) Foundations that follow SEAS 117 check here	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U T N	25	Temporarily restricted			
D	26	<u> </u>			
A B S A E A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
E L	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	35,014.	49,069.	
ŔŠ	30	Total net assets or fund balances (see instructions)	35,014.	49,069.	
	31	Total liabilities and net assets/fund balances	25 014		
Day	+ 111	(see instructions) Analysis of Changes in Net Assets or Fund Balance	35,014.	49,069.	
1	end-	l net assets or fund balances at beginning of year – Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must ag	gree with	35,014.
2		r amount from Part I, line 27a		. 2	14,055.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		4	49,069.
5		ases not included in line 2 (itemize)	= -,	5	
6_	Tota	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30 6	49,069.

	(a) List and describe	Losses for Tax on Investmer e the kınd(s) of property sold (e g , ı se, or common stock, 200 shares Mi	eal estate, (b) r	fow acquired - Purchase - Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A	·					
b						
С						
d						
e					<u> </u>	
(e) Gros	ss sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) n	
a						
<u>b</u>						
<u>d</u>						
Complete	only for accets show	I ving gain in column (h) and owned b	by the foundation on 12/21/60			
(i) Fair	Market Value of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		(I) Gains (Col gain minus column (I an -0-) or L osses (f	k), but not less
a						
b						
C						
d						
e		I If gain, also	enter in Part I, line 7	-+	<u> </u>	
· -	ain net income or (ne	et capital loss).	er -0- in Part I, line 7	2		
	· -	(loss) as defined in sections 1222(5	_			
If gain, al in Part I,		e 8, column (c) (see instructions) I	f (loss), enter -0-	3		
Part V Qu	ualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investment	Income	!	
If 'Yes,' the fou	indation does not qua	ction 4942 tax on the distributable a alify under section 4940(e) Do not deach column for each year, see the in	omplete this part	<u> </u>	Yes	X No
	(a)	(b)	(c)		(d)	
Calendar	period years year (or tax year yinning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	(col	Distribution umn (b) divided	
	2013	313,520.	313,5			1.00000
	2012	317,707.	317,7			1.000000
	2011	318,500.	318,5			1.000000
	2010	341,919.	341,9			1.000000
	2009	631,534.	631,5	34.	T	1.000000
2 Total of I	ıne 1, column (d).			2		5.00000
3 Average number of	distribution ratio for t of years the foundation	he 5-year base period — divide the on has been in existence if less than	total on line 2 by 5, or by the 5 years	3		1.00000
4 Enter the	net value of noncha	ritable-use assets for 2014 from Pai	t X, line 5	4		75,586
5 Multiply I	ine 4 by line 3			5		75,586
6 Enter 1%	of net investment in	come (1% of Part I, line 27b)		6		1.
7 Add lines	5 and 6			7		75,587
8 Enter qua	alifying distributions f	from Part XII, line 4		8		173,520
If line 8 is	equal to or greater that estructions	an line 7, check the box in Part VI, line	1b, and complete that part using	a 1% tax	rate See the	

