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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2016

Open to Public Inspection

- ▶ 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.

For calendar year 2016 or tax year beginning**, and ending**

Name of foundation

Eileen DeVries Family Foundation

Number and street (or P.O. box number if mail is not delivered to street address)

2249 Wealthy Street SE

Room/suite

Ste 240

City or town, state or province, country, and ZIP or foreign postal code

East Grand Rapids

MI

49506

Foreign country name

Foreign province/state/country

Foreign postal code

A Employer identification number

38-3180271

B Telephone number (see instructions)

(616) 774-4444

G Check all that apply☐

Initial return

☐

Initial return of a former public charity

☐

Final return

☐

Amended return

☒

Address change

☒

Name change

H Check type of organization☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation**I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$**

400,883

J Accounting method☒

Cash

☐

Accrual

☐ Other (specify) _____

(Part I, column (d) must be on cash basis)

C If exemption application is pending, check here ☐**D 1 Foreign organizations, check here** ☐**2 Foreign organizations meeting the 85% test check here and attach computation** ☐**E If private foundation status was terminated under section 507(b)(1)(A), check here** ☐**F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here** ☐**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))**(a) Revenue and expenses per books****(b) Net investment income****(c) Adjusted net income****(d) Disbursements for charitable purposes (cash basis only)**

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	3	3		
4	Dividends and interest from securities	7,489	7,489		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	95,474			
b	Gross sales price for all assets on line 6a	130,354			
7	Capital gain net income (from Part IV, line 2)		95,474		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	102,966	102,966	0	
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)	829			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	130	130		
24	Total operating and administrative expenses. Add lines 13 through 23	959	130	0	0
25	Contributions, gifts, grants paid	119,424			119,424
26	Total expenses and disbursements. Add lines 24 and 25	120,383	130	0	119,424
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-17,417			
b	Net investment income (if negative, enter -0-)		102,836		
c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

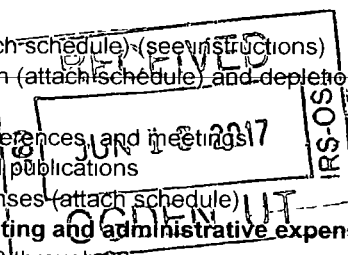
Form **990-PF** (2016)

HTA

SCANNED JUN 20 2017

Revenue

Operating and Administrative Expenses



gdp 20

Part 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 of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		2,500	13,716	13,716
	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 ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		448,573	330,640	387,167
	c Investments—corporate bonds (attach schedule)				
	11 Investments—land, buildings, and equipment basis ▶				
Liabilities	Less accumulated depreciation (attach schedule) ▶				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)				
	14 Land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
	15 Other assets (describe ▶)				
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		451,073	344,356	400,883
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ▶)				
	23 Total liabilities (add lines 17 through 22)		0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds		451,073	344,356	
	30 Total net assets or fund balances (see instructions)		451,073	344,356	
	31 Total liabilities and net assets/fund balances (see instructions)		451,073	344,356	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	451,073
2 Enter amount from Part I, line 27a	2	-17,417
3 Other increases not included in line 2 (itemize) ▶ Net Asset Adjustment to book value	3	-89,300
4 Add lines 1, 2, and 3	4	344,356
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	344,356

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	Massey Securities Settlement			2/1/2016
b	See Attached List		12/30/2015	12/31/2016
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,023			1,023
b 129,331		34,880	94,451
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			1,023
b			94,451
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	95,474
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	81,595	257,714	0.316611
2014	62,593	76,890	0.814059
2013	65,084	103,695	0.627648
2012	58,925	144,629	0.407422
2011	150,397	225,060	0.668253

2 Total of line 1, column (d)	2	2.833993
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.566799
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	429,046
5 Multiply line 4 by line 3	5	243,183
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,028
7 Add lines 5 and 6	7	244,211
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	8	119,424

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			2,057
3	Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			2,057
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2,057
6	Credits/Payments			
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
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			0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			19
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2,076
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
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? <i>If "Yes," attach a conformed copy of the changes</i>	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	X	
14	The books are in care of ▶ Rachel Mraz c/o Jade Pig Ventures Telephone no ▶ 616-774-4444 Located at ▶ 2249 Wealthy Street SE, Suite 240 East Grand Rapids MI ZIP+4 ▶ 49506			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶	<input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?		1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years ▶ 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)		2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)		3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
b	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 2016?		4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance check here ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No
- If "Yes," attach the statement required by Regulations section 53.4945–5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- 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 transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

