

**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.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For	calend	lar year 2017 or tax year beginning	, 201	7, and ending	<u> </u>		, 20
— Na	ame of f	oundation			A Employer	identification number	
		J & ARDITH KOSTER FOUNDATION			38-3067	600	
		nd street (or PO box number if mail is not delivered to street address)		Room/suite		number (see instructions	)
		IVANREST AVE SW			(616)87	•	i li
		vn, state or province, country, and ZIP or foreign postal code				on application is pending	check here
		CENTER, MI 49315			C il exempt	on application is pending	, crieck riere Qi
			of a former public ch	harity	D 1 Foreig	n organizations, check he	ere · · · · ▶□ Ì
•	JIICUN E	Final return Amended re	•	y	_	•	
		Address change Name change				n organizations meeting t here and attach computa	
<del>_</del>	ا مماد ا	ype of organization X Section 501(c)(3) exempt priv				·	_
	1	·· - — — —	taxable private found			foundation status was ter 07(b)(1)(A), check here	
لِل			X Cash	Accrual	Section 3	or (b)(1)(A), check here	
		rket value of all assets at  J Accounting method	A Cash	Accidai		idation is in a 60-month to	
		rear (from Part II, col. (c), Other (specify)	h \		under sec	ction 507(b)(1)(B), check	neie · · · · · · ·
	ne 16)		e on cash basis )	<del></del>	<u> </u>		<u> </u>
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(a) Adjusted not	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		come	(c) Adjusted net income	purposes
		the amounts in column (a) (see instructions) )	353			-	(cash basis only)
ろ	1	Contributions, gifts, grants, etc , received (attach schedule)	-				
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B · ·					<del> </del>
J	3	Interest on savings and temporary cash investments		9	9	9	9
7	4	Dividends and interest from securities					
	5a	Gross rents · · · · · · · · · · · · · · · · · · ·					
	b	Net rental income or (loss)					
<b>Q</b>	6a	Net gain or (loss) from sale of assets not on line 10 · · · · ·			TIEL!	101	
Revenue	b	Gross sales price for all assets on line 6a		TIC	FILE	181	
ķ	7	Capital gain net income (from Part IV, line 2) · · · · · · ·		KEG			
8	8	Net short-term capital gain			01 501		
	9	Income modifications		191 NA	21 201	4	
	10a	Gross sales less returns and allowances · ·		1:1	// N	سلالا	
	b	Less Cost of goods sold · · · · · · ·		/m/	JUFT		
	С	Gross profit or (loss) (attach schedule)		1 0			
	11	Other income (attach schedule)		The state of the s			
	12	Total. Add lines 1 through 11		9	9	9	9
	13	Compensation of officers, directors, trustees, etc					
es	14	Other employee salaries and wages					
f8 penses	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					
	h	Accounting fees (attach schedule) STM108	Δ	150			
ை ഉ	17 18 19 20 21	Other professional fees (attach schedule) · · · · STM109		20		<u> </u>	
rati	17	Interest					
JUL	18	Taxes (attach schedule) (see instructions)		<del>                                     </del>			
≓ <u>ت</u>	10	Depreciation (attach schedule) and depletion		<del>                                     </del>			
Ω ∰	20	Occupancy · · · · · · · · · · · · · · · · · · ·			<u> </u>		
M Y	24	Travel, conferences, and meetings		-	_		-
<b>与</b>	21		<del></del>				
		Printing and publications		00			_
SCANNED perating and Adr	23	Other expenses (attach schedule) · · · STM103 · · · · ·	ļ <u>1</u>	.09		<del> </del>	<del> </del>
ra	24	Total operating and administrative expenses.	-		^		
) pe		Add lines 13 through 23		579	0		0
0	25	Contributions, gifts, grants paid	<u> </u>	0			0
_	26	Total expenses and disbursements. Add lines 24 and 25		579	0		0
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	(5	570)			<del> </del> -
	b	Net investment income (if negative, enter -0-)		_	9		
	С	Adjusted net income (if negative, enter -0-)					9

