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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

For	caler	ndar year 2016 or tax year beginning		, 2016	, and	ending		, 20
Naп	ne of fo	pundation				A Employe	r identification numbe	er
Dole	e Fam	ily Foundation					38-3519399	
Nun	nber ar	nd street (or P.O. box number if mail is not delivered to street address)		Room/	suite	B Telephon	e number (see instructi	ons)
1919	9 Bos	ton SE		Apt	B319	616-24	5-7271 (summer 23	31-377-6265)
City	or tow	n, state or province, country, and ZIP or foreign postal code				C If exempt	ion application is pend	ına, check here ▶ [
Gran	nd Ra	pids, MI 49506						
G	Chec	k all that apply: Initial return Initial return	n of a former	public (charity	D 1. Foreign	n organizations, check l	here ▶ [
		☐ Final return ☐ Amended	-		أ	J	•	_
		Address change Name cha	nge		1		n organizations meeting here and attach compu	
H	Check	k type of organization: 🗹 Section 501(c)(3) exempt p	rivate founda	ation		E If private	foundation status was t	terminated under
		on 4947(a)(1) nonexempt charitable trust Other tax			ation	section 5	07(b)(1)(A), check here	▶[
		narket value of all assets at J Accounting method				F if the four		
ε	end o	f year (from Part II, col. (c), Other (specify)			- 1		ndation is in a 60-montl stion 507(b)(1)(B), check	
		6) > \$ 870,762 39 (Part I, column (d) must be	on cash basis	s.)				_
Pa	rt l	Analysis of Revenue and Expenses (The total of	(a) Payanua	and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p	er		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books		•••	Conic	moome	(cash basis only)
\Box	1	Contributions, gifts, grants, etc., received (attach schedule)	70,0	00.00				
	2	Check ▶ ☐ If the foundation is not required to attach Sch. B	· · · · · ·					
	3	Interest on savings and temporary cash investments		21.17		21 17	21 17	
Ī	4	Dividends and interest from securities	24,8	82 48		24,882 48	24,882 48	
	5a	Gross rents						
1	b	Net rental income or (loss)						
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10						25075D
Revenue	b	Gross sales price for all assets on line 6a					KE	SEIVI ! !
١١	7	Capital gain net income (from Part IV, line 2)				-26,562- 5 5		
œ	8	Net short-term capital gain					18 MAR	3 1 2017
	9	Income modifications					ल	0 1 CON
	10a	Gross sales less returns and allowances						
- 1	b	Less: Cost of goods sold					OGL	DEN, UT
ŀ	C	Gross profit or (loss) (attach schedule)						
1	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	94,9	03 65		51,466.20	24,903 65	
6	13	Compensation of officers, directors, trustees, etc.						
Expenses	14	Other employee salaries and wages						
6	15	Pension plans, employee benefits						
윘	16a	Legal fees (attach schedule)						
	b	Accounting fees (attach schedule)						
Ě	C	Other professional fees (attach schedule)	2	50.00			250 00	250.0
E	17	Interest		1.60		1 60	1 60	1 6
is	18	Taxes (attach schedule) (see instructions)	1,9	11 88		1,911.88	1,911.88	1,911 8
Ē	19	Depreciation (attach schedule) and depletion						
<u>ק</u>	20	Occupancy				•		
P	21	Travel, conferences, and meetings	3 4	26.62			3,426 62	3,426.6
a l	22	Printing and publications		\bot				
= 1	23	Other expenses (attach schedule)		20 00			20 00	20.0
量	24	Total operating and administrative expenses.				1		
9		Add lines 13 through 23		10.10		1,913.48	5,610.10	5,610.10
8	25	Contributions, gifts, grants paid		50.00				92,950 0
	26	Total expenses and disbursements. Add lines 24 and 25	98,5	60.10		1,913 48	5,610 10	98,560.10
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements	(3,65	6.45)				
	b	Net investment income (if negative, enter -0-) .				49,552.72		-
j	C	Adjusted net income (if negative, enter -0-)				ľ	19,293 55	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2016)