Form 990-PF (2014) JOIE DE VIVRE FOUNDATION Part VI Excise Tax Based on Investment Income (Section 494)		8-2902			P:	age 4
	nd enter 'N/A' on line 1	See msuc	Ction)		
Date of ruling or determination letter (attach copy of letter if no						
b Domestic foundations that meet the section 4940(e) requirements in Part		. 1				1.
check here ► X and enter 1% of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	of Part I, line 12, column (b)					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	_					
foundations only Others enter -0-).		2				0.
3 Add lines 1 and 2		3				1.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for	oundations only Others enter -0-					0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or le	ess, enter -0-	5				<u>1.</u>
6 Credits/Payments	1 1					
a 2014 estimated tax pmts and 2013 overpayment credited to 2014	6 a	_				
b Exempt foreign organizations – tax withheld at source	6 b					
c Tax paid with application for extension of time to file (Form 8868)	6 c					
d Backup withholding erroneously withheld	6 d	7				
7 Total credits and payments Add lines 6a through 6d	Form 2220 is attached	8				0.
	Form 2220 is attached	▶ 9				1.
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owedOverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		► 10				<u> </u>
11 Enter the amount of line 10 to be Credited to 2015 estimated tax	Refunded	► 11				
Part VII-A Statements Regarding Activities						
1 a During the tax year, did the foundation attempt to influence any national,	state or local legislation or did i				Yes	No
participate or intervene in any political campaign?	state, or local legislation of did i			1 a		Х
b Did it spend more than \$100 during the year (either directly or indirectly)	for political purposes					
(see Instructions for the definition)?	To political parposes			1 b		Х
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and	d copies of any materials published				ŀ	
or distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?	maged during the year:		•	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) ∈ (1) On the foundation ►\$ 0. (2) On foundation	ion managers > \$		Ο.			
e Enter the reimbursement (if any) paid by the foundation during the year for poli	itical expenditure tax imposed on					
foundation managers •\$ 0.						
2 Has the foundation engaged in any activities that have not previously bee	en reported to the IRS?			2		<u> </u>
If 'Yes,' attach a detailed description of the activities.						
3 Has the foundation made any changes, not previously reported to the IRS, in it	s governing instrument, articles					
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a			•	3 4 a		X
4a Did the foundation have unrelated business gross income of \$1,000 or me	ore during the year?		•	4 a	M	X /A
 b If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? 				5		X
If 'Yes,' attach the statement required by General Instruction T			•		-	
6 Are the requirements of section 508(e) (relating to sections 4941 through	4945) satisfied either					
By language in the governing instrument, or						
	no mandatory directions that conflic	+				
 By state legislation that effectively amends the governing instrument so that with the state law remain in the governing instrument? 	no manuatory unections that confine			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' comple	ete Part II, column (c), and Part XV			7	Х	
8 a Enter the states to which the foundation reports or with which it is registed	ered (see instructions)	·				
MI						
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney General					
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8 b	Х	

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

BAA

Form 990-PF (2014)

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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

