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# Form **990-PF**

# **Return of Private Foundation**

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

OMB No 1545-0052

▶ 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

2015

		f the Treasury  Do not enter social security number		-	•		AR AA DATEEL ELLEN VIII	
		nue Service   ► Information about Form 990-PF and its se				990pt.   Y	en to Public Inspection	
_		dar year 2015 or tax year beginning	, 201	5, and endin	Ť ····			
		foundation L J & ARDITH KOSTER FOUNDATION			A Employer Identification number 38-3067600			
				Room/suite	B Telephone number (see Instructions)			
		and street (or P O box number if mail is not delivered to street address)  IVANREST AVE SW		Noonvalle	1	78-555 <b>4</b>	Jis)	
_		wn, state or province, country, and ZIP or foreign postal code						
	•	CENTER, MI 49315			C If exemp	tion application is pend	ng, check here	
_			of a former public c	harity	D 1. Foreio	n organizations, check	here ▶	
Ŭ	Oncon .	Final return Amended re	· ·	· ····································		in organizations, oncon		
		Address change Name change				n organizations meetin		
Н	Check	type of organization: X Section 501(c)(3) exempt priv				here and attach comp	<del></del>	
			taxable private foun	1 E II privato ioditadioni otatao irat				
Ť		arket value of all assets at J Accounting method	X Cash	Accrual	1			
		year (from Part II, col. (c), Other (specify)			1	ndation is in a 60-mont ction 507(b)(1)(B), che		
	line 16)		e on cash basis.)					
P	art l	Analysis of Revenue and Expenses (The total of					(d) Disbursements	
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable purposes	
		the amounts in column (a) (see Instructions))	books	"	come	income	(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)	42,3	335				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B		, <del> </del>				
	3	Interest on savings and temporary cash investments		2			2	
	4	Dividends and interest from securities						
	5a	Gross rents	7,1	130				
٥-	b	Net rental income or (loss) (2,106)		<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	1	
<b>6</b> 0	6a	Net gain or (loss) from sale of assets not on line 10				INTERNAL	with \$10th	
	b	Gross sales price for all assets on line 6a	······································			ARCEN	<b>£0</b>	
	7	Capital gain net income (from Part IV, line 2)			·	11111		
	8	Net short-term capital gain		<del></del>	<del>!************************************</del>	MAY 2 0	4016	
Ĵ	9	Income modifications	,			SERVICE CENT	IN DIRECTOR	
	10a	Gross sales less returns and allowances	<del></del>	<del>,‡</del>	***************	COVINGT	ONJ. KY	
HA	þ	Less: Cost of goods sold			······································	MAILUN	[ # 136	
3	C	Gross profit or (loss) (attach schedule)					<del></del>	
ì	11	Other income (attach schedule)	40					
_	12	Total. Add lines 1 through 11	49,4	167			-4	
u	13 14	Compensation of officers, directors, trustees, etc						
ses	15	Other employee salaries and wages						
Sen	. 16a	Legal fees (attach schedule)			<u> </u>		<del></del>	
Operating and Administrative Expens	b	Accounting fees (attach schedule) STM108		150			<del>                                     </del>	
Š	C	Other professional fees (attach schedule) STM109		235	<u>.</u>			
ati	17	Interest						
str	18	Taxes (attach schedule) (see instructions)						
ij	19	Depreciation (attach schedule) and depletion				•		
þ	20	Occupancy	9,2	236				
φ	21	Travel, conferences, and meetings						
an	22	Printing and publications						
bu	23	Other expenses (attach schedule) STM103	1	.87				
rati	24	Total operating and administrative expenses.			<u></u>			
<u>pe</u>		Add lines 13 through 23	10,1	<u> </u>	0	·····	0	
0	25	Contributions, gifts, grants paid	75,0		1		0	
_	26	Total expenses and disbursements. Add lines 24 and 25 .	85,1	.25	0		0	
	27	Subtract line 26 from line 12:					1	
	а	Excess of revenue over expenses and disbursements .	(35,6	58)				
	b	Net investment income (if negative, enter -0-)	<del>, ,','11' 111111111111111111</del>	<del></del>	2		<del></del>	
	С	Adjusted net income (if negative, enter -0-)		<u>t</u>			_2	