D,	art II	Raiance Sheets Attached schedules and amounts in the description column	Beginning of year	E	End o	of year
- 6		Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	36,803.50	24,69	9 17	24,699.17
	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 ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
AS.	10a	Investments—U.S. and state government obligations (attach schedule)				
•	b	Investments—corporate stock (attach schedule)	566,313.51	601,32	3 94	866,063.22
	C	Investments—corporate bonds (attach schedule)	300,313.31	001,02	.5 /4	000,003.22
	11	Investments—land, buildings, and equipment: basis ▶				
	• • •	Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—mongage loans				
	14	Land to take an analysis and a supplemental to the second				
	14		1			
	46	Less: accumulated depreciation (attach schedule) ▶		·		
	15 16	Other assets (describe ►) Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)	402 117 01	437.00		000 7/2 20
	47	Accounts payable and accrued expenses	603,117.01	626,02	3 11	890,762 39
	17	Grants payable		·····		
စ္တ	18	• •				
Liabilities	⁻ 19	Deferred revenue				
ģ	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)	<u> </u>			
	22	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	<u> </u>	-		
	23		<u> </u>			
S		Foundations that follow SFAS 117, check here				
Balances		•	(00.447.44)	404.00		
<u>a</u>	24	Unrestricted	693,117 01	626,02	3 11	
Ba	25	Temporarily restricted				
ם ו	26	Permanently restricted				
Net Assets or Fun		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.	1			
7			Í			
S	27	Capital stock, trust principal, or current funds				
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
38	29	Retained earnings, accumulated income, endowment, or other funds				
÷	30	Total net assets or fund balances (see instructions)	603,117 01	626,02	3 11	
ž	31	Total liabilities and net assets/fund balances (see				;
	777	instructions)	603,117 01	626,02	3 11	
	rt III	Analysis of Changes in Net Assets or Fund Balances	(a) line 00 (·	T		
1		I net assets or fund balances at beginning of year—Part II, colur of-year figure reported on prior year's return)			ا ر	
_				<u> </u>	1	603,117.01
		r amount from Part I, line 27a			2	(3,656 45)
3	Othe	r increases not included in line 2 (itemize)			3	26,562.55
_		lines 1, 2, and 3		- t-	4	626,023 11
5	Decr	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—I	5-AB	L	5	
6	ıotal	I net assets or tund balances at end of year (line 4 minus line 5) -1	-arτ II, column (b), lin	e 3U	6	626,023.11

Part	V Capital Gains and	Losses for Tax on Investmen	t Income				
		e kınd(s) of property sold (e.g., real estate, se, or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation		ate acquired L, day, yr.)	(d) Date sold (mo., day, yr.)
1a	700 AGL Resources			P	3	-20-09	6-30-16
b		· · · · · · · · · · · · · · · · · · ·					
<u>C</u>							
<u>d</u>							
е		(0 D	(-) (-)				L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) (f) minus (g)
<u>a</u> b	46,200.00			19,637 45			26,562 55
<u>_</u>							
d						W-1	
е	<u> </u>						
	Complete only for assets sho	wing gain in column (h) and owned by the	ne foundation	on 12/31/69		(I) Gains (Co	l. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), rf any			t less than -0-) or from col. (h))
а							
b							
С							······································
d							
е							
2	Capital gain net income oi	/ Inot capital local /	enter in Pa ter -0- in Pai		2		26,562 55
3	If gain, also enter in Part	n or (loss) as defined in sections 122 I, line 8, column (c) (see instruction	ns). If (loss)	, enter -0- ın)			
					3		
Part		er Section 4940(e) for Reduce vate foundations subject to the section					
Was t		section 4942 tax on the distributable			oase p	eriod?	☐ Yes ☑ No
		qualify under section 4940(e). Do no ount in each column for each year; s		<u> </u>	akına s	ny entries	
	(a)		ee me msac		akiiy a	any entires.	(d)
Cale	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f nonchantable-use a	ssets		tribution ratio divided by col. (c))
	2015	90,889.0		817,6	32.82		11 12
	2014	91,190 6			67 44		11 17
	2013	83,200 0			40 95		10.76
	2012	81,450 0			88.40		13 55
	2011	78,700.0	0	574,4	11 02		13 70
2	Total of line 1, column (d)					2	60.30
3		for the 5-year base period—divide t dation has been in existence if less t			the .	3	12,06
_		charitable-use assets for 2016 from	Dort V. line	E		4	817,632 82
4	Enter the net value of non-	Chantable-use assets for 2010 from	ran A, mie	3	-		017,032 02
5	Multiply line 4 by line 3				-	5	98,606 52
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			- -	6	4,955 27
7	Add lines 5 and 6				-	7	103,561 79
8		ons from Part XII, line 4			, <u>L</u>	8	98,560 10
	If line 8 is equal to or great Part VI instructions.	iter than line 7, check the box in Pa	rt VI, line 1b	o, and complete t	that pa	ert using a 1	1% tax rate. See the