Page 2

Pa	ırt II	Balance Sheets Attached schedules and amounts in the description column	beginning of year	Elia ol	<u></u>
	1	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 · · · · · · · · · · · · · · · · · · ·	147,530	101,732	101,732
	2	Savings and temporary cash investments			
	3	Accounts receivable	İ		
		Less allowance for doubtful accounts			
	4	Pledges receivable >		·	•
	1	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			
ΑS		·		-	
	ı	Investments - U S and state government obligations (attach schedule)		<del>"</del>	
	ı	Investments - corporate stock (attach schedule)		<del></del>	<del></del>
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		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)	147,530	101,732	101,732
	17	Accounts payable and accrued expenses			•
	18	Grants payable		<del></del>	
Liabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ω	26	Permanently restricted			
g		Foundations that do not follow SFAS 117, check here · · ▶ X			
Ŀ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	20	, , , , , , , , , , , , , , , , , , ,	147 500	101 700	
As	29	Retained earnings, accumulated income, endowment, or other funds	147,530	101,732	
Net Assets or Fund	30	Total net assets or fund balances (see instructions)	147,530	101,732	
Z	31	Total liabilities and net assets/fund balances (see			
	 	Instructions)	147,530	101,732	
_	art II		<del></del>	1 1	
		net assets or fund balances at beginning of year - Part II, column (a), line 3 of-year figure reported on prior year's return)			4.8 500
		amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·			147,530
					(570)
		ines 1, 2, and 3			146,960
		eases not included in line 2 (itemize)		5	
	Iotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30 · · · ·	6	146,960

	TEL J & ARDITH KOSTER FO			38-	3067600 Page
(a) List and describ	e the kind(s) of property sold (for example,	real estate,	(b) How acquired P-Purchase	(c) Date acquire	
<del></del>	house, or common stock, 200 shs MLC Co	o)	D-Donation	(mo , day, yr )	(mo , day, yr )
<u> </u>					
			<del> </del>	<del></del>	
<u>e</u>	<del></del>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expen			) Gain or (loss) plus (f) minus (g))
_a				<del></del>	
<u>b</u>					<del></del>
<u>c</u>		<del></del>		<del></del>	<del></del>
<u>d</u>	<del></del>	<del></del>			<del> </del>
Complete only for coasts show	ung goin in column (h) and owned by t	he foundation on 1	2/21/60		<del></del>
Complete only for assets show	ring gain in column (h) and owned by t				s (Col. (h) gain minus
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j			ut not less than -0-) <b>or</b> es (from col_(h)) 
<u>a</u>					
<u>b</u>					
<u>c</u>					
		<del></del>			<del> </del>
_ <del>_</del>	- If any also	o enter in Part I, line		<del></del>	
, •	lf (loss), er loss) as defined in sections 1222(5) a 8, column (c) See instructions If (los	• •	· · · }	3	
Part V Qualification U	nder Section 4940(e) for Re	duced Tax on	Net Investme	ent Income	
(For optional use by domestic prival if section 4940(d)(2) applies, leave	ate foundations subject to the section 4 this part blank	4940(a) tax on net i	nvestment income	e )	
Was the foundation liable for the se	ection 4942 tax on the distributable arr	nount of any year in	the base period?		Yes X No
If "Yes," the foundation doesn't qua	lify under section 4940(e) Do not con	plete this part			
1 Enter the appropriate amount	n each column for each year, see the	instructions before	making any entrie	es	
(a)  Base period years  Calendar year (or tax year beginnin	(b) Adjusted qualifying distributions	Net value of r	(c) noncharitable-use as	ssets (co	(d) Distribution ratio (b) divided by col (c))
2016	3,				, , , , , , , , , , , , , , , , , , , ,
2015					
2014					
2013					
2012					
2 Total of line 1, column (d) · ·				2	0.0
	ne 5-year base period - divide the total			} }	
the number of years the found	ation has been in existence if less thai	n 5 years · · · ·		3	0.0
4 Enter the net value of nonchar	itable-use assets for 2017 from Part X	., line 5 - · · ·		4	
5 Multiply line 4 by line 3 · · ·	5	0			
	come (1% of Part I, line 27b)				
7 Add lines 5 and 6 · · · · · ·				7	0
8 Enter qualifying distributions fr	om Part XII, line 4 · · · · · · · · · · · · · · · · · ·	e 1h and complete		L	the

