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Form **990-PF**

Return of Private Foundation

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

2014

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For	calenr	dar year 2014 or tax year beginning		at www.i nd endin		Supt. Open	to Public Inspection
		oundation	, 2014, a	na enam	Ť · · · ·	identification number	, 20
		L J & ARDITH KOSTER FOUNDATION			38-3067		
		and street (or P O box number if mail is not delivered to street address)		/t			
		IVANREST AVE SW	100	om/suite	(616)87	number (see instructions)	
		wn, state or province, country, and ZIP or foreign postal code					
		CENTER, MI 49315			C If exempt	on application is pending,	check here
			of a former public charit		D 4 Farance		
		Final return Amended ret	·	.y	U I. Foreigi	n organizations, check her	e ▶□
		Address change Name change				n organizations meeting th	
н	Check 1	type of organization X Section 501(c)(3) exempt privi				here and attach computati	
	٦		axable private foundation	nn.		foundation status was tern 07(b)(1)(A), check here	
İF		rket value of all assets at J Accounting method.		Accrual	Sections	or(b)(T)(A), check here	· · · · · · • 🗀
		year (from Part II, col (c), Other (specify)	ZI Casii	cciuai	I	ndation is in a 60-month te	
	ne 16)		a on cash basis)		under sec	ction 507(b)(1)(B), check h	iere ►
	ırt I	Analysis of Revenue and Expenses (The total of	on cash basis)		J		(1) 5 1
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions))	books		ncome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	341,647				(oddir basis offiy)
	2	Check ► If the foundation is not required to attach Sch B	321,047				
	3	Interest on savings and temporary cash investments	7		7	7	
	4	Dividends and interest from securities	, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,	
-	5a	Gross rents	4,470				
	ь	Net rental income or (loss) 328			INT	En.	
ø)	6a	Net gain or (loss) from sale of assets not on line 10				FRNAL PELE	 -
Revenue	b	Gross sales price for all assets on line 6a		•		ERNAL REVENU 315 RECEIVE	E.SEm.
ě	7	Capital gain net income (from Part IV, line 2)				TECEIVE	DERVICE
ಹ	8	Net short-term capital gain				MAY	
	9	Income modifications			- 	MAY 26 2015	
	10a	Gross sales less returns and allowances		······································	- 	2019	
	b	Less Cost of goods sold			- 	BATCHING UNIT	
	С	Gross profit or (loss) (attach schedule)		ļ	\	OVINGTO: UNIT	
	11	Other income (attach schedule)				OVINGTON, KY	
	12	Total. Add lines 1 through 11	346,124		7	7	
	13	Compensation of officers, directors, trustees, etc					
es	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits			-		
ğ	16a	Legal fees (attach schedule)					
ũ	b	Accounting fees (attach schedule) STM108	445				
<u>š</u>	С	Other professional fees (attach schedule)					
trat	17	Interest					
æ. E	18	Taxes (attach schedule) (see instructions)					
5 =	19	Depreciation (attach schedule) and depletion					
Z ip	20	Occupancy	4,142				
~ ≥	21	Travel, conferences, and meetings					
_ <u>a</u>	22	Printing and publications					
⊇ <u>:</u> Ē	23	Other expenses (attach schedule) STM103	14,452				
a 🤇	24	Total operating and administrative expenses.					
SCANNED JUN 2 6 2015 Operating and Administrative Expe		Add lines 13 through 23	19,039		0		0
ξO	25	Contributions, gifts, grants paid	185,530				0
<u>-</u>	26	Total expenses and disbursements. Add lines 24 and 25 .	204,569		C		0
3	27	Subtract line 26 from line 12					
D	а	Excess of revenue over expenses and disbursements .	141,555	<u></u>			
	b	Net investment income (if negative, enter -0-)			7		
	С	Adjusted net income (if negative, enter -0-)				7	