5b	N/A
6b	X
7b	N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Eileen DeVries 325 Lakeside Dr SE E Grand Rapids, MI 49506	President 00	0		
Rachel Mraz 333 Lakeside Dr SE E Grand Rapids, MI 49506	Vice President 00	0		
Joseph DeVries 1728 Ocean Ave no 282 San Francisco, CA 94112	Secretary 00	0		
Samuel DeVries 325 Lakeside Dr SE E Grand Rapids, MI 49506	Treasurer 00	0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total 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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Not Applicable	
2	
3	
4	

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 NONE	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	▶ 0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	420,250
b	Average of monthly cash balances	1b	15,330
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	435,580
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	435,580
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	6,534
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	429,046
6	Minimum investment return. Enter 5% of line 5	6	21,452

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	21,452
2a	Tax on investment income for 2016 from Part VI, line 5	2a	2,057
b	Income tax for 2016 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,057
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,395
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19,395
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	19,395

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	119,424
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		
a	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	119,424
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	119,424

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				19,395
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011	139,150			
b From 2012	51,944			
c From 2013	60,471			
d From 2014	59,142			
e From 2015	69,499			
f Total of lines 3a through e	380,206			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 119,424				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2016 distributable amount				19,395
e Remaining amount distributed out of corpus	100,029			
5 Excess distributions carryover applied to 2016 (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 indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	480,235			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	139,150			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	341,085			
10 Analysis of line 9				
a Excess from 2012	51,944			
b Excess from 2013	60,471			
c Excess from 2014	59,142			
d Excess from 2015	69,499			
e Excess from 2016	100,029			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**N/A****1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling**b** Check box to indicate whether the foundation is a private operating foundation described in section☐ 4942(j)(3) or ☐ 4942(j)(5)**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed**b** 85% of line 2a**c** 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**a** "Assets" alternative test—enter**(1)** Value of all assets**(2)** Value of assets qualifying under section 4942(j)(3)(B)(i)**b** "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed**c** "Support" alternative test—enter**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)**(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)**(3)** Largest amount of support from an exempt organization**(4)** Gross investment income

Tax year	Prior 3 years			(e) Total
(a) 2016	(b) 2015	(c) 2014	(d) 2013	
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:****a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

Eileen DeVries

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Eileen DeVries co Jade Pig Ventures 2249 Wealthy Street, SE Suite 240 E Grand Rapids, MI 49506 616-774-4444

b The form in which applications should be submitted and information and materials they should include**c** Any submission deadlines**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a <i>Paid during the year</i> Various Charities - See Attached Schedule				various	119,424
Total					▶ 3a 119,424
b <i>Approved for future payment</i>					
Total					▶ 3b 0

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | |
|---|--|---|
| 1 | <p>Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> | |
| a | <p>Transfers from the reporting foundation to a noncharitable exempt organization of</p> | |
| | <p>(1) Cash</p> | 1 |
| | <p>(2) Other assets</p> | 1 |
| b | <p>Other transactions</p> | |
| | <p>(1) Sales of assets to a noncharitable exempt organization</p> | 1 |
| | <p>(2) Purchases of assets from a noncharitable exempt organization</p> | 1 |
| | <p>(3) Rental of facilities, equipment, or other assets</p> | 1 |
| | <p>(4) Reimbursement arrangements</p> | 1 |
| | <p>(5) Loans or loan guarantees</p> | 1 |
| | <p>(6) Performance of services or membership or fundraising solicitations</p> | 1 |
| c | <p>Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> | |
| d | <p>If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received</p> | |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c	X	

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has knowledge.

