

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2015

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.

	enue Service	► Information abo	ut Form 990-PF and its s	eparate instructions	is at www.i	irs.gov/forms	390pf. Oper	to Public Inspection
For calen	dar year 2015	or tax year beginning		, 2015	and endin	9		, 20
Name of	foundation					A Employer	identification number	
CORNU	COPIA FAM	ILY FOUNDATION				20-8080	952	
Number	and street (or P	O, box number if mail is not	delivered to street address)		Room/suite	B Telephone	number (see instructions	;)
231 W	EST FULTO	N STREET				(616)53	30-5500	
City or to	own, state or prov	vince, country, and ZIP or fo	reign postal code			C If exempt	ion application is pending	check here
GRAND	RAPIDS,	MI 49503						
G Check	all that apply:	Initial return	Initial return	of a former public cha	ırity	D 1. Foreig	n organizations, check he	re ►
		Final return	Amended re	eturn		2 5		no 959/ toot
		Address chan	ge Name chan	ige			n organizations meeting to here and attach computation	
H Check	type of organiz	zation X Se	ection 501(c)(3) exempt pri	vate foundation		F If private	foundation status was ter	minated under
Sec	tion 4947(a)(1)	nonexempt charitable tru	ust Other	taxable private founda	ition		07(b)(1)(A), check here	▶
1 Fair ma	arket value of a	all assets at	J Accounting method	X Cash	Accrual	F If the four	ndation is in a 60-month te	ermination
eeend of	year (from Par	t II, col (c),	Other (specify)				ction 507(b)(1)(B), check	
Ene 16		2,511,160	(Part I, column (d) must b	e on cash basis.)				
Part I		of Revenue and E	xpenses (The total of	(a) Revenue and				(d) Disbursements
10	amounts in co	olumns (b), (c), and (d) may	not necessarily equal	expenses per		investment	(c) Adjusted net	for charitable purposes
₽	the amounts i	n column (a) (see instruction	ns))	books	"	ncome	income	(cash basis only)
LA 1	Contributions	, gifts, grants, etc , recei	ved (attach schedule)	250,00	d			ľ
	-	if the foundation is not requi						
<u> </u>		avings and temporary ca:		9	2	92	9:	
劉 4		d interest from securities		51,95	9	51,959	51,959	
多 5a	Gross rents							
& b	Net rental inc	come or (loss)				h		
Revenue CANNED 2 2 4 29 p 4 2	Net gain or (I	oss) from sale of assets	not on line 10	20,21	7			
nu b	Gross sales price	e for all assets on line 6a	390,870				,	
7	Capital gain i	net income (from Part IV,	line 2)			20,217		
8 28	Net short-teri	m capital gain						
9	Income modi	· -		,				
10a	Gross sales less	retums and allowances .				' '		
b	Less: Cost of	f goods sold		,				
С	Gross profit of	or (loss) (attach schedule						
11	Other income	e (attach schedule)	STM106	33	7	337	33′	1
12	Total Add lir	nes 1 through110000		322,60	5	72,605	52,388	
13	Compensatio	n of officers, directors, in	ustees_etc					
S 14		ee salaries and wages	080					
SU 15	Pension plan	s, employee behefits 1	3 2016					
Expenses 14 15 16a b		ttach schedule)						
w b	Accounting fe	ees (attach schedule)	M HT		ļ			
ond Administrative 117 18 19 20 21 22 22	Other profess	sional fees (affach sched	ule) STM109	12,38	7	12,387	12,387	
E 17	Interest .	•						
<u>S</u> 18		n schedule) (see instructi						
[19	Depreciation	(attach schedule) and de	epletion					
Q 20	Occupancy							
D 21		rences, and meetings	•					
ē 22	Printing and j		•					
Operating 24		ses (attach schedule)	STM103	54,51	.5	54,515	54,515	
te 24		ing and administrative	expenses.					
þe	Add lines 13			66,90		66,902	66,902	
123		, gifts, grants paid .		297,31				297,315
26		ses and disbursements	Add lines 24 and 25 .	364,21	1	66,902	66,902	297,315
27		26 from line 12.	and diabures	(47 67	1			
a		evenue over expenses a ent income (if negative,		(41,61	41	5,703		
Ь		ent income (il negative, t income (il negative, en	•			3,703	·	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (201