Par	t <u>V</u> II-A	Statements R	egarding Acti	vities (cor	ntınued)							
11	At any tim within the	ne during the year meaning of secti	, did the foundat on 512(b)(13)? If	on, directly o 'Yes', attach	or indirectly, o n schedule (se	wn a controlled ent e instructions)	tity			11		<u> </u>
12	Did the fou advisory p	undation make a di privileges? If 'Yes	stribution to a done ' attach statemer	or advised fun nt (see instru	nd over which thuichside	ne foundation or a dis	squalified per	son had		12		Х
13			with the public in	•		its annual returns a	ind exemption	n applica	tion?	13	Х	
	Website a			► <u>N/</u> A	<u>4</u>							
14		s are in care of					Telephon		616-5	46-4	215_	
15		t ► <u>345 E.</u>					ZIP + 4		23	N/Ā		-
13		the amount of ta				eu of Form 1041 -	· Cneck nere	•	15	#V #3		LI / A
			·			- •		-	13		Yes	N/A No
16	At any time bank, sect	e during calendar y urities, or other fi	ear 2014, did the nancial account i	foundation ha n a foreign c	ve an interest i ountry?	n or a signature or o	ther authority	over a		16	.03	X
·	enter the n	name of the foreign	country -	·		Form 114, (formerl	<u> </u>	2 1) If 'Y	es,' 			
Par						n 4720 May Be I	Required					
		-			•	exception applies.					Yes	No_
1 8	•	e year did the fou	•	•	• •			□v	w.			
	(i) Engag	ge in the sale or e	exchange, or leas	ing of propei	rty with a disqi	uaimed person?		Yes	X No			}
	(2) Borrov disqua	w money from, le alified person?	nd money to, or o	otherwise ext	tend credit to ((or accept it from) a	a	Yes	XNo		İ	
	• •	•	•	•	-	qualified person?		Yes	X No			ŀ
	(4) Pay co	ompensation to, of	or pay or reimbur	se the exper	nses of, a disq	ualified person?		Yes	X No			
	(5) Transf for the	fer any income oi e benefit or use o	assets to a disq f a disqualified po	ualified perso erson)?	on (or make a	ny of either availab	le	Yes	XNo			
	(6) Agree founda of gov	e to pay money or ation agreed to ma vernment service,	property to a gove se a grant to or to if terminating wi	vernment off employ the of thin 90 days	icial? (Except i fficial for a perio)	ion. Check 'No' if th od after termination	ne	Yes	X No			
ŧ	If any ans	swer is 'Yes' to 1a	(1)-(6), did any d	of the acts fa	ıl to qualıfy un	der the exceptions iter assistance (see	described in	! _				
							nstructions	.)''		1 b	N	<u>/A</u>
	•	ions relying on a	•	, ,				_				ł
(Did the for that were	undation engage not corrected bet	in a prior year in ore the first day	any of the a of the tax yea	icts described ar beginning ir	in 1a, other than ex n 2014?	xcepted acts	,		1 c		X
2	Taxes on private op	failure to distribu perating foundatio	te income (sectio n defined in secti	n 4942) (doe on 4942(j)(3	es not apply fo) or 4942(j)(5)	r years the foundat)	ion was a					
ä	At the end	d of tax year 2014	, did the foundat	ion have any	undistributed	ıncome (lines 6d		□v	57 N.			1
		art XIII) for tax ye						Yes	X No			1
		st the years ►	20 , 20									1
ı	(relating to	any years listed to incorrect valuat listed, answer 'No	ion of assets) to	the year's ur	ndistributed inc	ng the provisions of come? (If applying	section 4942 section 4942	2(a)(2) ?(a)(2) to		2 b	N] /A
						years listed in 2a, l	ist the vears	here		- 5		A
•		, 20 , 20 _		ang applica	to any or the	years nated in Za, i	ist the years	Tiere				
3 8		oundation hold mo e at any time duri		ect or indired	t interest in ar	ny business		Yes	X No			
I	or disqual by the Coi (3) the lap	lified persons afte ommissioner unde	r May 26, 1969, i r section 4943(c) -, or 20-year first	(2) the lapse (7)) to dispos phase holdir	of the 5-year se of holdings ng period? <i>(U</i> s	any purchase by the period (or longer period of longer pe	eriod approv bequest, or	n ed		3 b	N	/A
4:	a Did the fo					t would jeopardize	ıts			4 a		X
l	jeopardize	oundation make a e its charitable purp ear beginning in 2	ose that had not b	a prior year een removed	(but after Dece from jeopardy i	ember 31, 1969) that before the first day o	at could f			4 b		Х
BAA									Ec	rm 99	O-DE (