Signature of preparer Rachel Mary

Signature of officer or trustee

Date _____

President

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Larry Cruttenden, CPA

Preparer's signature

Cary Cookenden

Date _____

6/9/2017

Check ☐ if
self-employed

PTIN

P00296970

Firm's name ► Jade Pig Services

Firm's EIN ▶ 38-2556970

Firm's address ► 2249 Wealthy Street, SE Suite 240, East Grand Rapids, MI 49506

Phone no

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Name of the organization

Eileen DeVries Family Foundation

Employer identification number

38-3180271

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 covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For 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.
- ☐ 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. Don't 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. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Eileen DeVries Family Foundation

Employer identification number

38-3180271

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Eileen DeVries 325 Lakeside Drive, SE E Grand Rapids MI 49506 Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Eileen DeVries Family Foundation

Employer identification number

38-3180271

Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

Eileen DeVries Family Foundation

Employer identification number

38-3180271

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov. Country		----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov. Country		----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov. Country		----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov. Country		----- ----- -----

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

		Amount		Totals										Net Gain or Loss	
		Long Term CG Distributions	Short Term CG Distributions	Capital Gains/Losses		Gross Sales		Cost or Other Basis, Expenses, Depreciation and Adjustments		Net Gain or Loss					
		0	0	0		130,354		34,880		95,474					
		0		Other sales		0		0		0		0			
Description	CUSIP #	Check "X" to include in Part IV	Purchaser	Check "X" if Purchaser is a Business	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Adjustments	Net Gain or Loss	
1 Massey Securities Settlement		X	Claims Administrator	X		12/30/2015	2/1/2016	1,023	0					1,023	
2 See Attached List		X	Various			12/30/2015	12/31/2016	129,331	34,880					94,451	

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		Amount																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Section 511 Tax	0
-----------------	---

Description

Amount

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

☐ Yes ☒ No

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?

☐ Yes ☒ No

If "Yes" to 1a or 1b, please describe the activities

1. The first part of the document is a header section containing the title "The Role of the Teacher in the 21st Century" and the author's name "John Doe".

2. The second part is an abstract summarizing the main points of the paper, discussing the challenges and opportunities for teachers in the modern era.

3. The third part is the introduction, which sets the context for the study and outlines the research objectives.

4. The fourth part is the literature review, where existing research on the topic is analyzed and synthesized.

5. The fifth part is the methodology, describing the research methods used to collect and analyze data.

6. The sixth part is the results and discussion, presenting the findings of the study and their implications.

7. The seventh part is the conclusion, summarizing the key points and providing recommendations for future research.

8. The eighth part is the references, listing the sources used in the study.

9. The ninth part is the appendix, containing additional information related to the study.

10. The tenth part is the bibliography, providing a comprehensive list of all sources cited in the document.

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THE EILEEN DEVRIES FAMILY FOUNDATION
 EMPLOYER IDENTIFICATION NUMBER 38-3180271
 FORM 990 - PF

SCHEDULE FOR PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
American Diabetes Association 1550 E Beltline SE, Suite 250 Grand Rapids MI 49506	N/A		education & research for diabetes	\$ 500
Arts in Motion 6175b Jackson Road ann Arbor MI 48103	N/A		promotes training to students of all ages artistic integrity and for differently abled dancers	\$ 1,000
Boys and Girls Club 235 Straight Street NW Grand Rapids, Michigan 49504	N/A		enchances character of youth through recreasion, education & positive community experiences	\$ 5,000
Broadway Theatre Guild #2 Grand Rapids, Michigan	N/A		supports the art of theatre	\$ 2,454
Catholic Central High School 319 Sheldon Blvd Grand Rapids MI 49503	N/A		support youth athletic programs	\$ 1,000
Childrens' Hospital of Boston 300 Longwood Ave Boston MA 02115	N/A		provide healthcare for children	\$ 1,000
Disability Advocates 3600 Camelot Drive SE Grand Rapids MI 49546	N/A		Advocacy for the disabled to achieve equal access for all	\$ 1,000
Equest Center 3777 Rector NE Rockford, MI 49431	N/A		therapeutic rding for handicap	\$ 5,000
FEED My Starving Children 401 93rd Avene NW Coon Rapids MN 55433	N/A		meals to nourish children	\$ 1,000
Fredrick Meijer Gardens 3411 Bradford NE Grand Rapids, MI 49546	N/A		garden operations	\$ 10,000
Grand Rapids Community Foundation 161 Ottawa Ave NW Grand Rapids MI 49503	N/A		Awards grants to local non-profit orgs Who advance the community	\$ 1,000
Grand Rapids Public Museum 272 Pearl Street NW Grand Rapids MI 49504	N/A		promotes discovery with a scient history and culture focus	\$ 6,000
Grand Rapids Symphony 300 Ottawa Ave NW Grand Rapids, MI 49503	N/A		promote the art of music	\$ 5,125
Hospice of West Michigan 1260 Ekhart NE Grand Rapids, MI 49503	N/A		education & support services for patients & families	\$ 5,000
Inheritance of Hope	N/A		assist families facing loss of a parent via education and retreats	\$ 250
Indian Trails Camp 1859 Lake Michigan Drive NW GrandRapids MI 49534	N/A		Life Enrichment Services for drasbled	\$ 25,000
John Ball Zoological Society 11300 W Fulton Grand Rapids, MI 49503	N/A		promotion of Zoo	\$ 1,500
Kids Food Basket 820 Monroe Ave NW Grand Rapids MI 49503	N/A		childhood hunger program	\$ 1,000
Make a Wish Foundation 648 Monroe Ave NW #104 Grand Rapids, MI 49503	N/A		grant wishes to children with life threatening diseases	\$ 10,000