orn	1 990-	PF (2014) DANIEL J & ARDITH KOSTER FOUNDAT		· · · · · · · · · · · · · · · · · · ·	6/600 Page 2
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only. (See instructions.)	Beginning of year	End o	, '
		3 Todal De Tol Cito-o-year amounts only (Dee mandellong)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ļ		Cash - non-interest-bearing	105,439	46,994	46,994
1		Savings and temporary cash investments			
		Accounts receivable >	}		
		Less: allowance for doubtful accounts			, , , , , , , , , , , , , , , , , , ,
		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 schedule)			
		Less: allowance for doubtful accounts ▶			
ssets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
ď	10a	Investments - U S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	С	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 ► 200,000			
		Less accumulated depreciation (attach schedule)		200,000	
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	105,439	246,994	46,994
	17	Accounts payable and accrued expenses	_		
	18	Grants payable			
es	19	Deferred revenue			1
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			7
Ξ	22	Other liabilities (describe >)			7
	23	Total liabilities (add lines 17 through 22)	0	0	1
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
ည	24	Unrestricted			
lar	25	Temporarily restricted			7 ,
or Fund Balar	26	Permanently restricted			
p		Foundations that do not follow SFAS 117, check here • X			
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds]		
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds	105,439	246,994	
Ä	1	Total net assets or fund balances (see instructions)	105,439	246,994	
Net	31	Total liabilities and net assets/fund balances (see			
_	•	ınstructions)	105,439	246,994	
P	art II		ces		
		I net assets or fund balances at beginning of year - Part II, column (a), line			
•		of-year figure reported on prior year's return)		1	105,439
2		r amount from Part I, line 27a			141,555
		er increases not included in line 2 (itemize)			
		lines 1, 2, and 3			246,994
		reases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	246,994
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	IEL J & ARDITH KOSTER		-	38-30	5 7600 Page
Part IV Capital Gains	and Losses for Tax on I	nvestment Incon			
	be the kind(s) of property sold (e.g., rehouse, or common stock, 200 shs.		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a					
b					
С					
d			_		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(h) Ga (e) plus	in or (loss) (f) minus (g)
а					
b					
С					
d	· · · · · · · · · · · · · · · · · · ·				
<u>e</u>			40/04/00		
Complete only for assets sho	wing gain in column (h) and owner	ed by the foundation on	12/31/69	(I) Gains (C	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) (ı), ıf any		ot less than -0-) or from col (h))
а					
b					
С					
d					
е					
section 4940(d)(2) applies, leav	vate foundations subject to the se e this part blank. section 4942 tax on the distributa qualify under section 4940(e) Do	ble amount of any year	ın the base period		Yes X N
1 Enter the appropriate amount	in each column for each year; s	ee the instructions befo	re making any entr	ies.	
(a) Base period years Calendar year (or tax year beginn	ing in) Adjusted qualifying distri	butions Net value of	(c) of noncharitable-use a	ossets Dis	(d) stribution ratio) divided by col (c))
2013					
2012					·
2011					
2010					
2009	1				
				2 0	.0
	the 5-year base period - divide the on has been in existence if less t		r by the	3 0	.0
•					
	antable-use assets for 2014 from				
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b) .			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions		t VI line 1h, and compl		\	
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Par	t vi, iirie ib, and compi	ete triat part using :	a 1/0 lax tale See II	16
Part VI INSTRUCTIONS					