Page 2

100	rt H	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	umn Beginning of year		End of year		
	ILY IS	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	46,994	11,336	11,336		
1	2	Savings and temporary cash investments					
	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 schedule)					
		Less: allowance for doubtful accounts					
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ä	10a	Investments - U.S. and state government obligations (attach schedule)					
	b						
	٦	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis			7771 111 1 1110 11111111 111 1111 1111		
	' '						
	12	Less accumulated depreciation (attach schedule)  Investments - mortgage loans					
	13	investments - other (attach schedule)					
	1	Land, buildings, and equipment: basis	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del>т</del>			
	14		200,000	200,000	200 000		
		Less accumulated depreciation (attach schedule)	200,000	200,000	200,000		
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the	246 004	011 226	011 226		
	4-	instructions. Also, see page 1, item I)	246,994	211,336	211,336		
	17	Accounts payable and accrued expenses					
Ś	18	Grants payable					
Liabilities	19	Deferred revenue					
Ē	20	Loans from officers, directors, trustees, and other disqualified persons					
Ë	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe					
	23_	Total liabilities (add lines 17 through 22)	0	0			
S		Foundations that follow SFAS 117, check here  and complete lines 24 through 26 and lines 30 and 31.					
ances	24	Unrestricted					
	25	Temporarily restricted					
Assets or Fund Bal	26	Permanently restricted					
힐	ł	Foundations that do not follow SFAS 117, check here X					
F		and complete lines 27 through 31.					
9	27	Capital stock, trust principal, or current funds					
ets.	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds	246,994	211,336			
Ä	30	Total net assets or fund balances (see instructions)	246,994	211,336			
Net	31	Total liabilities and net assets/fund balances (see					
	-	instructions)	246,994	211,336			
P	art II		ces		L		
		net assets or fund balances at beginning of year - Part II, column (a), line			<del>, _</del>		
•		of-year figure reported on prior year's return)	1	246,994			
2		r amount from Part I, line 27a		(35,658)			
		•	(35,530)				
3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3					211,336		
		4					
		eases not included in line 2 (itemize)  Inet assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	211,336		
	i Oldi	The casses of fully balances at the of year (into 4 fillings line of 1 art in o					

(a) List and describ	e the kind(s) of property sold (e g., real es house; or common stock, 200 shs. MLC C	tate.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a			-		
b			1		,
С					
d			<del>- </del>  -	<del>-</del>	
Ө					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus expe	other basis nse of sale		ain or (loss) (f) minus (g)
a		<del></del>			
b					<u> </u>
С					
d					
e					
Complete only for assets show	ing gain in column (h) and owned 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	(k) Excess over col		col. (k), but no Losses (	ot less than -0-) or from col. (h))
a					
b					
С					
d					
е					
2 Capital gain net income or (net	canital loss)	o enter in Part I, lin nter -0- in Part I, lin	7 1	2	
3 Net short-term capital gain or (	loss) as defined in sections 1222(5) a	•	·		· · · · · · · · · · · · · · · ·
	8, column (c) (see instructions). If (lo	• •			
•			3	3	
Part V Qualification U	nder Section 4940(e) for Re	duced Tax on	Net Investme	nt Income	
f "Yes," the foundation does not qu	ection 4942 tax on the distributable an ialify under section 4940(e). Do not c	omplete this part.			Yes X No
	n each column for each year; see the	instructions before	e making any entrie	S.	(d)
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributions	Net value of	(c) noncharitable-use as		tribution ratio divided by col (c))
2014					
2013					
2012					
2011					
2010					
				. 2 0	. 0
<u> </u>	e 5-year base period - divide the tota				
number of years the foundation	has been in existence if less than 5	years		. 3 0	.0
		/ line #			
4 Enter the net value of nonchari	table-use assets for 2015 from Part >	K, line 5		. 4	<del></del>
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)			. 6	
					<del> </del>
<b>7</b> Add lines 5 and 6				7	0
	om Part XII, line 4				<del></del>
If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, lir	ne 1b, and complet	e that part using a	1% tax rate. See the	)