Beginning of year

20-8080952

End of year
(b) Book Value (c) Fair Market Value

Part	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of yea	<u>ar</u>
	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
1	Cash - non-interest-bearing				
2	Savings and temporary cash investments	584,070	537,	192	537,492
3	Accounts receivable ▶ 114,290		1		
	Less allowance for doubtful accounts ▶	114,290	114,3	290	114,290
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 schedule)				
	Less allowance for doubtful accounts ▶				
ssets 6 0	Inventories for sale or use				
SS	Prepaid expenses and deferred charges				
▼ 10a	a Investments - U S and state government obligations (attach STIMEDBIG) $$	69,696	81,8	308	81,132
t	n Investments - corporate stock (attach schedule) STM137	377,226	499,4	29	525,638
	c investments - corporate bonds (attach schedule) STM138	231,353	216,8	300	261,832
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 ▶		· · · · · · · · · · · · · · · · · · ·	•	
- 1	Less accumulated depreciation (attach schedule)				
15	Other assets (describe ► STM120)	1,113,198	998,4	22	990,776
16	Total assets (to be completed by all filers - see the				
	instructions Also, see page 1, item I)	2,489,833	2,448,2	41	2,511,160
17	Accounts payable and accrued expenses	20		40	
18	Grants payable .				
Liabilities 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Deferred revenue .				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule) .				1
22	Other liabilities (describe)				
23	Total liabilities (add lines 17 through 22)	20		40	
	Foundations that follow SFAS 117, check here				ı
es	and complete lines 24 through 26 and lines 30 and 31.				
Fund Balance	Unrestricted	2,489,813	2,448,2	01	
e 25	Temporarily restricted				1
© 26	Permanently restricted .				
Ĕ	Foundations that do not follow SFAS 117, check here				
	and complete lines 27 through 31.				
Ö 27	Capital stock, trust principal, or current funds				
Assets 82 82 82 82	Paid-in or capital surplus, or land, bldg, and equipment fund				
§ 29	Retained earnings, accumulated income, endowment, or other funds				
30 31	Total net assets or fund balances (see instructions)	2,489,813	2,448,2	01	
Z 31	Total liabilities and net assets/fund balances (see				
	instructions)	2,489,833	2,448,2	41	
Part II					
	I net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (must agree with			
	of-year figure reported on prior year's return) .	• • • •		1	2,489,813
	or amount from Part I, line 27a		-	2	(41,612)
	er increases not included in line 2 (itemize)			3	
	lines 1, 2, and 3	•	·	4	2,448,201
	reases not included in line 2 (itemize)	ima (h) line 20		5	0 440 00-
EA IOIAI	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	amn (b), line 30		6	2,448,201 Form 990-PF (2015)

Part IV Capital Gains	and Losses for Tax on Inves	stment Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T	
(a) List and descr 2-story brick war	be the kind(s) of property sold (e.g., real est rehouse or common stock 200 shs MLC C	tate, o)	(b) How acquired P-Purchase D-Donation	(c) Date acc (mo , day	
1a NATIONAL RURAL U	TILITIES BOND		P	12-03-2	008 02-27-2015
b ACTIVITY ACCOUNT	676-02888 ATTACHED		P	VARIOUS	12-08-2015
G ACTIVITY ACCOUNT	676-04098 ATTACHED		P	VARIOUS	12-28-2015
d ACCOUNT ACTIVITY	676-04099 ATTACHED		P	VARIOUS	12-29-2015
e ACCOUNT ACTIVITY	676-04188 ATTACHED		P	VARIOUS	12-31-2015
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expen			(h) Gain or (loss) (e) plus (f) minus (g)
a 23,237			18,819		4,418
b 24,908			27,006		(2,098)
c 238,708			217,224		21,484
d 74,785		·····	80,376		(5,591)
e 29,232			27,228		2,004
Complete only for assets sho	wing gain in column (h) and owned by t	the foundation on 1	2/31/69	(1) (Gains (Col. (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j		col (k	() but not less than -0-) or Losses (from col. (h))
a					4,418
b					(2,098)
С		· · · · · · · · · · · · · · · · · · ·			21,484
d					(5,591)
e				· · · · · · · · · · · · · · · · · · ·	2,004
	If (loss), en (loss) as defined in sections 1222(5) ar		<i>}</i>	2	20,217
•	e 8, column (c) (see instructions) If (los	ss), enter -0- in	· }	_	
Part V Qualification U	Inder Section 4940(e) for Rec	<u> </u>		3	(11,120)
· • · · · · · · · · · · · · · · · · · ·	e this part blank. ection 4942 tax on the distributable am qualify under section 4940(e) Do not co		the base period?)	Yes X No
	in each column for each year, see the		making any entri	25	· · · · · · · · · · · · · · · · · · ·
(a)	· · · · · · · · · · · · · · · · · · ·	Instructions before			(d)
Base period years Calendar year (or tax year beginnii	(b) Adjusted qualifying distributions	Net value of n	(c) oncharitable-use as	sets	Distribution ratio (col (b) divided by col (c))
2014	174,81	·	2,432,0		0.071862
2013	503,57		2,632,		0.191275
2012	150,07		2,399,		0.062552
2011	72,55		1,468,9		0.049391
2010	76,73		1,241,		0.049391
2010	, , , ,		1,211,		0.001007
2 Total of line 1, column (d)				2	0.436887
=	ne 5-year base period - divide the total of has been in existence if less than 5 y		/ the	3	0.087377
4 Enter the net value of nonchar	ritable-use assets for 2015 from Part X.	, line 5		4	2,522,529
5 Multiply line 4 by line 3				5	220,411
6 Enter 1% of net investment inc	come (1% of Part I, line 27b) .			6	57
7 Add lines 5 and 6			•	. 7	220,468
8 Enter qualifying distributions fr				8	297,315
If line 8 is equal to or greater to	nan line 7, check the box in Part VI, line	e ib, and complete	tnat part using a	1% tax rate	See the