4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

10

Х

X

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Part VII-B Statements Regarding Activities		vnich Form	14/20	мау ве н	kequir	ea (continuea)		
5a During the year did the foundation pay or incur any amo					_		1 1	
(1) Carry on propaganda, or otherwise attempt to influe	ence leg	islation (section	า 4945(e))?		」Yes No	1 1	
(2) Influence the outcome of any specific public electro	n (see s	ection 4955); d	or to carry	y on,	_		1	
directly or indirectly, any voter registration drive?		. .			· · L	Yes No	1 1	
(3) Provide a grant to an individual for travel, study, or	other si	mılar purposes	?		[Yes No	1 1	
(4) Provide a grant to an organization other than a cha	ritable, e	etc , organizatio	on descri	bed in	_		1	
section 4945(d)(4)(A)? (see instructions)					L	Yes No	1	
(5) Provide for any purpose other than religious, charit	able, sc	entific, literary,	or educ	ational			1 1	
purposes, or for the prevention of cruelty to children	n or anır	mals?			[Yes No		
b If any answer is "Yes" to 5a(1)-(5), did any of the trans-	actions t	fail to qualify ur	nder the	exceptions o	lescnbed	l in	1	
Regulations section 53.4945 or in a current notice rega	rding dis	saster assistan	ce (see i	instructions)	?.		5b	İ
Organizations relying on a current notice regarding disa	aster as:	sistance check	here .			▶ 🗍		
c If the answer is "Yes" to question 5a(4), does the found								:
because it maintained expenditure responsibility for the				.	Г	Yes No		
If "Yes," attach the statement required by Regulations	section (53 4945-5(d)			_		1 1	: 1
6a Did the foundation, during the year, receive any funds,			pay pre	miums				
on a personal benefit contract?	_	-			Г	Yes No	1 1	:
b Did the foundation, during the year, pay premiums, dire					_		6b	
If "Yes" to 6b, file Form 8870	, , , , , , , , , , , , , , , , , , ,		p 0, 0 0, 1 a,	DOMONIC GOIN			"	
7a At any time during the tax year, was the foundation a p	arty to a	nrohibited tax	shelter t	ransaction?	. Г	Yes No		
b If "Yes," did the foundation receive any proceeds or ha	•	•					7b	, 1
Part VIII Information About Officers, Dire								OVEES
and Contractors	.0.0.0,	, iiustoos,	· ound	iadon ma	iiiag¢i.	s, mgmy raid	Linpi	oyees,
List all officers, directors, trustees, foundation mana	gore an	d their compe	neation	lean instru	ctions)		 ,	
		e, and average		mpensation		Contributions to	(a) Eva	
(a) Name and address See 990 OFOV	hou	rs per week	` (if n	ot paid,	emplo	yee benefit plans		ense account, allowances
		ed to position	en	ter -0-)	and der	erred compensation		
	PRESI			•		•		•
2015 8TH STREET, MI 49315		5.00		0	 	0		0
1	EXEC .	DIRECTOR						
7035 IVANREST, BYRON CENTER, MI 49315		10.00		0_		0		0
	BOARD	MEMBER				_		_
7035 IVANREST, BYRON CENTER, MI 49315		5.00		0	<u> </u>	0	ļ	0
	BOARD	MEMBER			ļ			
2031 8TH, BYRON CENTER, MI 49315		5.00	l	0	<u></u>	00		0
2 Compensation of five highest-paid employees (other	than th	nose included	on line	1 - see instr	uctions)	. If none, enter		
"NONE."				 			,	
		(b) Title, and	average			(d) Contributions to employee benefit	(e) Expe	ense account,
(a) Name and address of each employee paid more than \$50,	,000	hours per v		(c) Compe	nsation	plans and deferred	other	allowances
		devoted to p				compensation		
NONE								
		i		•			1	
-								
		<u> </u>		<u></u>				
Total number of other employees paid over \$50,000								0
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Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	
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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	lations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	ļ T	_ :
	purposes.		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1 1	
	ınstructions)	4	00
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	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	founda	ations
	and certain foreign organizations check here ▶ and do not complete this part.)	, , ,	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI.)		
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
Pa	rt XII Qualifying Distributions (see instructions)		
تستنا		r	· · · · · · · · · · · · · · · · · · ·
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	<u> </u>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne found	dation
	qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

