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## Form **990-PF**

Department of the Tre

**Return of Private Foundation** 

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

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

2016

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning SEP 16. 2016 DEC 31, 2016 , and ending Name of foundation A Employer identification number A.A. VAN ELSLANDER FOUNDATION 81-3973354 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 34977 WOODWARD AVE 530 (248) 590-2700 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 48009 BIRMINGHAM, MI X Initial return G Check all that apply: Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) ▶\$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total, Add lines 1 through 11 0. 0. 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees CTV
c Other professional fees 17 Interest 18 Taxes NOV 17 2017 19 Depreciation and depletion 20 Occupancy Charles and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative Ο. 0 expenses. Add lines 13 through 23 0. 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 0. 0 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 0. 8 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

2	Total of line 1, column (d)  Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years	2		
	the foundation has been in existence if less than 5 years	3		
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4		
5	Multiply line 4 by line 3	5		
•	manpy into the mode	<u> </u>	<del></del>	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	_	
7	Add lines 5 and 6	_7_		

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.

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8 Enter qualifying distributions from Part XII, line 4

	1990-PF (2016) A.A. VAN ELSLANDER FOUNDATION		<u> 3973</u>			age 4			
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u> 948 -</u>	see in	struc	tions	<u>}</u>			
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 here and enter 1%	1				0.			
	of Part I, line 27b		,						
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).								
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del>                                     </del>			0.			
6	Credits/Payments:	ا ا				Ť			
	2016 estimated tax payments and 2015 overpayment credited to 2016	1							
	Exempt foreign organizations - tax withheld at source 6b	┥							
			Ì						
	Tax paid with application for extension of time to file (Form 8868)  Continuous to the state of the continuous terms of the co	┥				İ			
	Backup withholding erroneously withheld  6d	+	├						
	Total credits and payments. Add lines 6a through 6d	7_	<del></del>			0.			
-	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_	<b>├</b>						
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9_	Ь——			0.			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del> </del>						
11_	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11							
Pa	rt VII-A   Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	ie in			Yes	No			
	any political campaign?			1a		<u>X</u>			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?		1b		<u> </u>			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or							
	distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?			1c		X			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:								
	(1) On the foundation. $\triangleright$ \$ 0 . (2) On foundation managers. $\triangleright$ \$	•		1 1					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				1			
	managers. ► \$ 0.								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X			
	If "Yes," attach a detailed description of the activities					Ì			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or							
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X			
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X			
	If "Yes," attach the statement required by General Instruction T.					İ			
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	te law							
	remain in the governing instrument?			6	X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part >	v		7		X			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  MI								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)								
_	of each state as required by General Instruction G? If "No," attach explanation	N	I/A	8b					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call		*						
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X			
	The state of the s		Fo	rm <b>99</b> 0	)-PF				

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Part VII-B   Statements Regarding Activities for Which		equired (continu	ied)	
•5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ctly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	98?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or fo	or		1 1 1
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see insti		-	N/A 5	b
Organizations relying on a current notice regarding disaster assistance check			▶□ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ned	_	1 1 1
expenditure responsibility for the grant?		I/A □ Y€	s No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, t				
a personal benefit contract?	- F-37 B. C		s X No	
<ul><li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a</li></ul>	nersonal henefit contract?		6	b X
	personal benefit contract:		<u> </u>	<del>*                                     </del>
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		es X No	
			N/A 7	<u>,                                    </u>
Part VIII Information About Officers, Directors, Trus		nagers Highly	247 22 /	<u> </u>
Paid Employees, and Contractors	iccs, i ouridation mai	lagoro, riigiliy		
1 List all officers, directors, trustees, foundation managers and their	r compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other
ARCHIE A. VAN ELSLANDER		EASURER &	DIRECTOR	
34977 WOODWARD AVE #530				
BIRMINGHAM, MI 48009	1.00	0.	0.	0.
GARY A. VAN ELSLANDER	VICE PRESIDEN			
34977 WOODWARD AVE #530				
BIRMINGHAM, MI 48009	1.00	0.	0.1	0.
DIANE E. WELLS	SECRETARY	1		
34977 WOODWARD AVE #530			1	
BIRMINGHAM, MI 48009	1.00	0.	0.	0.
BIRMINGHAM, MI 40005	1.00	-		
<u></u>	=			
	_			
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	dovotou to position			
NONE				
		1		
	$\dashv$	1		
			-	
	-			ı
	+			
	-			
			<del>                                     </del>	
Total number of other employees paid over \$50,000		L		0
Total number of other employees paid over \$50,000		_	Form	990-PF (2016)
			. +	\—-·-/

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Part VIII Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<del></del>	
	<del></del>	
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	ormation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, et	C	Expenses
1N/A		
2		
3	<del></del>	
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1.	and 2	Amount
1 N/A	, , , , , , , , , , , , , , , , , , ,	7 1110 2111
·		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u></u>	0.
		Form <b>990-PF</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	_1c	
đ	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
<u>LP</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here	d certain	
1	Minimum investment return from Part X, line 6	1	0.
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.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	0.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for the section	