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		_	5
	here \blacktriangleright X and enter 1% of Part I, line 27b			,	
¢	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1			
	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			
3	Add lines 1 and 2 ,	3			5
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			5
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 574				
b	Exempt foreign organizations - tax withheld at source	1			
c	Tax paid with application for extension of time to file (Form 8868) . 6c	}			
d	Backup withholding erroneously withheld . 6d				
7	Total credits and payments Add lines 6a through 6d	7			574
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		_	51'
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 517 Refunded ▶	11		_	
Pa	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	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		ł		
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities		}]]
С	Did the foundation file Form 1120-POL for this year?	•	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	NIA			
	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	NIA			
	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			}	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Χ,
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		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict 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)				
	MI				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			١ ا	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	_X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes."				
4.0	complete Part XIV .		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ا ۔ ا	· .	
	names and addresses	STM114	10	X	

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4h

Form 990-PF (2015)

Х

Par	t VII-B	Statements Regarding Activities	es for	Which For	m 4720	May Be	Requi	red (co	ontinued)		
5a	During the	e year did the foundation pay or incur any an	nount to									
	(1) Carry	on propaganda, or otherwise attempt to influ	uence le	gislation (section	on 4945(e))?		Yes	X No			
	(2) Influe	ence the outcome of any specific public electi	ion (see	section 4955);	or to car	rry on,	`					
		tly or indirectly, any voter registration drive?	•			•	[Yes	X No			
		de a grant to an individual for travel, study, o	r other s	imilar purposes	57			Yes	X No			
		de a grant to an organization other than a ch				ribed in	l		(LL)			
	•	on 4945(d)(4)(A)? (see instructions)	<i>a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	0.00				Yes	X No			
		de for any purpose other than religious, char	itahla si	cientific literani	. or edu	cational	ł		111	1		
		eses, or for the prevention of cruelty to childre		-	, or edu	Cational	1	Yes	V No			
							· [A NO			
b	-	wer is "Yes" to 5a(1)-(5), did any of the trans						O III	NIA	1		
	-	ns section 53 4945 or in a current notice reg	-			instructions;	ı f			5b		
	-	tions relying on a current notice regarding dis					•	•				
С		wer is "Yes" to question 5a(4), does the foun			i from the	e tax	ſ	$\neg \dots$				
		t maintained expenditure responsibility for th	-				Į	Yes	∐ No			
		ittach the statement required by Regulations										
6a		undation, during the year, receive any funds	, directly	or indirectly, to	pay pre	emiums	ſ	_	.			
		onal benefit contract?			•		. [Yes	X No			
b		undation, during the year, pay premiums, dir	ectly or	indirectly, on a	persona	I benefit cont	ract?			6b		X
		6b, file Form 8870					r	 -				
		ne during the tax year, was the foundation a p					. [Yes	X No			
b	If "Yes," c	hid the foundation receive any proceeds or ha						<u></u>		7b		
Par	t VIII	Information About Officers, Dire	ectors	, Trustees,	Found	dation Ma	nager	s, Hig	hly Paid	Empl	oyee	s,
		and Contractors										
1 L	ist all offic	cers, directors, trustees, foundation mana	gers ar	d their compe								
		(a) Name and address		e, and average rs per week		mpensation lot paid,		Contribut oyee beni		(e) Expe		
		(a) Name and address		ed to position		iter -0-)			npensation	other	allowan	
PAUI	JUS C H	EULE	DIREC	TOR								
231	WEST F	ULTON, MI 49503		0.00		0			0			0
ROSE	MARY L	HEULE	DIREC	TOR								
231	WEST F	ULTON, MI 49503		0.00		0			0			0
SHIF	LEY VA	NHAREN	DIREC	TOR	}							
231	WEST F	ULTON, MI 49503		0.00		0			0_			0
2 C	ompensa	tion of five highest-paid employees (other	than th	ose included	on line	1 - see instr	uctions	. If none	e, enter			
	NONE."											
				(b) Title and a	average				ributions to	(a) 5		
	(a) Name a	nd address of each employee paid more than \$50	000	hours per w	veek T	(c) Comper	sation		ee benefit id deferred	(e) Expe	nse ace allowan	
				devoted to po	osition			comp	ensation			
NONE	, ,											
				İ								
		-										
								L				
Total	number of	other employees paid over \$50,000										0