1	Distributable amount for 2014 from Part XI,	(a) Corpus	Years prior to 2013	2013	2014
	line 7			·····	0
2	Undistributed income, if any, as of the end of 2014:	:		······································	<u> </u>
	Enter amount for 2013 only]
	Total for pnor years , ,			······································	
3	Excess distributions carryover, if any, to 2014			· ·	
а	From 2009				1
b	From 2010				
С	From 2011		1		1
d	From 2012		1		1
e	From 2013		1		1
f	Total of lines 3a through e				1
4	Qualifying distributions for 2014 from Part XII,				
	line 4: ▶\$		1		1
а	Applied to 2013, but not more than line 2a	<u> </u>			
b	Applied to undistributed income of prior years	······································			- [
	(Election required - see instructions)				ŧ
С	Treated as distributions out of corpus (Election		-		
	required - see instructions)		1		
d	Applied to 2014 distributable amount		- '''		
е	Remaining amount distributed out of corpus		,		
5	Excess distributions carryover applied to 2014 .			**************************************	
	(If an amount appears in column (d), the same			·	
	amount must be shown in column (a))		†		
6	Enter the net total of each column as		1		
	indicated below:		1		†
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5 .				1
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				+
С	Enter the amount of prior years' undistributed			, ,,,	· · · · · · · · · · · · · · · · · · ·
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				1
	tax has been previously assessed				1
d	Subtract line 6c from line 6b Taxable			······································	
	amount - see instructions	-			
е	Undistributed income for 2013. Subtract line	, , , , , , , , , , , , , , , , , , , ,			
	4a from line 2a Taxable amount - see	1			
	instructions		1		
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1 This amount must be	1		,	
	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		1		1
	required - see instructions)				
8	Excess distributions carryover from 2009 not				1
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.	1			<u> </u>
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.	ŀ			1
а	Excess from 2010	_}			‡
b	Excess from 2011	_}			1
С	Excess from 2012	_[ŧ
d	Excess from 2013	_			1
е	Excess from 2014				

	- 3			

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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 operatii	ng		
	foundation, and the ruling is effective for	2014, enter the date of	the ruling		•	
b	Check box to indicate whether the found	ation is a private operat	ting foundation describ	ed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	***************************************	
	income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	each year listed		(-,	(-,		
b	85% of line 2a			<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 .					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		,			
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					t
	(4) Gross investment income				-	
Par	XV Supplementary Inform	ation (Complete	this part only if t	the foundation ha	d \$5,000 or mor	e in assets at
<u> </u>	any time during the ye	• -				accord at
1	Information Regarding Foundation I					
' a	List any managers of the foundation w		ore than 2% of the total	l contributions received	by the foundation	
	before the close of any tax year (but or	nly if they have contribu	ited more than \$5,000). (See section 507(d)(2))	
b	List any managers of the foundation w	ho own 10% or more of	the stock of a cornora	ation (or an equally large	nortion of the	
U	ownership of a partnership or other en				2 portion or the	
		•,	. 3	•		
2	Information Regarding Contribution	Grant Gift Loan Sc	cholarship etc. Proc	ırams:		
2	ř ř		, , ,			
	Check here ▶ ☐ If the foundation of unsolicited requests for funds. If the fo	•	•	able organizations and o	·	
	other conditions, complete items 2a, b		rants, etc. (see instru	cuons) to individuals of	organizations under	
a	The name, address, and telephone nu		of the person to whor	n applications should be	e addressed	
ŭ	The hame, address, and telephone ha		or the percent to mile.	п арриоденно енгона о		
	990APP					
b	The form in which applications should	be submitted and infor	materials t	ney should include		
	Any submission deadlines					
					 	
d	Any restrictions or limitations on awar factors:	ds, such as by geograp	hical areas, charitable	telds, kinds of institution	ons, or other	