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				0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:	1	<u>,</u>		
Excess distributions carryover, if any, to 2016:		0.		
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from			··	
Part XII, line 4: ► \$0 .				
a Applied to 2015, but not more than line 2a	ļ		0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	ļ	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount		·		0.
e Remaining amount distributed out of corpus	0.		-	
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	İ	
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		0.		
d Subtract line 6c from line 6b. Taxable		<u></u>		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must	,		ĺ	_
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	<u>,</u>			
may be required - see instructions)	0.			ļ
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	^			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2012			1	
b Excess from 2013				
c Excess from 2014				ļ
d Excess from 2015				
e Excess from 2016			L	

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rm 990-PF (2016) A.A. VAI	N ELSLANDER	FOUNDATION			73354 Page 10
Part XIV   Private Operating Fo			A, question 9)	<u> </u>	
a If the foundation has received a ruling or			İ		
foundation, and the ruling is effective for	·		▶		
<b>b</b> Check box to indicate whether the found		g foundation described in		4942(j)(3) or 4	942(j)(5)
a Enter the lesser of the adjusted net	Tax year	" " " " " " " " " " " " " " " " " " " "	Prior 3 years	1 1 00 40	
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					
<b>b</b> 85% of line 2a	<del>-</del>			<del> </del>	
c Qualifying distributions from Part XII, line 4 for each year listed		ļ			
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 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					
Part XV Supplementary Info			the foundation	had \$5,000 or mo	re in assets
at any time during the	ne year-see instr	uctions.)	N/A		<del></del> _
Information Regarding Foundation	n Managers:				
List any managers of the foundation who year (but only if they have contributed means).			butions received by the	foundation before the clo	se of any tax
<b>b</b> List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	partnership or
Information Regarding Contribution Check here X if the foundation of the foundation makes gifts, grants, etc. (	nly makes contributions	to preselected charitable o	rganizations and does r	not accept unsolicited req	uests for funds. If d d.
a The name, address, and telephone numb				<del></del>	
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:	·	
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exciu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion code	Amount	function income
a					
b				_	
•	1 1				1
	i i	<del>,</del>		***	
·					
e	- <del>                                    </del>				
g Fees and contracts from government agencies					
Membership dues and assessments			ļ		
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property			ĺ		
Other investment income			<del>                                     </del>		
Gain or (loss) from sales of assets other			<del> </del>		
than inventory			<del> </del>		
Net income or (loss) from special events	<del>                                     </del>		<del> </del>		
Gross profit or (loss) from sales of inventory			<del>                                     </del>		
Other revenue:					
a	_		<del> </del>		
b	_	·		_,	
C					
d					
е	_				
·		0.		0.	
				13	<del></del>
Subtotal. Add columns (b), (d), and (e)					
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	3.)				
Subtotal. Add columns (b), (d), and (e) <b>Total.</b> Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations		nlishment of Ev	omnt		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations		plishment of Exc	empt		
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie	s to the Accom			Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
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Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  ine No.  Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A		Purposes	
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Part XVII  Information Regarding Transfers To and Transactions and Relationships With Noncharitable   Exempt Organizations	Form 990-PF (2	016) <b>A.A.</b>	VAN ELSLAN	DER FO	OUNDATION			81-397	3354	Page 13
Due to expension directly or indirectly engage in any of the following with any other organization discs bed in section SDI(c) of operation of the Code (other then section SDI (c)(c) organizations) or in section SSI, relating to political criginalizations?  a Translate from the reporting foundation to a incidentable exempt organization of:  (1) Cash (2) Other seases  5 Other transactions;  (3) Stead of collective, exemption or other assets (4) Periodicises, exemption or other assets (4) Remburscement arrangements (4) Remburscement arrangements (5) Loans or ton a quarantees (6) Performance of services on membership or fundarising adiocitations (6) Performance of services on membership or fundarising adiocitations (6) Performance of services on membership or fundarising adiocitations (6) Performance of services on membership or fundarising adiocitations (6) Performance of services on the above is "res," complete the following schieblidus (6) Performance of services on the services of the poorts, other assets, or services received. (7) In the service of the poorts, other assets, or services received. (8) In the service of the poorts, other assets, or services received. (9) Amount involved (1) Tens of noncharitable seampt organization (1) the value of the poorts, other assets, or services received. (1) Levis (1) Amount involved (1) Tens of noncharitable seampt organization (1) Tens of the poorts, other assets, or services received. (1) Levis (1) Amount involved (1) Tens of noncharitable seampt organization (1) Tens of the poorts, other assets, or services received. (1) Levis (1) Amount involved (1) Tens of noncharitable seampt organization (1) Tens of the poorts, other assets, or services received. (1) Levis (1) Amount involved (1) Tens of noncharitable seampt organization (1) Tens of the poorts, other assets, or services received. (2) Levis (1) Amount involved (1) Tens of noncharitable seampt organization (1) Tens of the poorts, other assets, or services received. (3) Levis precisions of person, of corpose of lev	Part XVII			ers To a	nd Transactions	s and	d Relationships	With Nonchar	itable	