,		_	-	_	_		
	99041 (2010)	38-3067			age 4		
Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see inst	truction	ons)	<del></del>		
1a <sub>.</sub>		Ī					
Ì	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		·····			
	here ▶ ☐ and enter 1% of Part I, line 27b						
С	1 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					
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		·····			
6	Credits/Payments:						
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a						
b	Exempt foreign organizations - tax withheld at source 6b	1					
C	Tax paid with application for extension of time to file (Form 8868) 6c	1					
d	Backup withholding erroneously withheld	1					
7	Total credits and payments. Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_10					
11_	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 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		
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?		1b	<del></del>	X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			Ī			
	published or distributed by the foundation in connection with the activities.			ļ			
C	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:						
	(1) On the foundation.   \$ (2) On foundation managers.   \$	_	1				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers.   \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • • •	2		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		.	Ē			
_	modification of objection of the contract of t		3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		37		
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			•	1		
_	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 is the second of the part is the part is the second of the part is the part i	(V	7		<b></b>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
_	(F) 000 PE to the Attention of	<del></del>					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			t .	§		

(or designate) of each state as required by General Instruction G? If "No," attach explanation

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,"

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

X

10

disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a

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the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Form 990-PF (2015) DANIEL J & ARDITH KO						38-3067		Page 6
Part VII-B Statements Regarding Activities	s for W	/hich Form	n 4720	May Be	Requi	red (continued)	)	
5a' During the year did the foundation pay or incur any am					_	_		
(1) Carry on propaganda, or otherwise attempt to influ	jence legi	slation (sectio	n 4945(e	e))?	[	Yes No		
(2) Influence the outcome of any specific public electr	on (see s	ection 4955);	or to can	ry on,	_			
directly or indirectly, any voter registration drive?					[	Yes No		
(3) Provide a grant to an individual for travel, study, o	r other sin	nilar purposes	? .		[	Yes No		
(4) Provide a grant to an organization other than a ch	aritable, e	tc., organizati	on descr	ribed in	_			
section 4945(d)(4)(A)? (see instructions)					[	Yes No		
(5) Provide for any purpose other than religious, char	itable, sci	entific, literary	, or educ	cational	_			
purposes, or for the prevention of cruelty to children	en or anım	nals?			[	Yes No		
b If any answer is "Yes" to 5a(1)-(5), did any of the trans	sactions f	ail to qualify u	nder the	exceptions	describe	d in		
Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								
Organizations relying on a current notice regarding dis	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐							
c If the answer is "Yes" to question 5a(4), does the foun	dation cla	im exemption	from the	e tax				
because it maintained expenditure responsibility for th	e grant?				[	Yes No		
If "Yes," attach the statement required by Regulations	section 5	3.4945-5(d)						
6a Did the foundation, during the year, receive any funds	, directly of	or indirectly, to	pay pre	miums	_		1 1	
on a personal benefit contract?					[	Yes No		
b Did the foundation, during the year, pay premiums, dir	ectly or in	directly, on a	personal	benefit cont	ract?		6b	
If "Yes" to 6b, file Form 8870.								
7a At any time during the tax year, was the foundation a	party to a	prohibited tax	shelter t	transaction?	. [	Yes No	1 1	
b If "Yes," did the foundation receive any proceeds or ha							7b	
Part VIII Information About Officers, Dire	ectors,	Trustees,	Found	lation Ma	nager	s, Highly Paid	l Empl	oyees,
and Contractors								
1 List all officers, directors, trustees, foundation mana			nsation	(see instru			•	
(a) Name and address		, and average s per week		mpensation ot paid,		Contributions to byee benefit plans		ense account, allowances
See 990 OFOV		d to position		ter -0-)		erred compensation	Otriei a	illowances
ARDITH STEPHENSON	PRESID	ENT						
2015 8TH STREET, MI 49315		5.00		0		0		0
GREG KOSTER	EXEC D	IRECTOR						
7035 IVANREST, BYRON CENTER, MI 49315		10.00		0		0		0
CHERYL KOSTER	BOARD	MEMBER						
7035 IVANREST, BYRON CENTER, MI 49315		5.00		0		0	<u></u>	0
RICK KOSTER	BOARD	MEMBER						
2031 8TH, BYRON CENTER, MI 49315	<u> </u>	5.00		0	<u> </u>	0	<u> </u>	0
2 Compensation of five highest-paid employees (othe	r than the	ose included	on line	1 - see instr	uctions)	. If none, enter		
"NONE."	<del></del> 1			,	-			
CANAL TO A CONTRACT OF THE CON		(b) Title, and a	average			(d) Contributions to employee benefit	(e) Expe	nse account,
(a) Name and address of each employee paid more than \$50	,000	hours per w devoted to po		(c) Comper	nsation	plans and deferred compensation	other a	allowances
						Compensation		<del></del> -
NONE								
								<del></del>
							<b></b>	<del></del>
	j							
	ł							
Total number of other employees naid eyes \$50,000				<u> </u>		<u> </u>		0
Total number of other employees paid over \$50,000	· · · · ·	• • • • • •		<u> </u>			Form 99	0-PF (2015)
LLA								\·-/