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

B' Grants and Contributions Paid During	If recipient is an individual,	a tor Future	Payment	
Recipient	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year			İ	İ
FRONTIER SCHOOL OF BIBLE				
PO BOX 217			ļ	
LAGRANGE, WY 82221	NONE		SUPPORT	16,800
CALVARY BAPTIST CHURCH				
220 N JEBAVY DRIVE				
LUDINGTON, MI 49431	NONE		SUPPORT	2,00
GRANDVILLE BIBLE CHURCH				
4122 44TH STREET SW				
GRANDVILLE, MI 49418	NONE		SUPPORT	4,00
ROCKY MOUNTAIN BIBLE CHURCH				
PO BOX 148				
FRISCO, CO 80443	NONE		SUPPORT	3,000
CAMP AO-WA-KIYA				
PO BOX 2513				
GRAND RAPIDS, MI 49501	NONE		SUPPORT	22,20
CLOSED DOOR MINISTRIES				
4345 SAWKAW DRIVE NE 2				
GRAND RAPIDS, MI 49525	NONE		SUPPORT	10,60
CRU MINISTRIES			;	
100 LAKE HART DRIVE				
ORLANDO, FL 32832	NONE		SUPPORT	2,00
FAMILY LIFE TODAY				
4345 SAWKAW DRIVE NE 2		1		
LITTLE ROCK, AR 72223	NONE		SUPPORT	2,00
Total			▶ 3.	в
b Approved for future payment				
Total		<u> </u>		b

Part XV | Supplementary Information (continued)

Grants and Contributions Paid During to	If recipient is an individual,		J	
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
GRACE MINISTRIES				
PO BOX 820				
MOUNDSVILLE, WV 26041	NONE		SUPPORT	23,400
IMI SOS INTERNATIONAL				
PO BOX 116				
HUDSONVILLE, MI 49426	NONE		SUPPORT	1,100
INDEPENDENT BIBLE MISSION				
749 LAMOREAUX DRIVE				
COMSTOCK PARK, MI 49321	NONE		SUPPORT	2,400
INTERCITY CHRISTIAN FEDERATION				
920 CHERRY STREET				
GRAND RAPIDS, MI 49506	NONE		SUPPORT	2,800
LIVING ON THE EDGE				
PO BOX 3007				
SUWANEE, GA 30024	NONE		SUPPORT	1,000
MIDWEST CHURCH EXTENSION		İ		
PO BOX 337	Ì			
REMINGTON, IN 47977	NONE		SUPPORT	1,000
SEND INTERNATIONAL				
PO BOX 513				
FARMINGTON, MI 48332	NONE		SUPPORT	7,20
TRANSFORMATION LIFE CENTER				
PO BOX 249				
WEST PARK, NY 12493	NONE		SUPPORT	7,20
Total			▶ 3a	
b Approved for future payment				
Total		L		

Part XV | Supplementary Information (continued)

Recipient	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 or business)	or substantial contributor	recipient		j
Paid during the year				
TRUTH ALIVE MINISTRIES				
1404 AUBURN PLACE				
PLANO, TX 75093	NONE		SUPPORT	9,700
UNITED INDIAN MISSION INTL				
PO BOX 6429 GLENDALE, AZ 85312	NONE		SUPPORT	4,800
WINNING AT HOME				
300 S STATE ST STE 13				
ZEELAND, MI 49464	NONE		SUPPORT	2,000
WORLD MINISTRIES	ļ			
PO BOX 491656				
LEESBURG, FL 34749	NONE		SUPPORT	2,000
PARTNERS IN EVANGELISM				
5518 W DIVERSY AVE			İ	
CHICAGO, IL 60639	NONE		SUPPORT	8,98
SCRIPTURE MEMORY MOUTAIN MISSION				*
4180 CAMP NATHANAEL ROAD				
EMMALENA, KY 41740	NONE		SUPPORT	8,40
ADA BIBLE CHURCH				i i
8899 CASCADE ROAD SE				
ADA, MI 49301	NONE		SUPPORT	5,00
CALVARY BAPTIST CHURCH				
1200 28TH STREET SE				
GRAND RAPIDS, MI 49508	NONE		SUPPORT	5,10
Total			▶ 3:	3
b Approved for future payment				
		1	1	