20-8080952

Page 6

Form 990-PF (2015)

Form 990-PF (2015) CORNUCOPIA FAMILY FOUNDATION

EEA

Form 990-PF (2015) CORNUCOPIA FAMILY FOUNDATION	20-	808 <u>0</u> 952 Page 7
Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services	>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1		
Nove		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1		
None		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	. •	
EEA		Form 990-PF (2015)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	n foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T T	
	purposes		
а	Average monthly fair market value of securities	1a	971,336
b	Average of monthly cash balances	1b	630,995
C	Fair market value of all other assets (see instructions)	1c	958,612
d	Total (add lines 1a, b, and c)	1d	2,560,943
ę	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	2,560,943
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	38,414
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,522,529
6	Minimum investment return. Enter 5% of line 5	6	126,126
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	oundation	าร
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	126,126
2a	Tax on investment income for 2015 from Part VI, line 5	4	
b	Income tax for 2015 (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	2c	57
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	126,069
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	126,069
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	126,069
Pa	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	297,315
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	297,315
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	57
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	297,258
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	· · · · · · · · · · · · · · · · · · ·
	qualifies for the section 4940(e) reduction of tax in those years		

1	Distributable amount for 2015 from	m Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7					126,069
2	Undistributed income, if any, as o	f the end of 2015				
а	Enter amount for 2014 only					
b	Total for prior years	,				
3	Excess distributions carryover, if	any, to 2015			, , , , , , , , , , , , , , , , , , , ,	
a	From 2010 .	15,073		'		
b	From 2011			· •		
¢	From 2012	30,436		Ì	•	. ·
d	From 2013	372,278		<u> </u>		-
е	From 2014	53,983	' 1			İ
f	Total of lines 3a through e		471,77d			1
4	Qualifying distributions for 2015 fi	rom Part XII,				
	line 4 ▶ \$ 297	,315				
а	Applied to 2014, but not more tha	n line 2a				
b	Applied to undistributed income of	f prior years				
	(Election required - see instructio	1				
С	Treated as distributions out of col	 -		,	·····	
	required - see instructions)					
d	Applied to 2015 distributable amo	unt				126,069
е	Remaining amount distributed ou		171,246			
5	Excess distributions carryover ap				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
•	(If an amount appears in column					
	amount must be shown in column	Ī.			,	
6	Enter the net total of each colu	1				
Ť	indicated below		ł			
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	643,016			
b	Prior years' undistributed income	turn.				
	line 4b from line 2b					
С	Enter the amount of prior years' u	indistributed			 	
•	income for which a notice of defic	1				
	been issued, or on which the sec	-		1		1
	tax has been previously assessed	* *				
d	Subtract line 6c from line 6b Tax				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	amount - see instructions					
е	Undistributed income for 2014 S	subtract line			· · · · · · · · · · · · · · · · · · ·	
	4a from line 2a Taxable amount	- see				
	instructions .		. (ļ		
f	Undistributed income for 2015 Si	ubtract lines				
	4d and 5 from line 1. This amoun	t must be				
	distributed in 2016					0
7	Amounts treated as distributions	out of corpus				
	to satisfy requirements imposed t	by section	İ			,
	170(b)(1)(F) or 4942(g)(3) (Election	l l		‡		
	required - see instructions)					
8	Excess distributions carryover from	m 2010 not				
	applied on line 5 or line 7 (see ins	tructions)	15,073			
9	Excess distributions carryover	to 2016				
	Subtract lines 7 and 8 from line 6	a [_	627,943		·	
10	Analysis of line 9					
а	Excess from 2011					
ь	Excess from 2012 .	30,436				
С	Excess from 2013	372,278		1		1
ď	Excess from 2014	53,983				}
е	Excess from 2015	171,246	1	1		1