Form 990-PF (2014) JOIE DE VIVRE FOU	NDATION		38-29	02415	Page
Part VII-B Statements Regarding Activit		i 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incu				_	
(1) Carry on propaganda, or otherwise attemption	ot to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	llic election (see section ation drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, or s)	ganization described	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of	the transactions fail to	qualify under the excep	otions		
described in Regulations section 53 4945 or in (see instructions)?	n a current notice regard	ding disaster assistance	e	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistanc	ce check here	. ▶ [7	IN IN
c If the answer is 'Yes' to question 5a(4), does	the foundation claim ev	emption from the	L	-	
tax because it maintained expenditure respon	sibility for the grant?	emption nom the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d)		_	
6 a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	Yes X	No	
b Did the foundation, during the year, pay prem				6 b	X
If 'Yes' to 6b, file Form 8870				_	
7 a At any time during the tax year, was the foun	· ·			No	ļ
b If 'Yes,' did the foundation receive any proceed				N/A 7b	1 1
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Mana	gers, Highly Paid	Employee	es,
1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see ins	tructions).		
	(b) Title, and average				
4		(c) Compensation	(d) Contributions to	(e) Expens	
(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	
Eileen Ellens	hours per week	(If not paid,	employee benefit plans and deferred	other a	
Eileen Ellens 670 Old Orchard	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	
Eileen_Ellens 670_Old_Orchard Holland, MI 49423	hours per week devoted to position President 0	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other a	
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens	hours per week devoted to position President 0 Treasurer	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard	hours per week devoted to position President 0	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other a	
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423	hours per week devoted to position President 0 Treasurer 0	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other a	allowances (
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens	hours per week devoted to position President 0 Treasurer 0 Secretary	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other a	allowances (
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423	hours per week devoted to position President 0 Treasurer 0	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other a	allowances (
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200	hours per week devoted to position President 0 Treasurer 0 Secretary	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other a	allowances (
Eileen_Ellens 670 Old Orchard Holland, MI 49423 Dennis_Ellens 670 Old Orchard Holland, MI 49423 Brett_Ellens 345 48h Street Suite 200 Holland, MI 49423	hours per week devoted to position President 0 Treasurer 0 Secretary 0	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0.	other a	allowances (
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0	(If not paid, enter -0-) 0. 0.	employee benefit plans and deferred compensation 0. 0.	other	se account allowances
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423 2 Compensation of five highest-paid employees (compensation)	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0.	e.'	allowances (
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0	(If not paid, enter -0-) 0. 0.	employee benefit plans and deferred compensation 0. 0.	E.' (e) Expenother a	allowances () () () () () () () () () () () () ()
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423 Compensation of five highest-paid employees (a) Name and address of each employee	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0 ther than those included hours per week	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0. 0. (d)Contributions to employee benefit plans and deferred deferred compensation	E.' (e) Expenother a	allowances () () () () () () () () () () () () ()
Eileen_Ellens 670 Old Orchard Holland, MI 49423 Dennis_Ellens 670 Old Orchard Holland, MI 49423 Brett_Ellens 345 48h Street_Suite 200 Holland, MI 49423 Curtis_J_Ellens 345 E. 48th Street_Suite 200 Holland, MI 49423 2 Compensation of five highest-paid employees (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0 ther than those included hours per week	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0. 0. (d)Contributions to employee benefit plans and deferred deferred compensation	E.' (e) Expenother a	()
Eileen_Ellens 670 Old Orchard Holland, MI 49423 Dennis_Ellens 670 Old Orchard Holland, MI 49423 Brett_Ellens 345 48h Street_Suite 200 Holland, MI 49423 Curtis_J_Ellens 345 E. 48th Street_Suite 200 Holland, MI 49423 2 Compensation of five highest-paid employees (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0 ther than those included hours per week	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0. 0. (d)Contributions to employee benefit plans and deferred deferred compensation	E.' (e) Expenother a	()
Eileen_Ellens 670 Old Orchard Holland, MI 49423 Dennis_Ellens 670 Old Orchard Holland, MI 49423 Brett_Ellens 345 48h Street_Suite 200 Holland, MI 49423 Curtis_J_Ellens 345 E. 48th Street_Suite 200 Holland, MI 49423 2 Compensation of five highest-paid employees (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0 ther than those included hours per week	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0. 0. (d)Contributions to employee benefit plans and deferred deferred compensation	E.' (e) Expenother a	allowances 0
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423 Compensation of five highest-paid employees (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0 ther than those included hours per week	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0. 0. (d)Contributions to employee benefit plans and deferred deferred compensation	E.' (e) Expenother a	()
Eileen Ellens 670 Old Orchard Holland, MI 49423 Dennis Ellens 670 Old Orchard Holland, MI 49423 Brett Ellens 345 48h Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423 Curtis J Ellens 345 E. 48th Street Suite 200 Holland, MI 49423 Compensation of five highest-paid employees (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position President 0 Treasurer 0 Secretary 0 Vice Preside 0 ther than those included hours per week	(If not paid, enter -0-) 0. 0. 0. on line 1 — see instruction	employee benefit plans and deferred compensation 0. 0. 0. 0. (d)Contributions to employee benefit plans and deferred deferred compensation	E.' (e) Expenother a	0 C

Total number of other employees paid over \$50,000 **BAA**

orm 99 0	0-PF (2014) JOIE DE VIVRE FOUNDATION 38-29	02415 Page 7
Part VI		
3 Fiv	e highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
		