THE EILEEN DEVRIES FAMILY FOUNDATION
 EMPLOYER IDENTIFICATION NUMBER 38-3180271
 FORM 990 - PF

SCHEDULE FOR PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
Mary Free Bed Rehab Foundation 235 Wealthy Street SE Grand Rapids MI 49503	N/A		education and patient care	\$ 500
MD Anderson Cancer Centers 1515 Holcombe Blvd Houston TX 77030	N/A		cancer research	\$ 25,000
Mind Meets Music 1550 East Beltline SE Suite 170 Grand Rapids MI 49506	N/A		promotes literacy development	\$ 2,500
Ocean Reef Community Foundation 60 Fishing Village Drive Key Largo FL 33037	N/A		addresses arts, children, environmental and education issues in community	\$ 345
Open Door Health Center 309 Holly Lane Mankato MN 56001	N/A		non profit community health center promotes behavioral health care	\$ 500
Open Hearts Ministry 5340 Holiday Terrace Suite 9 Kalamzao MI 49009	N/A		train people to help with pain abuse leadership training	\$ 100
Planned Parenthood Center 616-774-7005 Grand Rapids, Michigan 49503	N/A		promotion of women's health	\$ 1,000
Van Andel Institution 333 Bostwick Ave NE Grand Rapids, MI 49503	N/A		science research	\$ 6,000
Widowed Person Services 4211 Clyde Park SW Unit C Wyoming MI 49509	N/A		promotes healing and growth through grief process	\$ 500
Total				\$ 119,424

AVG BALANCE

THE EILEEN AND BRIAN G. DEVRIES FAMILY FOUNDATION CALCULATION OF AVERAGE ASSET BALANCE FOR THE YEAR ENDED DECEMBER 31, 2016

STATEMENT DATE	CASH BALANCE	SECURITIES BALANCE	TOTAL ASSETS
Jan-16	2,405	434,300	436,705
Feb-16	3,458	435,969	439,427
Mar-16	2,759	474,756	477,515
Apr-16	27,709	428,551	456,260
May-16	35,689	410,911	446,600
Jun-16	26,368	418,782	445,150
Jul-16	24,599	442,635	467,234
Aug-16	6,810	431,922	438,732
Sep-16	3,302	426,079	429,381
Oct-16	21,711	382,627	404,338
Nov-16	15,434	369,297	384,731
Dec-16	13,716	387,167	400,883
AVERAGE BALANCE	15,330	420,250	435,580

THE EILEEN AND BRIAN G. DEVRIES FAMILY FOUNDATION

LINE 10b ON PART II FOR THE FORM 990-PF
FOR THE YEAR ENDED 12/31/2016

To prepare the worksheet for a new year, copy the YE balances to the BEG balances, delete lines where the entire security was sold the prior year. Change the report date and populate the blue areas. Use formulas for values where we are splitting stock blocks