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	18-s	ee instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		991	16
	here ▶ ☐ 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		-0-	
3	Add lines 1 and 2	3		991	16
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		-0-	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		991	16
6	Credits/Payments:	,			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 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 6d 6d	l			
d	Table of the and a second Add Second Co.	7			
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		991	16
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		771	-10
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11			
	VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did	ıt	Yes	No
	participate or intervene in any political campaign?		1a		~
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos Instructions for the definition)?	ses (s	ee 1b		V
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any n	natena			
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c	1 1	•
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▷ \$	-			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im on foundation managers. ▶ \$	posed	j		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2		•
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, an incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.		of 3		,
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		~
	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 directic conflict with the state law remain in the governing instrument?	ons th			
-			6	0	
7 8a	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 X	V 7	~	
Oa	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation	Gener	al 8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494	2(j)(3)			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?				
	complete Part XIV		9		•
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listi	ing the	eir		
	names and addresses		10		~
			- 00	A DE	

Part	VII-A Statements Regarding Activities (continued)			
44	At any time drawn the year did the foundation directly or inducedly give a controlled active within the		Yes	No
11	At any time dunng 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		~
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	İ	,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		1	-
	Website address ► None	1.0	1	1
14		16-245	7271	
	Located at ▶ 1919 Boston SE Apt.B319 Grand Rapids, MI ZIP+4 ▶	49506-	5714	
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		-	▶ [
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	ly	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	•
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	ין זיי		
Dort				J
ran	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.	$\overline{}$	Yes	No
1a	During the year did the foundation (either directly or indirectly):		163	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ŀ		
	disqualified person?	ŀ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗹 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?	ł		ŀ
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ł		
	foundation agreed to make a grant to or to employ the official for a period after	Ì	i	
	termination of government service, if terminating within 90 days.)			
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)?	 1b		-
	Organizations relying on a current notice regarding disaster assistance check here			
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		,
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)):			
а	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?			
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
D	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			İ
	all years listed, answer "No" and attach statement—see instructions.)	2b		
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?			
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.)			
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		~
	Did the foundation invest during the year any amount in a mariner that would jeopardize its chantable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		~