Pan	t XIV Private Operating Foun	dations (see instru	ictions and Part V	II-A, question 9)	······································	
1a	If the foundation has received a ruling or o					
	foundation, and the ruling is effective for 2		•	<u> </u>	08-07-200	
	Check box to indicate whether the founda		g foundation described		4942(j)(3) or 49	142(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	F.O. 0.05
_	each year listed 85% of line 2a	<u> </u>	18,426 15,662	9,276	32,185	59,887
U			13,064	7,885	27,357	50,904
С	Qualifying distributions from Part XII, line 4 for each year listed	297,315	174,815	503,578	150,075	1,125,783
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	297,315	174,815	503,578	150,075	1,125,783
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test - enter (1) Value of all assets	2,511,160	2,610,726	2,570,767	2,933,917	10,626,570
	(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	84,084	81,089	87,758	79,974	332,905
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section)	250,000	175,00 q	90,644	1,475,424	1,991,068
	512(a)(5)), or royalties)	250,000	173,000	30,044	1,1/3,122	1,331,000
	(3) Largest amount of support from an exempt organization	72,605	77,083	78,321	61,745	289,754
Part	(4) Gross investment income XV Supplementary Informat					
rait	any time during the year	•	•	Touriuation nau	55,000 OF MOTE II	1 455615 41
	Information Regarding Foundation Ma		·. <u>/</u>			
1 a	List any managers of the foundation who before the close of any tax year (but only	have contributed more th			the foundation	
	PAULUS C HEULE					
b	List any managers of the foundation who ownership of a partnership or other entity				ortion of the	
2	Information Regarding Contribution, G		-		· - ···································	
	Check here Lift the foundation only unsolicited requests for funds if the found other conditions complete items 2a b, c.			•		
a	The name, address, and telephone numb		ne person to whom app	olications should be ac	dressed.	
	990APP					
b	The form in which applications should be	submitted and informatio	on and materials they s	nould include		
С	Any submission deadlines					
đ	Any restrictions or limitations on awards, stactors	such as by geographical	areas, chantable field	s, kinds of institutions,	or other	

Part XV Supplementary Information (continued)

Grants and Contributions Paid During th	e Year or Approve	ed for Future	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			
a Paid during the year STEPHENS CHILDREN FOUNDATION				
3755 36TH ST SE			DI EDGE EOR	
	NONE	DC.	PLEDGE FOR	150 000
GRAND RAPIDS, MI 49512-2913	NONE	PC	HIGHSCHOOL	150,000
ADA CHRISTIAN SCHOOL				
6206 ADA DRIVE SE			IRM FOUNDATIONS	
ADA, MI 49301	NONE	PC	CAMPAIGN	50,000
SEED COMPANY				
220 WESTWAY PLACE STE 100				
ARLINGTON, TX 76015-2934	NONE	PC	SAN CLUSTER	27,548
STEPHENS CHILDREN FOUNDATION 3755 36TH ST SE			LONG TERM	
	NONE	PC	PLEDGE	25,000
GRAND RAPIDS, MI 49512-2913	NONE	PC	PLEDGE	25,000
CAMP RODGER				
8356 BELDING ROAD			MAGGIE HILBRANDS	
ROCKFORD, MI 49341	NONE	PC	ENDOWMENT FUND	16,667
COMPASSION INTERNATIONAL				
12290 VOYAGER PARKWAY			CHRISTIAN MISSION	
COLORADO SPRINGS, CO 80921-3668	NONE	PC	SUPPORT	10,000
INTERNATIONAL TEAMS				
411 W RIVER RD				
ELGIN, IL 60123	NONE	PC	MISSION WORK	5,000
DUTCH REFORMED TRANSLATION SOCIETY			ONGOING SUPPORT	
PO BOX 7083		İ	REFORMATION	
	NONE	PC	HERITAGE BOOKS	5,000
GRAND RAPIDS, MI 49510	MONE	1	MERTIAGE BOOKS	3,000
Total .		T	▶ 3a	
b Approved for future payment				
•				
	<u> </u>			
Total			. ► 3b	

Part XV | Supplementary Information (continued)