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3

EEA

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foun	dations,
	see instructions.)	<del>-  </del>	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
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
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for chantable activities  Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	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 2015 from Part VI, line 5	4	
b	Income tax for 2015 (This does not include the tax from Part VI) 2b	4	
C	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	<del></del>
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	<u> </u>
Pa	rt XII Qualifying Distributions (see instructions)		
		F 3	
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:	1 _ 1	
а	Suitability test (prior IRS approval required)	3a	-
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e found	lation
	qualifies for the section 4940(e) reduction of tax in those years.		
FFA			Form 990-PF (2015)

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i di	TARE Official butter meeting (see more	(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years pnor to 2014	2014	2015
_	Undistributed income, if any, as of the end of 2015				
2					
a	Enter amount for 2014 only				
b	Total for prior years:,,				[
3	Excess distributions carryover, if any, to 2015:				
a	From 2010	-			
b	From 2011	-			
С.	From 2012	-[			
d	From 2013	-			
e	From 2014	-{			
, T	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,				] <del>[</del>
_	line 4: ▶\$				
a	Applied to 2014, but not more than line 2a	··			
b	Applied to undistributed income of prior years				
	(Election required - see instructions)	<u> </u>		'!! !!!.!!!.!'!'.!!!!!!	
С	Treated as distributions out of corpus (Election		_		
	required - see instructions)		1-1-1-1		
d	Applied to 2015 distributable amount				
е -	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015 .	,			
	(If an amount appears in column (d), the same				
c	amount must be shown in column (a).) Enter the net total of each column as	[			
6	indicated below:				
_	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .	†			
b	Prior years' undistributed income. Subtract				
U	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)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	<del>- 1.1 - 1   1.1   11.11   11.   1</del>		11 711 - 11 111 111 71 71 111 11	<del>                                      </del>
_	amount - see instructions				
е	Undistributed income for 2014. Subtract line	- 1	<del></del>		<u> </u>
•	4a from line 2a. Taxable amount - see		;		
	instructions				
f	Undistributed income for 2015. Subtract lines				
-	4d and 5 from line 1 This amount must be				
	distributed in 2016				0
7	Amounts treated as distributions out of corpus		1 <del>-11111111111111111111111111111111111</del>		
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2011	<u>_</u>			
b	Excess from 2012	_[			
С	Excess from 2013	_			
d	Excess from 2014	_[			
е	Excess from 2015				