Dana	1
Taking the	м

Part VII	-B Statements Regarding Activitie	s for Which Form	4720 May Re	Require	d (continued).		Page
	ring the year did the foundation pay or incur		. Tree may be	i ioquii o	a (commuca).	 ,	<u>'</u>
	Carry on propaganda, or otherwise attempt		on (section 4945)	e))? .	☐Yes ☑No		1
	Influence the outcome of any specific publi		•				
	directly or indirectly, any voter registration d	rive?			☐ Yes ☑ No	-	
(3)	Provide a grant to an individual for travel, str	udy, or other similar	purposes?		☐ Yes ☑ No		
(4)	Provide a grant to an organization other tha	n a charitable, etc.,	organization des	cribed in]]
	section 4945(d)(4)(A)? (see instructions)				Yes 🗹 No		1 1
(5)	Provide for any purpose other than religious				_		
	purposes, or for the prevention of cruelty to						
	ny answer is "Yes" to 5a(1)-(5), did any of th						'
- 3	gulations section 53.4945 or in a current notice		•	•	. <u> </u>	5b	
	ganizations relying on a current notice regard	•			▶□		
	he answer is "Yes" to question 5a(4), does cause it maintained expenditure responsibility						1 1
	Yes," attach the statement required by Regul				∐ Yes ∐ No		
	res, attach the statement required by negula I the foundation, during the year, receive any			remiums			
	a personal benefit contract?				∏Yes ✓ No		
b Dic	I the foundation, during the year, pay premiur	ns. directly or indire	ctly, on a person	al benefit		6b	
	Yes" to 6b, file Form 8870.	,,	, , p			1	
	any time during the tax year, was the foundation	a party to a prohibited	d tax shelter trans	action?	Yes No		ĺ
	Yes," did the foundation receive any proceed				ansaction? .	7b	
art VII	Information About Officers, Direct	dama Turadana E			Ui-Lb. Daid F.		
	iniormation About Officers, Direc	itors, i rustees, r	oundation ivial	nagers,	migniy Paio Ei	mploy	ees,
	and Contractors	tors, Trustees, F	oundation ivia	nagers,	nigniy Palo El	mploy	ees,
		n managers and th	eir compensation			mploy	ees,
	and Contractors		eir compensation	on (see in		(e) Expe	ense account,
1 Lis	and Contractors t all officers, directors, trustees, foundatio (a) Name and address	n managers and th (b) Title, and average hours per week devoted to position	eir compensation	on (see ir (d) (structions).	(e) Expe	
l Lis Inley F	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr	n managers and th (b) Title, and average hours per week devoted to position President &	eir compensation (c) Compensation (if not paid,	on (see ir (d) C emplo and defe	estructions). Contributions to yee benefit plans	(e) Expe	ense account,
1 Lis	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506	(b) Title, and average hours per week devoted to position President & Treasurer	(c) Compensation (f) not paid, enter -0-)	on (see ir (d) C emplo and defe	estructions). contributions to yee benefit plans med compensation	(e) Expe	ense account, allowances
Lis Inley F 19 Bosto zabeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President &	(c) Compensation (if not paid, enter -0-)	on (see ir (d) C emplo and defe	estructions). contributions to yee benefit plans med compensation	(e) Expe	ense account, allowances
I Lis anley F 19 Bosto zabeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506	(b) Title, and average hours per week devoted to position President & Treasurer	(c) Compensation (if not paid, enter -0-)	(d) (emplo and defe	estructions). Contributions to yee benefit plans ared compensation -0-	(e) Expe	ense account, allowances
1 Lis anley F 19 Bosto zabeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President &	(c) Compensation (if not paid, enter -0-)	(d) (emplo and defe	estructions). Contributions to yee benefit plans ared compensation -0-	(e) Expe	ense account, allowances
I Lis anley F 19 Bosto zabeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President &	(c) Compensation (if not paid, enter -0-)	(d) (emplo and defe	estructions). Contributions to yee benefit plans ared compensation -0-	(e) Expe	ense account, allowances
1 Lis anley F 19 Bosto zabeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President &	(c) Compensation (if not paid, enter -0-)	(d) (emplo and defe	estructions). Contributions to yee benefit plans ared compensation -0-	(e) Expe	ense account, allowances
Lis nley F 9 Bosto 2abeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 5. Dole on SE Apt B319, Grand Rapids, MI 49506	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary	eir compensation (c) Compensation (if not paid, enter -0-)	on (see in (d) (c) emplo and defe	estructions). Contributions to yee benefit plans red compensation -0-	(e) Expe	ense account, allowances -0
1 Lis anley F 19 Bosto izabeth (19 Bosto	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary	eir compensation (c) Compensation (if not paid, enter -0-)	on (see in (d) (c) emplo and defe	estructions). Contributions to yee benefit plans red compensation -0-	(e) Expe	ense account, allowances -0
1 Lis anley F 19 Bosto izabeth (and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mysensation of five highest-paid employe	n managers and th (b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary es (other than those	(c) Compensation (if not paid, enter -0-)	on (see in (d) (emplo and defe	istructions). Contributions to yee benefit plans red compensation -00-	(e) Expe	ense account, allowances -0
1 Lis anley F 19 Bosto 2abeth (19 Bosto 40 2 Co "No	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mysensation of five highest-paid employe	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on average week (c) Comp	on (see in (d) (emplo and defe	estructions). Contributions to yee benefit plans red compensation -00- (d) Contributions to employee benefit	(e) Experience other	one, enter
I Lis	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	to managers and the (b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to see benefit plans red compensation -00- Gee instructions (d) Contributions to	(e) Experience other	-0000000000-
nley F 9 Bosto 2 Bosto 2 Co "No	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
I Lis	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
I Lis	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
1 Lis anley F 19 Bosto 2 Co "No	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
I Lis anley F 19 Bosto 2 Bosto 2 Co "No	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
I Lis anley F 19 Bosto 2 Bosto 2 Co "No	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
I Lis anley F 19 Bosto 2 Bosto 2 Co "No	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter
Lis nley F 9 Bosto abeth (9 Bosto (a) Na	and Contractors t all officers, directors, trustees, foundatio (a) Name and address Dole, Jr on SE Apt B319, Grand Rapids, MI 49506 G. Dole on SE Apt B319, Grand Rapids, MI 49506 mpensation of five highest-paid employe ONE."	(b) Title, and average hours per week devoted to position President & Treasurer Vice President & Secretary (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (b) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position (c) Title, and a hours per week devoted to position to p	(c) Compensation (if not paid, enter -0-) se included on	on (see in (d) (emplo and defe	estructions). Introductions to yee benefit plans red compensation -00- (d) Contributions to employee benefit plans and deferred	(e) Experience other	one, enter