Part VI instructions

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	ructio	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			0
	here ▶ ☐ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			
С	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-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 · · 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			
7	ax paid with application for extension of time to file (Form 8868)			
8	x paid with application for extension of time to file (Form 8868)			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed · · · · · · · · · · ▶ 9			
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
		1a		_X
р		}		1
		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	}		ŀ
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			İ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1		
_	on foundation managers \$			37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2	If "Yes," attach a detailed description of the activities	{		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	,		v
40	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		X
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
3	If "Yes," attach the statement required by General Instruction T	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or	Ì		ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		ĺ
	conflict with the state law remain in the governing instrument?	6	Х	ĺ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV-	7	X	<u> </u>
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	<del>                                     </del>		<b> </b>
-	Enter the states to which the foundation reports of with which it is registered to be more detailed.	1	ľ	ĺ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			İ
~	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b		1
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 2017 or the tax year beginning in 2017? 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			<u> </u>
	names and addresses	10		Х
EEA		orm 99	0-PF (	

	DANIEL D & ARDITH ROSTER FOUNDATION 38-30070	00		uge <b>e</b>
	rt 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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		<u>X</u>
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		13		
	Website address ► N/A			
14	The books are in care of GREG KOSTER Telephone no • 616-8	78-5	554	
	Located at ► 7035 IVANREST, BYRON CENTER, MI ZIP+4 ► 49315			
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 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			<u> </u>
Pa	rt 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			:
	disqualified person? · · · · · · · · · · · · · · · · · · ·			
	(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)?			
	(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 )	ļ		ļ
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		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2017?	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 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
L	If "Yes," list the years  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
b		Ì		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		
_	all years listed, answer "No" and attach statement - see instructions)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	120		<del> </del> -
С				
20	<del></del>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
_	at any time during the year?			
b	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 2017)	3b		
4-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? • • • • • •	4a	<del>                                     </del>	<del>                                     </del>
4a h	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-74		<u> </u>
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		
	chantable purpose that had not been removed from Jeopardy before the first day of the tax year beginning in 2017	עדו	I	1

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			- 4045/	-110	Г	¬ voo □ No		163	
		•	-		[	les   No	1		
					Г	7 v.a. [] N.a.		i	
					}				
					٠٠٠ [	Yes No			
		-			г	¬.,  —	ı	}	
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)									
					г				
• • •					L				
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the trans	actions f	fail to qualify ur	der the	exceptions d	escribed	ın	1		
Regulations section 53 4945 or in a current notice rega	arding di	saster assistan	ce? See	Instructions			5b		
Organizations relying on a current notice regarding dis	aster as:	sistance check	here			▶ ∐	1		
c If the answer is "Yes" to question 5a(4), does the found	iation cla	aim exemption	from the	tax	_		1		
because it maintained expenditure responsibility for the	grant?				[	Yes No	ļ		
If "Yes," attach the statement required by Regulations	section 5	3 4945-5(d)							
6a Did the foundation, during the year, receive any funds,	directly	or indirectly, to	pay prer	miums			1		
on a personal benefit contract?					[	Yes No			
b Did the foundation, during the year, pay premiums, dire	ectly or in	ndirectly, on a r	ersonal	benefit contr	act?		6b		
	,								
•	artv to a	prohibited tax	shelter t	ransaction?	1	Yes No	j		
					_		7h		
								VAAS	
	ciois,	iiustees,	Jana	idelon ma	lagoit	s, riigiliy r ala	-mpi	ycco	',
		41		-ti C in	-44				
1 List all officers, directors, trustees, and foundation r							<u> </u>		<del></del>
	hou	rs per week	` (If r	not paid,	empl	oyee benefit plans			
See 990_OFOV	devote	ed to position	en	iter -0-)	and def	erred compensation			
ARDITH STEPHENSON	PRESI	DENT							
2015 8TH_STREET, MI 49315		5.00_		0		0			_0_
GREG KOSTER	EXEC 1	DIRECTOR				·			
7035 IVANREST, BYRON CENTER, MI 49315		10.00		0		0			0_
CHERYL KOSTER	BOARD	MEMBER							
7035 IVANREST, BYRON CENTER, MI 49315		5.00	<u> </u>	0		0			0_
RICK KOSTER	BOARD	MEMBER							
2031 8TH, BYRON CENTER, MI 49315		5.00	Ì	0		0			0
	than th	ose included	on line	1 - see instr	uctions	). If none, enter			
						(d) Contributions to			
(a) Name and address of each employee paid more than \$50,	000	(b) Title, and a	average reek	(c) Compe	sation	employee benefit			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Other	aliowali	ces
NONE			<del></del>						
NONE									
				<del> </del>					
		<u> </u>		<del> </del>					
				<del> </del> -					
				<u> </u>					
		<u></u>		L					
Total number of other employees paid over \$50,000 · · ·			<u></u>	<u></u>		<b>.</b>			0
EEA						··	Form 99	0-PF (	2017)