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During th	ne Year or Approve	d for Future I	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
HAPPY VALLEY BAPTIST CHURCH				
24220 N 43RD AVE				
GLENDALE, AZ 85310	NONE		SUPPORT	1,000
STANDALE BAPTIST CHURCH				
3714 LAKE MICHIGAN DRIVE			1	
GRAND RAPIDS, MI 49534	NONE		SUPPORT	2,500
CAMINO GLOBAL				
8625 LA PRADA DRIVE				
DALLAS, TX 75228	NONE		SUPPORT	3,250
HIGHWAY MELODIES				
2186 44TH STREET SE				
GRAND RAPIDS, MI 49508	NONE		SUPPORT	500
KENYA HOPE				
55 E ROOSEVELT AVE				
ZEELAND, MI 49464	NONE		SUPPORT	11,600
REASONS FOR HOPE				
PO BOX 415			ļ	
HEBRON, KY 41048	NONE		SUPPORT	10,000
Total		<u> </u>		183,530
b Approved for future payment				

Form 990-PF (2014) DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600 Page 12 Part XVI-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. Excluded by section 512, 513, or 514 Unrelated business income (e) Related or exempt function income (a) (b) (d) (See instructions) Business code Amount Exclusion code Amount 1 Program service revenue. g Fees and contracts from government agencies . . . 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 14 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: 6 Net rental income or (loss) from personal property . . . Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue b d 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

Form 990-PF (2014)

38-3067600

Par			n Regarding Tra	insfers To and	Transacti	ons and	Relations	ships With Nonc	harit	able	
1			tly or indirectly engag	e in any of the follo	owing with any	other organ	nization descr	nbed		Yes	No
			ode (other than section								
	organization										
а	Transfers fr	om the reporti	ing foundation to a no	nchantable exemp	t organization o	of-					
	(1) Cash .								1a(1)		X
	(2) Other a	ssets							1a(2)		X
b	Other trans	actions.								†	
	(1) Sales o	f assets to a n	noncharitable exempt	organization	. .				1b(1)		X
	(2) Purchas	ses of assets	from a nonchantable	exempt organization	on				1b(2)		X
	(3) Rental	of facilities, eq	uipment, or other ass	sets		. 			1b(3)		X
	(4) Reimbu	ırsement arrar	ngements						1b(4)	l	X
	(5) Loans	or loan guaran	tees						1b(5)		X
	(6) Perform	nance of servi	ces or membership o	r fundraising solicit	ations				1b(6)		X
C	Sharing of t	facilities, equip	oment, mailing lists, o	ther assets, or paid	d employees				1c		X
d	If the answ	er to any of the	e above is "Yes," con	nplete the following	schedule Col	umn (b) sh	ould always s	show the fair market			
	value of the	goods, other	assets, or services g	given by the reporting	ng foundation	If the found	lation receive	d less than fair market			
	value in an	y transaction o	or sharing arrangeme	nt, show in column	(d) the value	of the good:	s, other asset	ts, or services received	<u> </u>		
(a) L	ne no (b) An	nount involved	(c) Name of non-	charitable exempt org	anization	(d) Desc	ription of transf	ers, transactions, and sha	arıng ar	rangem	ents

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2a b	described	ın section 501	or indirectly affiliated (c) of the Code (othe flowing schedule.				organizations		Y	'es Σ	X No
	(a	a) Name of orga	nization	(b) Type	e of organization	<u> </u>		(c) Description of relati	onship		
								<u></u>			
					-						
	1,1.4	and an of a series	I dealers that I have a server	and thus roturn and dele	200000000000000000000000000000000000000	hadulas and a	tatements and to	the best of my knowledge a	nd helief	it is this	
Sig He	gn X	ature of officer or	a any O	han taxpayer) is based of	on all information of	which prepare	er has any knowle	May the with the p (see inst	IRS disci	uss this i	return relow
		Print/Type prep	/ // ·	Preparer's signa	iture	>	Date ,	Check If	PTIN		
Pa	id	MICHAEL A	•		1+		5/15/	self-employed	P012	4469	8
	eparer	Firm's name	► Michael A	Tawney & Con	many PC		1 -/ -/	Firm's EIN	<u></u>		
	-			gan St NE St				Phone no	<u> </u>		
US	e Only	Firm's address		ds MI 49503				616-456-	-4700)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