Par		rmation About Officers, Directors, Trustees, Foundat Contractors (continued)	ion Managers, Highly Paid En	nployees,
3		t-paid independent contractors for professional services (see	instructions). If none, enter "NON	E."
		Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
-				
				<u> </u>
				1
				<u> </u>
		,		
Cota	I number of ot	hers receiving over \$50,000 for professional services		<u> </u>
Ota	riumber of ou	Tela receiving over 400,000 for professional services		<u> </u>
Par	t IX-A Su	mmary of Direct Charitable Activities		
				1
		four largest direct chantable activities during the tax year. Include relevant states beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	None			
		•••••••••••••••••••••••••••••••••••••••		
2				
3				
	~			
4				
•				
Par	t IX-B Su	mmary of Program-Related Investments (see instruction	ions)	<u> </u>
		est program-related investments made by the foundation during the tax year on		Amount
1	None			
•	14016			
•		WW. Th.		
2				•
	-Ab	and a section of Construction		
	otner program-rela	ated investments. See instructions.		
3				
i ota	. Add lines 1 t	hrough 3	<u> </u>	<u> </u>

Form **990-PF** (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	ions,
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	806,483.08
b	Average of monthly cash balances	1b	23,601.00
C	Fair market value of all other assets (see instructions)	1c	830,084 08
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	830,084.08
4	Cash deemed held for charitable activities. Enter $11/2\%$ of line 3 (for greater amount, see		
	instructions)	4	12,451.26
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	817,632 82
6	Minimum investment return. Enter 5% of line 5	6	40,881 64
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	oundations	i
1	Minimum investment return from Part X, line 6	1	40,881 64
2a	Tax on investment income for 2016 from Part VI, line 5	,	
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	991.16
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	39,890.48
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	39,890 48
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	39,890 48
Part	XII Qualifying Distributions (see instructions)		
		T	
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	98,560 10
þ	Program-related investments—total from Part IX-B	1b	
2	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	98,560 10
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	98,560.10
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether th	e foundation
			000 DE