Form 990-PF (2017)

All other program-related investments. See instructions

Total, Add lines 1 through 3

EEA

3a

3b 4

6

3

4

6

а

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Form	990-PF (2017) DANIEL J & ARDITH KOS	TER FOUNDAT	ON	38-3067600	Page 9
Par	t XIII Undistributed Income (see instruction	tions)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years pnor to 2016	(c) 2016	(d) 2017
	line 7	<u> - ·</u>			0
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only		+		
b	Total for prior years		<del></del>		
3	Excess distributions carryover, if any, to 2017				
a	From 2012				
b	From 2013				
C	From 2014				
a	From 2016				
e	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
*	line 4 ▶ \$				
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)	<del>_</del>	-		
С	Treated as distributions out of corpus (Election				
	required - see instructions)		<u> </u>		
d	Applied to 2017 distributable amount		<del></del>		
_e	Remaining amount distributed out of corpus				-
5	Excess distributions carryover applied to 2017 •		<del></del>		
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) ) Enter the net total of each column as				
6	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				·
-	line 4b from line 2b · · · · · · · · · · ·				
С	Enter the amount of prior years' undistributed		<del></del>		
•	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				
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				
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 2012 not				
_	applied on line 5 or line 7 (see instructions) · · ·		<del>                                     </del>		<del></del>
9	Excess distributions carryover to 2018.		1		
40	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a h	Excess from 2013 · · · · · Excess from 2014 · · · · ·				
b C	Excess from 2015 · · · · ·				
_	Excess from 2016 · · · · ·				
	Excess from 2017				

EEA

Part	XIV Private Operating Four	ndations (see inst	tructions and Part	VII-A, question 9)						
1a	If the foundation has received a ruling or	determination letter that	at it is a private operating	g						
	foundation, and the ruling is effective for	2017, enter the date of	the ruling · · · ·	1	<b>•</b>					
b	Check box to indicate whether the foundation	ation is a private operat	ting foundation describe	d in section	4942(J)(3) or	4942(J)(5)				
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years						
		(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total				
	each year listed									
b	85% of line 2a			<del></del>						
С	Qualifying distributions from Part XII,									
d	Amounts included in line 2c not used directly									
	for active conduct of exempt activities •									
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c									
3	Complete 3a, b, or c for the alternative test relied upon									
а	"Assets" alternative test - enter (1) Value of all assets									
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)			<i>L.</i>						
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in									
С	"Support" alternative test - enter									
	(1) Total support other than gross investment income (interest,									
	securities loans (section									
	(2) Support from general public									
	organizations as provided in section 4942(j)(3)(B)(III)									
	(3) Largest amount of support from an exempt organization									
foundation, and the ruling is effective for 2017, enter the date of the ruling  b Check box to indicate whether the foundation is a private operating foundation described in section  2 Enter the lesser of the adjusted net  2 Enter the lesser of the adjusted net  2 Enter the lesser of the adjusted net  3 Complete 3a, b, or c for the  3 Complete 3a, b, or c for the  3 Complete 3a, b, or c for the  3 alternative test relied upon  3 "Assest" alternative test - enter  (1) Value of all assets  (2) Value of assets qualifying under  section 4942(j)(3) or 4942(j)(5)  4942(j)(5)  5 "Endowment" alternative test - enter  (1) Total support other than gross  investment income,(niterest,  divideds, gents, payments on  securities Tosapieres  (2) Support from general public  and 5 or more exempt  organization or  (3) Largest amount of support from  an exempt organization  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (4) Gross investment income  (5) Complete 3a, b, or c for the  alternative test - enter  (5) Total support other than gross  investment income,(niterest,  divideds, gents, payments on  secund 4942(j)(3) or volument  (5) Support from general public  and 5 or more exempt  organization or complete the form of the form										
2a Enter the lesser of the adjusted in the income from Part 1 or the minimum mostment return from Part 3 or the minimum mostment return from Part 3 or the minimum mostment return from Part 3 or the minimum mostment return from Part 3 or the minimum mostment return from Part 3 or the minimum mostment return from Part 3 or the 2 or 2 or 3 or 5 or 5 or 5 or 5 or 5 or 5 or 5		in assets at								
2a Enter the lesser of the adjusted net momer from Part of the immunium mediathest etium from Part X for several members and the part of the immunium mediathest etium from Part X for several part of the part o										
1	Information Regarding Foundation N	flanagers:								
а	List any managers of the foundation wh before the close of any tax year (but on	o have contributed morely if they have contribute	re than 2% of the total coed more than \$5,000) (	ontributions received b See section 507(d)(2)	y the foundation )					
b					portion of the					
			<del> </del>	<del></del>						
2	<u> </u>									
	unsolicited requests for funds. If the fou	indation makes gifts, gr								
a			of the person to whom a	pplications should be a	addressed	<del></del>				
	990APP			<u>.</u>		· · · · · · · · · · · · · · · · · · ·				
b	b Check box to indicate whether the foundation is a private operating foundation described in section   4942(j)(3) or   4942(j)(5) or   4942(j									
touridation, and the ruling is efficient for 2017, enter the date of the ruling  b. Check bot in underset whether the foundation as private operating foundation desorbed in section  ask post of the section of the displaced net income from Part IX or such year later of the adjusted net income from Part IX or such year later of the adjusted net income from Part IX or such year later of the adjusted net income from Part IX or such year later of the adjusted net income from Part IX or such year later of the adjusted net income from Part IX or such year later of the adjusted net income from Part IX or such year later or such year later or such year later or such year later or such year later or such year later or such year later or such year later or such years later later later or year or such years later later later later or years or later later later later or years or later lat										
d		s, such as by geographi	ical areas, charitable fie	lds, kinds of institutions	s, or other	-				