	20011 (2010)	ARDITH KOSTE		t \/II A supotion O	38-306760	Page 1
	XIV Private Operating Foun				<del>/</del>	
па	If the foundation has received a ruling or			ing		
	foundation, and the ruling is effective for 2		_	hadia aastisa	4040(3)(2) 22	40.40(:\/E)
b	Check box to indicate whether the founda		ating foundation descri		4942(j)(3) or	4942(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 each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter: (1) Value of all assets					
_	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			<u> </u>		
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					
	(4) Gross investment income			<u> </u>		2.1
Parl	Supplementary Information any time during the year		-	he foundation ha	d \$5,000 or more	in assets at
1 a	Information Regarding Foundation Ma List any managers of the foundation who before the close of any tax year (but only	have contributed mo	ore than 2% of the total uted more than \$5,000	contributions received I contributions received I contributions received I	by the foundation ).)	
b	List any managers of the foundation who ownership of a partnership or other entity	own 10% or more of y) of which the founda	f the stock of a corpora ation has a 10% or gre	ition (or an equally large ater interest.	portion of the	
2	Information Regarding Contribution,	Grant, Gift, Loan, So	cholarship, etc., Prog	rams:		
	Check here ▶ ☐ If the foundation only unsolicited requests for funds. If the four other conditions, complete items 2a, b, c	ndation makes gifts, g		ble organizations and do tions) to individuals or o		
a	The name, address, and telephone num		of the person to whom	applications should be	addressed:	
	990APP					
b	The form in which applications should be	e submitted and inforr	nation and materials th	ey should include:		

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Any submission deadlines.

Part XV | Supplementary Information (continued)

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

3 Grants and Contributions Paid During th		a for Future	Payment	<del></del>
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				
CAMP AO-WA-KIYA				
PO BOX 2513	l			
GRAND RAPIDS, MI 49501	NONE		SUPPORT	4,800
CLOSED DOOR MINISTRIES				
4345 SAWKAW DRIVE NE 2				•
GRAND RAPIDS, MI 49525	NONE		SUPPORT	9,600
CALLED ALL LODY III 1992				]
FRONTIER SCHOOL OF BIBLE				
PO BOX 217				
LAGRANGE, WY 82221	NONE		SUPPORT	4,800
GRACE MINISTRIES				
PO BOX 820				
MOUNDSVILLE, WV 26041	NONE		SUPPORT	8,300
INDEPENDENT BIBLE MISSION				
749 LAMOREAUX DRIVE			1	
COMSTOCK PARK, MI 49321	NONE		SUPPORT	2,400
PARTNERS IN EVANGELISM 5518 W DIVERSY AVE				
CHICAGO, IL 60639	NONE		SUPPORT	7,817
Chicago, in 60033	NORE		BOFFORT	7,817
SCRIPTURE MEMORY MOUTAIN MISSION			-	
4180 CAMP NATHANAEL ROAD				
EMMALENA, KY 41740	NONE		SUPPORT	8,300
			i	
SEND INTERNATIONAL				
PO BOX 513				
FARMINGTON, MI 48332	NONE		SUPPORT	7,400
	· · · · · · · · · · · · · · · · · · ·			
<b>b</b> Approved for future payment				
	i			
			+	
			i	
Total	<u> </u>		<b>&gt;</b> 3b	
10tal <u></u>	<del> </del>	· · · · · · · · ·		

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to any foundation manager status of contribution Amount recipient or substantial contributor Name and address (home or business) Paid during the year TRANSFORMATION LIFE CENTER PO BOX 249 SUPPORT WEST PARK, NY 12493 NONE 6,600 TRUTH ALIVE MINISTRIES 1404 AUBURN PLACE SUPPORT NONE 7,800 PLANO, TX 75093 UNITED INDIAN MISSION INTL PO BOX 6429 GLENDALE, AZ 85312 NONE SUPPORT 4,800 WOMEN AT RISK INTL 2790 44TH ST SW WYOMING, MI 49509 NONE SUPPORT 2,400 75,017 Approved for future payment Total 