1	Distributable amount for 2016 fr		(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016
	line 7			1.54.4.		39,890.48
2	Undistributed income, if any, as of the	end of 2016:		,		
а	Enter amount for 2015 only	[-0-	•
ь	Total for prior years: 20 ,20	,20		-0-		
3	Excess distributions carryover, if a	ny, to 2016:			-	
а	From 2011	50,278.66				
b	From 2012	51.722 54		•		
С	From 2013	45,409.92				••
d	From 2014	47,644.41				
е	From 2015	51,973.52		:		*. <i>i</i>
f	Total of lines 3a through e		247,029 05		•	
4	Qualifying distributions for 2016 for	rom Part XII, 🏻			•	
	line 4: ▶ \$ 98,560.10	ŀ				
а	Applied to 2015, but not more than				-0-	
b	Applied to undistributed income of					
	(Election required—see instruction			-0-		
C	Treated as distributions out of corp	,				
	required—see instructions)	[-0-	 -		
đ	Applied to 2016 distributable amount) -				39,890 48
e	Remaining amount distributed out	of corpus	58.669.62			
5	Excess distributions carryover app		247,029.05			247,029 05
	(If an amount appears in column (amount must be shown in column					
6	Enter the net total of each indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Su	ubtract line 5	305.698 67			•
Ь	Prior years' undistributed incom					•
	line 4b from line 2b		' , -	-0-	· -	•
C	Enter the amount of prior years' u	ındistributed				
	income for which a notice of de					
	been issued, or on which the sec					
	tax has been previously assessed	↓		-0-		,
d	Subtract line 6c from line 6	ib. Taxable				
	amount-see instructions	[-0-		•
е	Undistributed income for 2015. S					
	4a from line 2a. Taxable a	mount-see				
	instructions	[-0-	
f	Undistributed income for 2016. S					
	4d and 5 from line 1. This amou			1		
	distributed in 2017	}-		·		-0-
7	Amounts treated as distributions of			`		
	to satisfy requirements imposed			٠ . ا		
	170(b)(1)(F) or 4942(g)(3) (Election			j		
_	required—see instructions)		-0-		•	
8	Excess distributions carryover fro					
_	applied on line 5 or line 7 (see instr	_	50,278 66			
9	Excess distributions carryover Subtract lines 7 and 8 from line 6a		055 400 51			
4.0		• • • •	255,420.01			
10	Analysis of line 9:					
a	Excess from 2012	51.722 54				
Ь	Excess from 2013	45,409 92				
C	Excess from 2014	47,644 41		_		
d	Excess from 2015	51,973.52	i	-	•	
е	Excess from 2016	58,669 62	i i	i		

Form 99	90-PF (2016)		<u> </u>			Page 10
Part	XIV Private Operating Founda	ations (see instr	uctions and Part	VII-A, question 9) 4	
1a	If the foundation has received a rulin	g or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	or 2016, enter the d	late of the ruling .			
b	Check box to indicate whether the four	indation is a private	e operating founda	ation described in se	ction 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		1
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for each year listed					1
b	85% of line 2a					+
	Qualifying distributions from Part XII,	<u> </u>	 	+		
С	line 4 for each year listed					
	•		 			
a	Amounts included in line 2c not used directly		1			
	for active conduct of exempt activities	 				ļ
е	Qualifying distributions made directly					1
	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		
	(1) Value of all assets		1			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		1			
ь	"Endowment" alternative test-enter 2/3		+			
	of minimum investment return shown in		i			
_	Part X, line 6 for each year listed		 			
С	"Support" alternative test—enter:		1			
	(1) Total support other than gross		1			
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)	<u></u>				
	(2) Support from general public	•	1	ļ		
	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					
Part	•	on (Complete ti	his part only if t	he foundation h	ad \$5.000 or m	ore in assets at
	any time during the year-				• •	
1	Information Regarding Foundation					
•	List any managers of the foundation	•	uted more than 29	% of the total contr	ibutions received	l by the foundation
-	before the close of any tax year (but of					by the loundation
Chamla	· · ·	,o,a.o		nan 40,000). (000 o	301.011 007 (4)(2).)	
	y F Dole, Jr List any managers of the foundation	who own 1004 o	r more of the etc	ok of a comparation	/or on oqually le	araa nastan of the
b	ownership of a partnership or other e					arge portion of the
	ownership of a partnership of other e	nuty) of winch the	iounuauon nas a	10% of greater inte	# e 5t.	
						