Total nu	mber of others receiving over \$50,000 for professional services	0
Part IX	G-A Summary of Direct Charitable Activities	
ist the fou organizatio	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ins and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/	/A	
2		_
		_
3		-
		-
4 —		
`		-
		<u> </u>
Part IX	(-B Summary of Program-Related Investments (see instructions)	
•		
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 -		-
N	<u>/A</u>	=
		-
		-
All othe	er program-related investments. See instructions	

Form **990-PF** (2014)

Total. Add lines 1 through 3

BAA

Form 990-PF (2014) JOIE DE VIVRE FOUNDATION 38-2902415 F

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	76,737.
•	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	76,737.
€	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	76,737.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,151.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	75,586.
6	Minimum investment return. Enter 5% of line 5	6	3,779.
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation	ting fo	oundations
	and certain foreign organizations check here ▶ □ and do not complete this part.)	···	
	Minimum investment return from Part X, line 6	1	3,779.
	Tax on investment income for 2014 from Part VI, line 5		
	Income tax for 2014 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2 c	1.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,778.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,778.
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	3,778.
Ŗāi	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	173,520.
ŀ	Program-related investments – total from Part IX-B	1 b	
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 Suitability test (prior IRS approval required)	3 a	•
ł	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	173,520.
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	1.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	173,519.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				3,778.
2 Undistributed income, if any, as of the end of 2014				3,778.
a Enter amount for 2013 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009 628, 988.				
b From 2010 340,593.				
c From 2011 317, 831.				
d From 2012 316, 911.				
e From 2013 310, 463.	 , -, -, -, -			
f Total of lines 3a through e	1,914,786.			
4 Qualifying distributions for 2014 from Part				
XII, line 4 * \$ 173,520.				
a Applied to 2013, but not more than line 2a			0.	
 Applied to undistributed income of prior years (Election required – see instructions) 		0.	<u>.</u>	
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2014 distributable amount	<u> </u>			3,778.
e Remaining amount distributed out of corpus	169,742.			3,7,0.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the	<u>~</u>			
same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,084,528.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
· · · · ·		U.		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		ļ
	····	0.		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not				
applied on line 5 or line 7 (see instructions)	628,988.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	1,455,540.			
10 Analysis of line 9				
a Excess from 2010 340, 593.				
b Excess from 2011 317, 831.	1			
c Excess from 2012 316, 911.]			
d Excess from 2013 310, 463.]			
e Excess from 2014 169, 742.				5 000 PF (2014)

Port MW Driveto Operating Foundation		etions and Bart	t VII A guestion	38-2902415	N/A
PartXIV Private Operating Foundat 1 a If the foundation has received a ruling or deter					N/A
is effective for 2014, enter the date of the	ruling	it is a private operati	ing loundation, and the	► L	
b Check box to indicate whether the foundat	on is a private ope	rating foundation of	lescribed in section	4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
b 85% of line 2a.					
 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					
 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					
a 'Assets' alternative test — enter:					
(1) Value of all assets (2) Value of assets qualifying under		-			
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Information assets at any time during th	(Complete this e year – see in	part only if the structions.)	toundation had	\$5,000 or more	ın
1 Information Regarding Foundation Manag	jers:				
a List any managers of the foundation who have close of any tax year (but only if they have	e contributed more the contributed more	nan 2% of the total o than \$5,000) (See	contributions received section 507(d)(2).)	by the foundation bef	ore the
See Statement 3					
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporation of the co	on (or an equally large rest	e portion of the owner	ship of
2 Information Regarding Contribution, Gran	nt, Gift, Loan, Scho	larship, etc, Progr	ams:		
Check here ► X if the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d	kes contributions to s gifts, grants, etc	preselected charitati (see instructions) t	ole organizations and of ondividuals or orga	does not accept unso inizations under othe	licited er conditions,
a The name, address, and telephone number o	r e-mail address of t	he person to whom a	applications should be	addressed	
b The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charit	able fields, kinds of i	institutions, or other	ractors