EEA

En	ter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by se	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)
	a		<del></del>			
	b					<del></del>
	_			1		
	d					
	e				_	
	f					
	g Fees and contracts from government agencies					<del></del>
2	Membership dues and assessments				<del></del>	
	Interest on savings and temporary cash investments			14		<del></del>
	Dividends and interest from securities			<del>   </del>	<del></del>	
	•			<del> </del>		
J	Net rental income or (loss) from real estate:	·····		<del></del>		
	a Debt-financed property			·		
_	b Not debt-financed property	- 1		ļ		<del></del>
	Net rental income or (loss) from personal property			<del> </del>		
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events					<del>-</del>
	Gross profit or (loss) from sales of inventory					<del></del>
11	Other revenue: a					
	b					
	С					<del></del>
	d					
	е		· · · · · · · · · · · · · · · · · · ·			
	Subtotal. Add columns (b), (d), and (e)					
13	Total. Add line 12, columns (b), (d), and (e)				13	
(Se	e worksheet in line 13 instructions to verify calculations.)					
Ρ	art XVI-B Relationship of Activities to the	Accompl	ishment of Exc	empt Purpo	ses	
L	ine No. Explain below how each activity for which inco	-			· · · · · · · · · · · · · · · · · · ·	
	accomplishment of the loundation's exempt por	arposes (ou le	a man by providing	idildə ior ədcir p	diposes). (See ilistide	uoris )
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_		•				

Grand Rapids MI 49503

Form 990	-PF (2015) D	ANIEL J & ARD	ITH KOSTER FOU	NDATION		38-30676	00	Pa	ige 1
Part X			ransfers To and	Transactions a	nd Relation	nships With Non	charit	able	
		ganizations					·········	-	
	•		age in any of the follow tion 501(c)(3) organizat	-	-			Yes	No
	anizations?	ode (other than sec	uon 50 I(c)(3) organiza	uons) or in section (	ozr, relating to	ponucai			
_		ing foundation to a r	noncharitable exempt o	raanization of					
	•	-	· · · · · · · · · · · · · · · ·	-			1a(1)		x
							1a(2)		X
	er transactions:								
(1)	Sales of assets to a	noncharitable exemp	ot organization				1b(1)		Х
(2)	Purchases of assets	from a noncharitable	e exempt organization				1b(2)		X
			ssets				1b(3)		Х
							1b(4)		X
							1b(5)		X
			or fundraising solicitation				1b(6)		X
		<del>-</del>	other assets, or paid er	· ·			_1c		X
			mplete the following so						
	-					ed less than fair market ets, or services received			
(a) Line no	7		ncharitable exempt organi	<del></del>		sfers, transactions, and sha		ngeme	nte
(a) Line no	(b) Amount involved	(c) Hame of flor	ichantable exempt organi.	Zadon (d) Di	osonpuon or dan	sicis, dansactions, and site	aring arra	ingenie	1113
				<del></del>					
		<del></del>	<del></del>						
		· · · · · · · · · · · · · · · · · · ·							
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					<del></del>				
2a Isth	ne foundation directly	or indirectly affiliated	d with, or related to, one	or more tax-exemp	ot organization	s			
des	cribed in section 501(	c) of the Code (othe	r than section 501(c)(3	)) or in section 527?			Yes	X	No
b_lf "Y	es," complete the foll	<del></del>	<del></del>						
	(a) Name of organ	lzation	(b) Type of o	organization	<del> </del>	(c) Description of relatio	nship		
		<del></del>	·			<del></del>			
<del></del>		<del></del> _	<del></del>	· <del> · · · ·</del>	<del>                                     </del>	<del></del>			
			<del> </del>						
					<del></del>	<del></del>			
	Inder penalties of perjury, I	declare that I have examin	ned this return, including acco	mpanying schedules and	statements, and to	the best of my knowledge and	belief, it is	s true,	
Sign	correct, and complete Decla	ration of preparer (other the	ian taxpayer) is based on all i	Information of which prepare	arer nas any knowi	May the IR			
Here	1 X Sre	aous 1.91	oste 5-12	-14 / M	esiden	with the pro	eparer sho	wn belo	w
	Signature of officer or tru	rstee t	Date	Title		(see inst )?	<u> </u>	Yes	<u>√</u> No
Detal	Print/Type prepar	s name	Preparer's signature	/ /	Date	Check if	PTIN		
Paid	MICHAEL A			ι /	05-12-20	16 self-employed P	01244	698	
Prepa			Tawney & Compar		- 	Firm's EIN			
Use O	nly Firm's address	► 1675 Michi	gan St NE Ste I	)		Phone no			