2	Information Regarding Contribution		•			
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the		gifts, grants, etc.	(see instructions) to	o individuals or o	rganizations under
	other conditions, complete items 2a,				···· ··	
а	The name, address, and telephone no	umber or e-mail ad	ddress of the pers	on to whom applica	ations should be a	addressed:
b	The form in which applications should	d be submitted an	d information and	materials they show	uld include:	
				•		
	Any submission deadlines:	.	···. ·····		 	
•						
d	Any restrictions or limitations on av	vards, such as b	v geographical a	reas, charitable fie	lds. kinds of ins	titutions, or other
_	factors:	,	, , , , , , , , ,	_,	,	, 5. 54101

Part XV . Supplementary Information (continued)								
3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION					
a Paid during the year								
Schedule attached	None			1				
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Total	· · · · · · ·	· · · ·	⊳ 3 a					
b Approved for future payment		,						
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	rt XVI		 	minana inaama	Truckeded by one) E10 E10 E1	<u> </u>
	·	s amounts unless otherwise indicated.	(a) Business code	siness income (b) Amount	(c) Exclusion code	on 512, 513, or 51 (d) Amount	(e) Related or exempt function income (See instructions.)
1	-	ram service revenue:					
		lone			ļ		ļ
	b				 		
					1		
	d _					. 	
	e , -				<u> </u>		
	T _				1		
	_	ees and contracts from government agencies			ļ		
2		bership dues and assessments			ļ		
3		est on savings and temporary cash investments			ļ		
4		ends and interest from securities		-			
5		ental income or (loss) from real estate:					<u> </u>
		ebt-financed property					
		ot debt-financed property					
6		ental income or (loss) from personal property		* 1 1.			<u> </u>
7	Othe	r investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9	Net in	ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory					
11	Other	r revenue: a					
	b		1				
	c _						
	d _						
	е _						
12	Subto	otal. Add columns (b), (d), and (e)					
						13	
See	works	sheet in line 13 instructions to verify calculation	ıs.)				
Pa	rt XVI	-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Lin	e No.	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo	orted in column	(e) of Part XVI-	A contributed	importantly to the
	▼	accomplishment of the foundation's exempt pur	poses (other that	n by providing fur	ds for such purpo	oses). (See instri	uctions.)
			•				- · · · · · · · · · · · · · · · · · · ·
							
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			<u> </u>				
							

Form 99												ge 13
Part	XVII		n Regarding Tran ganizations	sfers To and Tran	sactions	s and R	elationsh	ips With I	Nonchai	ritable	e	
1	ın se	the organization o	directly or indirectly	engage in any of the section 501(c)(3) orga							Yes	No
а	_		porting foundation to	a noncharitable exe	mpt organ	nization o	of:					
	(1) (Cash								1a(1)		~
		Other assets .								1a(2)		~
b		er transactions:										
			a noncharitable exe	-						1b(1)		~
				able exempt organiza er assets						1b(2) 1b(3)		~
										1b(4)	•	i
			-							1b(5)		~
		_		nip or fundraising soli						1b(6)		~
C	Shar	ring of facilities, e	quipment, mailing lis	sts, other assets, or p	oaid emplo	oyees .				1c		
d	valu	e of the goods, o e in any transactio	ther assets, or servi on or sharing arrang	s," complete the folloces given by the rependent, show in colur	orting four	ndation. value of	If the found the goods,	dation rece other asse	ived less ets, or se	than rvices	fair m recei	arket ved.
(a) Line	on e	(b) Amount involved	(c) Name of noncl	nantable exempt organizati	on	(d) Descrip	otion of transfe	ers, transaction	ns, and sha	ring arra	angem	ents
	\rightarrow											
	\rightarrow											
	-											
												
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		_					~					
2a b	desc	cribed in section 5		filiated with, or relate ther than section 50°] Yes		No
		(a) Name of organi	ization	(b) Type of org	anization			(c) Descriptio	n of relation	ship		
												
												
							·		·			
	Und	ler penalties of perjury, I	declare that I have examine	d this return, including accor	npanying sch	edules and :	statements, and	to the best of	my knowled	ge and t	pelief, rt	ıs true,
Sign	corr	ect, and complete Deck	aration of preparer (other the	an taxpayer) is based on all in	formation of	which prepa	rer has any kno	wledge	May the IF			
Here		Straly & Osle >		3-1-17	IRES	DENT			with the p	reparer :	shown	below
	_	nature of officer or trus	stee	Date	Title				(see instruc	.uons)/[7 es	
Paid		Print/Type preparer	's name	Preparer's signature			Date	Chec	k 🗍 if P	TIN		
Prep	arer			<u> </u>				self-e	mployed			
Use (Firm's name		<u>-</u>			-	Firm's EIN	<u> </u>			
		Firm's address ▶						Phone no		000	DE	