FOR THE YEAR ENDED														
12/31/2016														
SECURITY	# OF SHARES	FNDTN ACQUISITION DATE	DONOR ACQUISITION DATE	(PIURCHASE OR (DONATION	FNDTN COST OR BK VALUE	DONOR COST	FMV AT BEG OF YEAR	FMV AT YEAR END	DATE OF SALE	SALE PRICE	BOOK GAIN / LOSS	TAX GAIN / LOSS	HOLDING TERM IN YEARS	LONG TERM OR SHORT TERM
ALTRIA GROUP INC	400	12/30/15	07/11/02	D	23,520 00	4,102 40	23,284 00	-	04/05/16	25,014 71	1,494 71	20,912 31	13 75	LONG TERM
ALTRIA GROUP INC	323	12/30/15	07/11/02	D	18,992 40	3,312 69	18,801 83	-	05/20/16	20,128 05	1,135 65	16,815 36	13 87	LONG TERM
ALTRIA GROUP INC	1,673	12/30/15	06/13/08	D	16,287 60	5,769 80	16,124 17	-	05/20/16	17,261 53	973 93	11,481 73	7 94	LONG TERM
ALTRIA GROUP INC	277	12/30/15	06/13/08	D	98,372 40	34,847 92	97,385 33	113,128 26						
ALTRIA GROUP INC	277	12/30/15	06/13/08	D	16,287 60	5,769 91	16,124 17	18,730 74						
ALTRIA GROUP INC	155	12/30/15	06/13/08	D	9,114 00	3,228 59	9,022 55	-						
ALTRIA GROUP INC	95	12/30/15	06/13/08	D	5,586 00	1,978 81	5,529 95	-	08/18/16	10,111 21	997 21	6,882 62	8 19	LONG TERM
ALTRIA GROUP INC	700	12/30/15	06/13/08	D	41,160 00	14,580 72	40,747 00	-	09/23/16	5,966 14	380 14	3,987 33	8 28	LONG TERM
ALTRIA GROUP INC	39	12/30/15	10/11/13	D	2,293 20	1,384 27	2,270 19	2,637 18	10/18/16	43,604 36	2,444 36	29,023 64	8 35	LONG TERM
ALTRIA GROUP INC	1	12/30/15	01/13/14	D	58 80	36 83	58 21	67 62						
ALTRIA GROUP INC	37	12/30/15	01/13/14	D	2,175 60	1,376 55	2,153 77	2,501 94						
ALTRIA GROUP INC	50	12/30/15	04/11/14	D	2,940 00	1,898 45	2,910 50	3,381 00						
ALTRIA GROUP INC	44	12/30/15	07/11/14	D	2,587 20	1,915 58	2,561 24	2,975 28						
ALTRIA GROUP INC	1	12/30/15	10/13/14	D	58 80	41 63	58 21	67 62						
ALTRIA GROUP INC	45	12/30/15	10/13/14	D	2,846 00	2,090 30	2,619 45	3,042 90						
ALTRIA GROUP INC	42	12/30/15	01/12/15	D	2,469 60	2,141 03	2,444 82	2,840 04						
ALTRIA GROUP INC	41	12/30/15	04/13/15	D	2,410 80	2,138 88	2,386 61	2,772 42						
ALTRIA GROUP INC	1	12/30/15	07/13/15	D	58 80	49 78	58 21	67 62						
ALTRIA GROUP INC	42	12/30/15	07/13/15	D	2,469 60	2,168 59	2,444 82	2,840 04						
ALTRIA GROUP INC	1	12/30/15	10/12/15	D	58 80	56 19	58 21	67 62						
ALTRIA GROUP INC	41	12/30/15	10/12/15	D	2,410 80	2,343 44	2,386 61	2,772 42						
ALTRIA GROUP INC	0 1193	12/30/15	10/12/15	D	7 01	6 82	6 94	-						
ALTRIA GROUP INC	38	04/12/16		P	2,415 47	-	-	2,569 56						
ALTRIA GROUP INC	1	07/12/16		P	67 63	-	-	67 62						
ALTRIA GROUP INC	26	07/12/16		P	1,811 22	-	-	1,758 12						
ALTRIA GROUP INC	31	10/12/16		P	1,928 51	-	-	2,086 22						
ALTRIA GROUP INC	0 4912	10/12/16		P	31 75	-	-	33 21						
DIREXION DAILY TECHNOLOGIES	3,600	12/30/14	08/19/11	D	129,915 00	25,075 88	131,148 00	179,784 00						
GILEAD SCIENCES INC COM	600	12/30/14	08/20/10	D	57,165 00	11,441 40	60,714 00	42,966 00						
GILEAD SCIENCES INC COM	100	12/30/14	08/20/10	D	9,527 50	1,906 90	10,119 00	-	11/03/16	7,245 52	(2,281 98)	5,338 62	6 21	LONG TERM
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					-	-	-	-						
					-	-	-	-						
					-	-	-	-						

TOTALS (FILTERED BY STOCKS ON HAND AT YE OR SOLD DEPENDING ON COLUMN)

Securities sold that were donated
Securities sold that were purchased