DANIEL J & ARDITH KOSTER FOUNDATION

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Employer identification number

38-3067600

Organization typ	e (check one)	
Filers of:	Se	ection:
Form 990 or 990-l	z 🗌	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 private foundation
		501(c)(3) taxable private foundation
,		by the General Rule or a Special Rule . or (10) organization can check boxes for both the General Rule and a Special Rule See
instructions	00 /(0)(1)/ (0)/ 0	. (10) organization can chook zones in the contract the and a special range cost
General Rule		
or more (•	rm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ty) from any one contributor. Complete Parts I and II. See instructions for determining ains
Special Rules		
regulation 13, 16a,	ns under sections 5 or 16b, and that rec	ed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 609(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line checked from any one contributor, during the year, total contributions of the greater of (1) and on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contribut	or, during the year,	ed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one total contributions of more than \$1,000 exclusively for religious, charitable, scientific, oses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contribut contribut during th General	or, dunng the year, ions totaled more the e year for an exclus Rule applies to this	ed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions exclusively for religious, charitable, etc., purposes, but no such nan \$1,000. If this box is checked, enter here the total contributions that were received sively religious, charitable, etc., purpose. Do not complete any of the parts unless the sorganization because it received nonexclusively religious, charitable, etc., contributions and the year
-		covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, wer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, 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

DANIEL 3	J & ARDITH KOSTER FOUNDATION		38-3067600
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NTB INC 1240 84TH STREET BYRON CENTER, MI 49315	\$ 122,877	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ARDITH STEPHENSON 2015 8TH AVENUE BYRON CENTER, MI 49315	\$\$	Person 🔀 Payroll 📄 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

DANIEL J & ARDITH KOSTER FOUNDATION

Employer identification number 38-3067600

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 2591 GOLFBURY DRIVE SW 1 WYOMING MI 49518 200,000 05-09-2014 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from **FMV** (or estimate) Description of noncash property given **Date received** Part I (see instructions)

List of Officers, Directors, Trustees, and Key Employees

1' List all officers, directors, trustees, and key employees for the	year even if they wer	e not compensated		
(a) Name and title	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimated amount of
• • • • • • • • • • • • • • • • • • • •	devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation	other compensation
SUSAN KOSTER BOARD MEMBER		(ii not paid, enter 40-)	deletted compensation	
2031 8TH, BYRON CENTER, MI 49315	5.00	o	0	0
KURT KOSTER BOARD MEMBER				
224 BARRY, GRANDVILLE, MI 49418	5.00	o	o	0
LINDA KOSTER BOARD MEMBER		ļ		<u> </u>
224 BARRY, GRANDVILLE, MI 49418			•	0
224 BARRI, GRANDVILLE, MI 49418	5.00	0	0	0
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		Federal St	Federal Supporting Statements	nents	2014 PG 01	
Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION	NO				Employer Identification Number 38-3067600	ıber
	FORM 990PF, PART I,	1	LINE 23 - OTHER EXPENSES SCHEDULE	חרב	STATEMENT #103	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
BANK SERVICE CHARGES ADMINISTRATIVE COSTS OFFICE SUPPLIES	143 14,126 183	0 0	0 0	0		
TOTALS	14,452	0	0	0		

		Federal Su	Federal Supporting Statements	nents	2014 PG 01	
Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION	×				Employer Identification Number 38-3067600	
		ART I, LINE 16(B) -	FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE	EDULE	STATEMENT #108	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
ACCOUNTING FEES	445	0	0	0		
TOTALS	777	0	0	0		

Federal Supporting Statements 2014 PG 01 Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600

FORM 990PF, PART XV, LINE 2 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.