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

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		
a Paid during the year				
ADA CHRISTIAN SCHOOL				
6206 ADA DRIVE SE		1	FOUNDATION DINNER	
ADA, MI 49301	NONE	PC	TABLE SPONSOR	4,600
YOUNG LIFE				
PO BOX 520			CHRISTIAM MISSION	
COLORADO SPRINGS, CO 80901	NONE	PC	TO YOUTH	1,800
ROOSEVELT PARK MINISTRIES				
1530 GRANDVILLE AVE SW			·	
GRAND RAPIDS, MI 49503	NONE	PC	THE BRIDGE	1,500
YOUNG LIFE				
PO BOX 520			CHRISTIAN MISSION	
COLORADO SPRINGS, CO 80901	NONE	PC	TO YOUTH	200
Total Approved for future payment			, ▶ 3a	297,315
Total .	<u> </u>		▶ 3b	····

Tare Avi-A Allarysis of illcome-rioddeling	Activities		γ	 	,
Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by s	ection 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	Code		 		
			-		
d		- 			
^					
f			1		ļ
g Fees and contracts from government agencies					
2 Membership dues and assessments .		· · · · · · · · · · · · · · · · · · ·	 		
3 Interest on savings and temporary cash investments					
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 a					
h					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)				. 13	
13 Total. Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations)					
	Accompli	shment of Exc			
(See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income			empt Purpo	ses	le
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which income	ome is reporte	d in column (e) of F	empt Purpo Part XVI-A contr	ses ibuted importantly to th	

Part	XVII		n Regarding rganizations	Transfers To	and Trans	actions a	ind Relatio	onships Wi	th Nonc	harit		ago i
1 [old the o	rganization dire	ctly or indirectly en	igage in any of th	ne following with	any other o	rganization de	scribed			Yes	No
If	section	501(c) of the C	ode (other than se	ection 501(c)(3)	organizations) o	r in section 5	527, relating to	political				
c	rganizat	ions?					_			1	}	
a T	ransfers	from the report	ting foundation to a	noncharitable e	xempt organiza	tion of						
(1) Cash									1a(1)		X
(:	2) Other	rassets								1a(2)		X
p C	ther trai	nsactions										
(1) Sales	of assets to a r	noncharitable exen	npt organization						1b(1)		X
(:	2) Purch	nases of assets	from a noncharitat	ble exempt orgar	nization					1b(2)		X
(:	3) Renta	al of facilities, ed	quipment, or other a	assets						1b(3)		X
(*	4) Reim	bursement arrai	ngements							16(4)		X
(5) Loans	s or loan guaran	ntees							1b(5)		X
(4	6) Perfo	rmance of servi	ces or membership	p or fundraising :	solicitations					1b(6)		X
c S	haring o	of facilities, equip	oment, mailing lists	s, other assets, o	r paid employe	es				1c		X
d If	the ans	wer to any of the	e above is "Yes," c	complete the folio	owing schedule	Column (b)	should always	s show the fair	market			
٧	alue of th	he goods, other	assets, or services	s given by the re	porting foundat	ion If the fou	indation receiv	ved less than fa	air market			
	alue in a	ny transaction o	or sharing arranger	ment, show in co	lumn (d) the va	lue of the go	ods, other ass	ets, or service	s received			
(a) Line	no (b) A	Amount involved	(c) Name of n	noncharitable exem	pt organization	(d) De	escription of tran	nsfers, transactio	ns and shar	ing aira	angeme	ents
			<u> </u>									
			<u> </u>									
												
			<u></u>					·				
			ļ <u></u>									
			L									
												
			 									
												
			<u></u>	 			····					
									, ,			
	the four	ndation directly	or indirectly affiliate	ed with, or relate	d to, one or mo	re tax-exemp	ot organization	ıs				
		•	c) of the Code (oth							Ye	s X	No
b If	"Yes," c	omplete the follo	owing schedule						_		_	
	(.	a) Name of organ	ization	(b)	Type of organiza	tion		(c) Description	on of relations	ship		
		$\overline{}$	$\overline{\wedge}$									
	Underpe	enalties of perjury is	declare that I have examination of preparer (other	nined this return, inclu	uding accompanying	schedules and	statements, and to	o the best of my kn	owledge and b	elief, it i	s true,	
Sign	CONFECUL		Allonior preparer (other	triair taxpayer) is bas	sed on all milomatic	n of which prepa	irei rios ariy kriçwi	cogo	May the IRS	discriss	this reti	ım
Here		1124		11	1-15-16	DIRE	CT OR		with the prep	arer sho	wn belo	w .
	Sign	Sture of officer or tru	stee	Da	ite	Title			(see inst)?	<u> </u>	Yes	No
		Pnnt/Type prepare	ir's name	Preparer's s	signature (A)		Date	Check	X of Pi	TIN		
Paid		ROBERT J I	THOMPSON	Kobe	J 4) Ko	pron	11-15-20	16 self-en	nployed P0	1475	983	
Prep	arer	Firm's name	▶ ROBERT J	THOMPSON CI	PA /	,		Firm s EIN	38-26	1100	199	
Use (Only	Firm s address	► 644 ROSENO	GREN STREET	[Phone no				
	•	1	MUSKEGON N	MI 49442-31	166			231	L-788-49	91		