the Code (other than section 501(c)(3) organizations) or in section 527, elething to political organizations?  1 Tansfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other dissets  3 Differ dissets  4 15(1) X (5) Under assets on a noncharitable exempt organization (3) Rental of Eachtes, equipment, or other assets (4) Rental organizations (5) Loans or loan quarantees (6) Performance of services or membership or fundrating solicitations (6) Performance of services or membership or fundrating solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or organizations (16) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (9) If the assets of any of the above of "No", complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or acrosces given by the reporting foundation. If the foundation received less than four market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or acrosces given by the reporting foundation. If the foundation scored less than four market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or acrosces speech by the reporting foundation. If the foundation scored less than four market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or acrosces speech by the reporting foundation. If the foundation scored less than four market value in any transaction or sharing arrangement, show in column (7) An any transaction of section 501(c)(3) in in section 527  9 If Yes, complete the following schedules.  (a) Name of longitudes and particulation of section 501(c)(3) in in section 527  9 If Yes, complete the following schedules.  (a) Name of longitudes and particulation of interval organization of interval organization of interval organization.  (b) T	1 Did the or			the followin	g with any other organi	zation (	described in section 50	1(c) of	$\top$	Yes No
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?     Yes								<del>_</del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?     Yes										
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?     Yes		<del></del>								
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?     Yes	2a Is the four	ndation directly or indirec	tly affiliated with, or re	lated to, one	or more tax-exempt or	ganızal	tions described			
(c) Description of relationship  N/A  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 return with the preparer shown below (see inst )?  Signature of officer or trustee  Print/Type preparer's name  JEFFREY M. BROGLEY,  Print/Type preparer's name  JEFFREY M. BROGLE 10/31/17  Preparer  Use Only  Firm's name ▶ REHMANN ROBSON LLC  Firm's address ▶ 39300 ₩ TWELVE MILE RD, STE 100		•	•	· ·	•	-		]	Yes	X No
(a) Name of organization  N/A  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 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 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 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 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 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 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 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 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 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 and belief, it is true, correct, and complete Declaration of preparer parents and to the best of my knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge and				,,						
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Sign Here    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   Marketin Reduction in the preparer shown below (see instr.)?   X yes										
Here Signature of officer or trustee  Print/Type preparer's name JEFFREY M. BROGLEY, Preparer  Preparer  Preparer  Preparer  Preparer  Preparer  Preparer  Prim's name  REHMANN ROBSON LLC  Firm's address ▶ 39300 W TWELVE MILE RD, STE 100									ay the IRS (	iecuss this
Signature of officer or trustee    Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed	Sign and be	elief, it is true, correct, and con	nplete Declaration of prepa	erer (other than	taxpayer) is based on all inf	formatio	n of which preparer has any	knowleage re	eturn with the	e preparer
Signature of officer or trustee  Print/Type preparer's name  JEFFREY M. BROGLEY,  Paid  Preparer  CPA  Firm's name  PREHMANN ROBSON LLC  Firm's address ▶ 39300 W TWELVE MILE RD, STE 100	Here	(delie 1	1.0da84	lud	u X 11-7-1	7	PRESIDEN	T I		
Print/Type preparer's name  JEFFREY M. BROGLEY,  CPA  Preparer  Use Only  Print/Type preparer's name  JEFFREY M. BROGLE 10/31/17  Preparer  JEFFREY M. BROGLE 10/31/17  Preparer's signature  Date  Check if self- employed  Pront/Type preparer's name  Preparer's signature  10/31/17  PO0170337  Firm's name ► REHMANN ROBSON LLC  Firm's address ► 39300 W TWELVE MILE RD, STE 100	Sign	nature of officer or trustee	;		Date			<u> </u>		
Paid CPA JEFFREY M. BROGLEY, CPA JEFFREY M. BROGLE 10/31/17 P00170337  Preparer Use Only Firm's address ▶ 39300 W TWELVE MILE RD, STE 100		Print/Type preparer's na	ame	Preparer's s	ignature	] [	Date Che	k T If PTIN		
Paid Preparer Use Only         CPA Firm's name         JEFFREY M. BROGLE 10/31/17         P00170337           Firm's address         ▶ REHMANN ROBSON LLC         Firm's EIN ▶ 38-3635706				·	•		self-	employed		
Preparer Use Only Firm's name ► REHMANN ROBSON LLC Firm's EIN ► 38-3635706  Firm's address ► 39300 W TWELVE MILE RD, STE 100	Paid		· 1	JEFFRE	Y M. BROGI	e b	ľ		0170	337
Use Only  Firm's address ► 39300 W TWELVE MILE RD, STE 100	Preparer					<u></u>				
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