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient		Foundation status of recipient		Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	,			
Schedule Attached		exempt	operating expenses	173,500.
,		-		
		1		}
		}		İ
		1		
Total	<u> </u>		► 3a	173,500
b Approved for future payment	l			
			İ	
	1			[
	1			1
		1		
	[
	1	1	1	1
			1	
	1	}	1	1
	!			
Total	L	1	► 3b	
IVIAI			- 30	'l

nter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a			code		, ,
b	 		- -		
c	 			-	
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	143.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			_		
b Not debt-financed property					···
6 Net rental income or (loss) from personal property					
7 Other investment income			+		
 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events. 					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue			+ +	, , ,	
•					
	 	<u> </u>			
	 		+ +		
d					
e	1 1 1				· · · · · · · · · · · · · · · · · · ·
Subtotal Add columns (b), (d), and (e)				143.	
13 Total. Add line 12, columns (b), (d), and (e)				13	143
See worksheet in line 13 instructions to verify calculate	ions)				
Part XVI-B Relationship of Activities to the	e Accomplis	hment of Exem	pt Purpos	es	
Explain below how each activity for which is accomplishment of the foundation's exemp	ncome is report	ed in column (e) of	Part XVI-A o	contributed important	y to the

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
-	
*	

Form 990-PF (2014) JOIE DE VIVRE FOUNDATION 38-2902415 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Yes No

describ	e organization directly bed in section 501(c) c g to political organizat	of the Code (other that	in any of the following wit an section 501(c)(3) organ	h any other organization in section :	n 527,	
a Transf	ers from the reporting	foundation to a none	charitable exempt organiza	ation of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) Ca	ish					1 a (1) X
(2) Ot	her assets					1 a (2) X
b Other	transactions					
(1) Sa	ales of assets to a non	charitable exempt or	ganızatıon			1 b (1) X
(2) Pu	irchases of assets from	n a noncharitable exe	empt organization			1 b (2) X
(3) Re	ental of facilities, equip	ment, or other asset	S			1 b (3) X
(4) Re	eimbursement arrangei	ments				1 b (4) X
(5) Lo	ans or loan guarantee	s				1 b (5) X
(6) Pe	erformance of services	or membership or fu	indraising solicitations			1 b (6) X
c Sharın	ig of facilities, equipme	ent, mailing lists, oth	er assets, or paid employ	ees		1c X
the god any tra	ods, other assets, or ser ansaction or sharing ai	vices given by the reportangement, show in	ete the following schedule orting foundation if the four column (d) the value of the	ndation received less that ne goods, other assets,	n fair market value in or services receive	n ed
(a) Line no	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Description of trai	sfers, transactions, and	snaring arrangements
N/A					··-	
						
					···-	
				<u> </u>		
	·····					
	· · · · · · · · · · · · · · · · · · ·					
				<u> </u>		
descri	foundation directly or inc bed in section 501(c) of s,' complete the following	of the Code (other th	or related to, one or more to an section 501(c)(3)) or in	section 527?		Yes XNo
	(a) Name of organizati	on	(b) Type of organization	() Description of rel	ationship
N/A						
Sign corre	er penalties of perjury, I declar ect, and complete Declaration	re that I have examined this of preparer (other than tax	return, including accompanying so payer) is based on all information	chedules and statements, and to of which preparer has any know	o the best of my knowledge vledge	May the IRS discuss
Here	James 80	Ve-	3-18-15	5 P		preparer shown below (see instructions)?
Sig	gnature of officer or trustee	 •	Date	Title	· · · · · · · · · · · · · · · · · · ·	Yes No
	Print/Type preparer's na	me	Preparer's signature	Date	Check If	PTIN
Paid			Self-Prepared		self-employed	
	Firm's name		Joseph Troparda		Firm's EIN	
Preparer						
Use Only	5 8001033				Phone no	
BAA						Form 990-PF (2014)
5AA					Ī	. Omi 330-i F (2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545 0047