Schedule B

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

Department of the Treasury Internal Pevenue Service

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

2015

Name of the organization		Employer identification number
CORNUCOPIA FAMILY FOU	NDATION	20-8080952
Organization type (check one)		
Filers of	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	∑ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is cover	red by the General Rule or a Special Rule	
Note Only a section 501(c)(7), (8 instructions) or (10) organization can check boxes for both the General Rule and a Special R	ule See
General Rule		
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling terty) from any one contributor. Complete Parts I and II. See instructions for determitions.	
Special Rules		
regulations under sections 13, 16a or 16b and that r	bed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the 33 1/3% support to $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Federived from any one contributor, during the year, total contributions of the greatemount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	Part II, line r of (1)
contributor, during the year	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a r, total contributions of more than \$1,000 exclusively for religious, charitable, scier poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, a	ntific,
contributor, during the yea contributions totaled more during the year for an excl	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a r, contributions exclusively for religious, charitable, etc. purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were recusively religious, charitable, etc., purpose. Do not complete any of the parts unless organization because it received nonexclusively religious, charitable, etc., contrining the year.	ceived s the
990-EZ, or 990-PF), but it must an	ot covered by the General Rule and/or the Special Rules does not file Schedule B swer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form fy that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or check the box on line H of its Form 990, 990-EZ, or check the filing requirements of Schedule B (Form 990, 990-EZ, or check the filing requirements of Schedule B (Form 990, 990-EZ, or check the second seco	n 990-EZ or on its

Name of organization
CORNUCOPIA FAMILY FOUNDATION

Employer identification number 20-8080952

Part I	Contributors (see instructions) Use duplicate copie	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	PAULUS C HEULE 231 WEST FULTON GRAND RAPIDS, MI 49503	\$ 250,000	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 Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person [] Payroll [] Noncash [] (Complete Part II for noncash contributions)

Name(s) as shown on return	leral Supporting Statemen	ts 2	
	TION PF - PART VII-A - LINE TAL CONTRIBUTORS SCHED		20-8080952 STATEMENT #114
NAME PAULUS C HEULE ADDRESS 231 WEST FULTON GRAND RAPIDS, MI	49503		
	OPF - PART II - LINE ER ASSETS SCHEDULE	15	PG01 STATEMENT #120
DESCRIPTION	BOY BOOK	EOY BOOK	FMV
MUTUAL FUNDS	82,107	83,122	
PARTNERSHIP INTEREST ESTIMATED ACCRUED INTEREST	1,031,091	915,300	915,300 2,076
ESTIMATED ACCROED INTEREST			2,0,0
POTAL	1,113,198	998,422	990,776
INVESTMENTS: U.S	F - PART II - LINE 10 G. GOVERNMENT OBLIGATI BOOK VALUE (BOY) BOOK		
	. GOVERNMENT OBLIGATI	ON SCHEDULE	STATEMENT #136 Y) FMV (EOY)
INVESTMENTS: U.S	BOOK VALUE (BOY) BOOK	ON SCHEDULE	STATEMENT #136 Y) FMV (EOY)
INVESTMENTS: U.S CATEGORY TREASURY, FHLMC & FNMA	BOOK VALUE (BOY) BOO 69,696	ON SCHEDULE OK VALUE (EO 81,808	STATEMENT #136 Y) FMV (EOY) 81,132
INVESTMENTS: U.S CATEGORY TREASURY, FHLMC & FNMA	BOOK VALUE (BOY) BOO 69,696	ON SCHEDULE OK VALUE (EO 81,808	STATEMENT #136 Y) FMV (EOY) 81,132
INVESTMENTS: U.S CATEGORY TREASURY, FHLMC & FNMA	BOOK VALUE (BOY) BOO 69,696	ON SCHEDULE OK VALUE (EO 81,808	STATEMENT #136 Y) FMV (EOY) 81,132