616-456-4700

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

Employer identification number

2015

OMB No 1545-0047

DANIEL	J & ARDITH KOST	ER	FOUNDATION	38-3067600			
Organiza	tion type (check one):						
Filers of:		Sec	ction:				
Form 990	or 990-EZ		501(c)( ) (enter number) organization				
			4947(a)(1) nonexempt chantable 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				
Check if y	our organization is cover	red b	by the General Rule or a Special Rule.				
-	ly a section 501(c)(7), (8)		(10) organization can check boxes for both the General Rule and a Special F	≀ule. See			
General I	Rule						
0		erty)	990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II. See instructions for deters.				
Special F							
-   F   re   1	or an organization descriegulations under sections 3, 16a, or 16b, and that r	509 ecei	in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), wed from any one contributor, during the year, total contributions of the greate ton (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Part	Part II, line er of (1)			
C	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
c d G	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, o	or 990-PF), but it <b>must</b> an	swe	vered by the General Rule and/or the Special Rules does not file Schedule E r "No" on Part IV, line 2, of its Form 990; or check the box on line H of its For	rm 990-EZ or on its			
Form 990	-P⊦, Part I, line 2, to certi	ty th	at it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,	, or 990-PF).			

Name of organization

DANIEL J & ARDITH KOSTER FOUNDATION

Employer identification number 38-3067600

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is	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	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2_	ARDITH STEPHENSON  2015 8TH AVENUE  BYRON CENTER, MI 49315	\$ 33,000	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
		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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 (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and	(e) Estimated amount of other compensation
		(if not pald, enter -0-)	deferred compensation	
SUSAN KOSTER BOARD MEMBER		_		
2031 8TH, BYRON CENTER, MI 49315	5.00	0	0	0
KURT KOSTER BOARD MEMBER				
224 BARRY, GRANDVILLE, MI 49418	5.00	0	0	0
LINDA KOSTER BOARD MEMBER				
224 BARRY, GRANDVILLE, MI 49418	5.00	0	0	0
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				000 050 (2045)

		Federal Su	Federal Supporting Statements	ments	2015 PG01	
Name(s) as shown on retum DANIEL J & ARDITH KOSTER FOUNDATION					Employer Identification Number 38-3067600	
	FORM 990PF - PART I	- LINE 23	- OTHER EXPENSES SCHEDULE	EDULE	STATEMENT #103~	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE Purpose		
BANK SERVICE CHARGES ADMINISTRATIVE COSTS	167 20	0	0	0 0		
TOTALS	187	0	0	0		
						-

2015 PG01 '	Employer Identification Number 38-3067600	STATEMENT #108~	₹								
Statements		FEES SCHEDULE	CHARITABLE E PURPOSE	0 0							
Federal Supporting Statements		PART 1 - LINE 16(B) - ACCOUNTING FEES SCHEDULE	NET ADJUSTED INVESTMENT NET INCOME	0							
	ER FOUNDATION	FORM 990PF - PART 1	REVENUE AND EXPENSES	450							
	Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION		DESCRIPTION	ACCOUNTING FEES TOTALS	 	 	 				

2015 PG01	Employer Identification Number 38-3067600	STATEMENT #109~							
ients		SCHEDULE	CHARITABLE PURPOSE 0	0					
Federal Supporting Statements		- LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE	ADJUSTED NET INCOME	0					
Federal Su			NET INVESTMENT	0					
	NO	FORM 990PF - PART 1	REVENUE AND EXPENSES 235	235					
	Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION		DESCRIPTION OTHER PROFESSIONAL FEES	TOTALS			- No-Political State of the Control		

# Federal Supporting Statements Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION 2015 PG01 Your Social Security Number 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.