2014

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of the organization		Employer identification number
JOIE DE VIVRE FOUNDATION		38-2902415
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation
	501(c)(3) taxable private foundation	
	Contextor and the context of the con	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	-
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule. See instructions
General Rule		
	z, or 990-PF that received, during the year, contributions tota	aling \$5,000 or more (in money or
property) from any one contributor Comple	ete Parts I and II See instructions for determining a contribu	tor's total contributions.
Special Rules		
For an organization described in section 50	11(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	port test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi),	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, be year, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1 Complete Parts I and II	270 07 070 0700000 070
	000 F7 Hell and all	6
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990 EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li	rom any one contributor, terary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III	· ·
For an organization described in section 50	11(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year, contributions exclusively to	or religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for a	ons totaled more than
charitable, etc., purpose. Do not complete	any of the parts unless the General Rule applies to this organic	inization because
it received nonexclusively religious, charital	ble, etc., contributions totaling \$5,000 or more during the year	ar ► \$
Caution: An organization that is not covered by	y the General Rule and/or the Special Rules does not file Sc ne 2, of its Form 990, or check the box on line H of its Form	hedule B (Form 990, 990-EZ, or
Part I line 2 to certify that it does not meet th	te filing requirements of Schedule B (Form 990, 990-EZ, or 9	90-PF)

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

Page 1 of
Employer identification number

JOIE I	DE VIVRE FOUNDATION	38-	2902415
Partl	Contributors (see instructions) Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Hudsonville Ice Cream 345 E. 48th St Suite 200	\$187,500	· 1
	Holland, MI 49423		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions)

Page

of Part II

JOIE DE VIVRE FOUNDATION

Employer identification number 38-2902415

recrement	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	ace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ŝ	
· · · · · · · · · · · · · · · · · · ·		`	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ *	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Coho	ule B (Form 990, 990-EZ,	or 990 PE\ (2014)
DAA	SCHE	1016 は 11 01111 330. 330・亡人. (Ji ブブロ・ヒゴ (ZU14)

Page

1 of Part III

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

JOIE 'DE VIVRE FOUNDATION Employer identification number 38-2902415

Partille	Exclusively religious, charitable, etc	., contributions to organ	nizations described in section 501(c)(7), (8)	
	or (10) that total more than \$1,000 for the the following line entry For organizations con	e year from any one contrib	putor. Complete columns (a) through (e) and	
	contributions of \$1,000 or less for the year (E	inter this information once. Se	ee instructions) \$N/A	
	Use duplicate copies of Part III if additional sp	pace is needed		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	<u></u>			
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	Turpose of girk	osc or girt	bescription of now gire is need	
		(e) Transfer of gift		
	Transferee's name, address,		Relationship of transferor to transferee	
		<u> </u>		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
	L			
	<u> </u>			
		(a)		
	(e) Transfer of gift			
	Transferee's name, address	Relationship of transferor to transferee		
(2)	(b)	(c)	(4)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
	<u> </u>			
		(e)		
		(e) Transfer of gift		
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee	
			L	
	1			

14	Federal Statements	Page
	JOIE DE VIVRE FOUNDATION	38-290241
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		
	(a) (b) Net (c) Expenses Investment Adjuste per Books Income Net Inco	
Tax Return processing	\$ 68. \$ 68. \$ 68. \$ 68.	0. \$ 0.
Taxes	(a) (b) Net (c) Expenses Investment Adjuste per Books Income Net Inco	
State of Michigan	Total \$ 20. \$ O. \$	0. \$ 20 \$ 20
Statement 3 Form 990-PF, Part XV, Line 1a		
	More Contributors	

FOUNDATION

,		2014
Name	Address	Gift
70 X 7 Life Recovery	Holland, MI	\$10,000
Authentic Leadership Inc	Holland, MI	\$25,000
Calvary CRC - Holland	Holland, MI	\$12,000
Camp Sunshine	Holland, MI	\$1,000
Compassionate Heart Ministry	Zeeland, MI	\$ 5,000
Holland Rescue Mission	Holland, MI	\$ 50,500
Lincoln Football Boosters	Tacoma, WA	\$ 5,000
Mission India	Grand Rapids, MI	\$ 10,000
Our Enduring Hope	Holland, MI	\$ 5,000
Winning At Home	Zeeland, Mi	\$ 50,000
TOTO Total		\$ 173,500

Part XV 3a