	Federal Supporting Stateme	nts 20	15 PG01
Name(s) as shown on return		FEIN	
CORNUCOPIA FAMILY FO	UNDATION		20-8080952
	990PF - PART II - LINE 1 MENTS: CORPORATE STOCK SO		STATEMENT #137
CATEGORY	BOY	BOOK VALUE	EOY FM
CORPORATE STOCKS	377,226	499,429	525,638
TOTALS	377,226	499,429	525,638
	990PF - PART II - LINE 1 TMENTS: CORPORATE BOND SC		PG01 STATEMENT #138
INVES CATEGORY FORD	TMENTS: CORPORATE BOND SO BOY 23,633	CHEDULE	STATEMENT #138
INVES CATEGORY FORD NATIONAL RURAL UTILITIES	TMENTS: CORPORATE BOND SO BOY 23,633 18,852	BOOK VALUE	STATEMENT #138 EOY FMV 56,29
INVES CATEGORY FORD	TMENTS: CORPORATE BOND SO BOY 23,633	BOOK VALUE	STATEMENT #138 EOY FMV

		Federal Su	Federal Supporting Statements	nents	1 1	
Name(s) as shown on return					Vour Social Secuniy Number	итрег
CORNUCOPIA FAMILY FOUNDATION					20-8080952	3952
	FORM 990PF - PART I	- LINE 23	OTHER EXPENSES SCHFDULE	DULE	STATEMENT #103~	r #103~
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHAR1TABLE PURPOSE		
PARTNERSHIP LOSSES FOREIGN DIV TAX & MISC FEES OFFICE EXPENSES MISCELLANEOUS AMORTIZATION OF INVESTMENTS	53,064 761 61 400 229	53,064 761 61 400 229	53,064 761 61 400 229	0 0 0 0		
TOTALS	54,515	54,515	54,515	0		
	FORM 990PF - PART 1	· LINE 11	- OTHER INCOME SCHEDULE	J. F. F. F. F. F. F. F. F. F. F. F. F. F.	PG01 STATEMENT #106~	r #106-
DESCRIPTION BOND PREMIUM OID INCOME SETTLEMENT CHECK MERRILL LYNCH	REVENUE AND EXPENSES 266 59	NET INVESTMENT 266 59	ADJUSTED NET INCOME 266 59			
TOTALS	337	337	337			

You'soo a Superior 1 - Line locc) - OTHER PROFESSIONAL FEES SCHOULE SIT			Federal Su	Federal Supporting Statements	ments	2015 PG01	
TOW PART T - LINE FOCE) - OTHER PROFESSIONAL FEES SCHEDULE	Name(s) as shown on return CORNUCOPIA FAMILY FOUNDATION					Your Social Security Number 20 - 8080952	
SULTANT PEES AND EXPENSES INVESTMENT NET JACONE PURPOSE SULTANT PEES 12,387 12,		FORM 990PF - PAR	- LINE 16(C)	THER PROFESSIONAL FE	еѕ ѕснериге	STATEMENT #11	~60
SULTANT FEES 12,387 12,	DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHAR17ABLE PURPOSE		
12,387 12,387 12,387	ML CONSULTANT FEES	12,387	12,387	12,387	0		
	TOTALS	12,387	12,387		0		
	·						

990	Overflow Statement	2015 Page 1
Name(s) as shown on return		FEIN
CORNUCOPIA FAMI	LY FOUNDATION	20-8080952

PAGE 1 LINE 1 CONTRIBUTIONS, GIFTS, GRANTS RECEIVED

Description		Amount
PAULUS C HEULE 366-88-6899		\$ 250,000
	Total:	\$ 250,000

LINE 4 DIVIDENDS AND INTEREST FROM SECURITIES4

Description		Amount
MERRILL LYNCH DIVIDENDS	\$	27,237
MERRILL LYNCH CAPITAL GAIN DISTRIBUTION		447
MERRILL LYNCH INTEREST	· <u></u> -	9,369
5/3 INTEREST		7,406
BANK OF HOLLAND INTEREST		1,500
NOTE RECEIVABLE INTEREST		6,000
Total:	\$	51,959

Federal Supporting Statements

2015 PG01
Your Social Security Number

Name(s) as shown on return

CORNUCOPIA FAMILY FOUNDATION

20-8080952

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

GRANT PROGRAM

APPLICANT NAME

NATHAN FORTIER

ADDRESS

213 WEST FULTON

GRAND RAPIDS, MI 49503

TELEPHONE

616-530-5500

EMAIL ADDRESS

FORM & CONTENT

SUBMISSION DEADLINE

NONE

RESTRICTIONS ON AWARD