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

38-3519399

Department of the Treasury Internal Revenue Service

Dole Family Foundation

▶ 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. Name of the organization

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	on is covered by the General Rule or a Special Rule.				
Note: Only a section 501 instructions.	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
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					
regulations undo 13, 16a, or 16b,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % 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.				
contributor, duri	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.				
contributor, dun contributions to during the year General Rule a	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, 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

Dole Family Foundation

Employer identification number 38-3519399

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	Stanley F Dole, Jr 1919 Boston SE Apt B319 Grand Rapids, MI 49506	\$ 70,000 00	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person 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			

DOLE FAMILY FOUNDATION 38-3519399 2016 CONTRIBUTIONS LIST FOR PART XV

	PURPOSE	AMOUNT
American Farmland Trust 1150 Connecticut Ave. NW, Washington D.C. 20036	Environmental Preservation	700
Environmental Defense Fund 1875 Connecticut Ave. NW, Washington, D.C. 20009	Environmental Preservation	2,100
Grand Traverse Conservation District 1450 Cass Rd., Traverse City, MI 49685	Environmental Preservation	5,000
Grand Traverse Regional Land Conservancy 3860 N Long Lake Road, Traverse City, MI 49684	Environmental Preservation	19,500
Grandville Ave. Arts & Humanities 644 Grandville Ave. SW, Grand Rapids, MI 49503	Support Education of "at risk" students	3,000
Grass River Natural Area P. O Box 231, Bellaire, MI 49615	Environmental Preservation	10,000
International Planned Parenthood Federation 125 Maiden Lane, New York, NY 10038-4730	Family Planning	2,200
Land Conservancy of West Michigan 400 Ann Street NW, Grand Rapids, MI 49504	Environmental Preservation	1,500
Northwest Michigan Community Action Agency 3963 Three Mile Road, Traverse City, MI 49506	Human Services	500
Planned Parenthood of Michigan 425 Cherry SE, Grand Rapids, MI 49503-4691	Family Planning and Women's Health	25,000
Population Media Center 30 Kimball Ave., Shelburne, VT 05403	Family Planning	1,750
Pride Foundation 1122 East Pike Street, Seattle, WA 98122	Justice	1,000
Open and Affirming Coalition 700 Prospect ST, Cleveland, OH 44115	Justice	2,100
-Tip of the Mitt Watershed Council 426 Bay Street, Petoskey, MI 49770-2428	Environmental Preservation	4,000
Wilderness Society 1615 M St. NW, Washington D C. 20036	Environmental Preservation	2 600
World Wildlife Fund 1250 24th St. NW, Washington D C 20037-1193	Environmental Preservation	12,000
		92, 950

INVESTMENTS IN COPORATE STOCK DOLE FAMILY FOUNDATION 38-3519399

December 31, 2016

		BOOK VALUE	MARKET VALUE
1800	Amerisource Bergin	23,264.96	140,742.00
1300	BHP Billiton ADR	94,323.12	46,514.00
700	Chevron	57,939.33	82,390.00
1000	Cliffs Natural Resources	36,354.95	8,410.00
1000	CVS Caremark	19,879.00	78,910.00
700	Dominion Resources	54,647.88	53,613.00
1000	Dow Chemical	51,975.85	57,220.00
1000	Emerson Electric	59,855.85	55,750.00
548	Freeport McMoran Copper and Gold	23,071.06	7,228.12
1500	General Motors	51,228.85	52,260.00
300	International Business Machines	54,800.35	49,797.00
1400	Marathon Petroleum	9,017.97	70,490.00
1403	Mercantile Bank	12,036.32	52,893.10
600	Nextera Energy	19,465.00	71,676.00
1000	Seagate Technology	33,463.45	38,170.00
	TOTAL	601,323.94	866,063.22

Answers to questions:

Part I, Line 18 Federal Excise Tax for 2015 - \$1,911.88

Part I, Line 23 Michigan State Annual Fee