Form 990-PF (2017) DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600 Page 11 Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment if recipient is an individual. Recipient Foundation Purpose of grant or contribution show any relationship to status of Amount any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year GRANDVILLE BIBLE CHURCH 4122 44TH STREET SW SUPPORT 3,350 NONE GRANDVILLE, MI 49418 CRU MINISTRIES 100 LAKE HART DRIVE 1,000 ORLANDO, FL 32832 NONE SUPPORT WINNING AT HOME 300 S STATE ST STE 13 SUPPORT 5,000 ZEELAND, MI 49464 NONE LAKESHORE PREGNANCY CENTER 339 S RIVER AVE 1,000 HOLLAND, MI 49423 NON SUPPORT PREGNANCY RESOURCE CENTER 415 CHERRY ST SE 1,500 SUPPORT NONE GRAND RAPIDS, MI 49503 UNITED INDIAN MISSION INTL PO BOX 6429 2,000 GLENDALE, AZ 85312 NONE SUPPORT 55,228 Approved for future payment

·····

Total

3b

Form 990-PF (2017)

DANIEL J & ARDITH KOSTER FOUNDATION

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment											
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount							
Name and address (home or business)	or substantial contributor	recipient									
a Paid during the year											
FRONTIER SCHOOL OF BIBLE											
PO BOX 217		i									
LAGRANGE, WY 82221	NONE		SUPPORT	11,000							
GRACE MINISTRIES											
PO BOX 820				7 000							
MOUNDSVILLE, WV 26041	NONE	]	SUPPORT	7,000							
INDEPENDENT BIBLE MISSION											
749 LAMOREAUX DRIVE											
COMSTOCK PARK, MI 49321	NONE		SUPPORT	2,000							
				_,							
PARTNERS IN EVANGELISM											
5518 W DIVERSY AVE		[									
CHICAGO, IL 60639	NONE		SUPPORT	1,028							
SCRIPTURE MEMORY MOUTAIN MISSION											
4180 CAMP NATHANAEL ROAD		ļ									
EMMALENA, KY 41740	NONE	i	SUPPORT	5,000							
SEND INTERNATIONAL											
PO BOX 513		•									
FARMINGTON, MI 48332	NONE	[	SUPPORT	3,000							
				,,,,,							
WOMEN AT RISK INTL											
2790 44TH ST SW											
WYOMING, MI 49509	NONE		SUPPORT	8,000							
CLUBBY DIRECT CURRY											
CALVARY BAPTIST CHURCH											
220 N JEBAVY DRIVE	NO.	}	arinnon	4 250							
LUDINGTON, MI 49431	NONE		SUPPORT	4,350							
Total											
b Approved for future payment		1									
		]									
-											
		1									
		1									
		1									
		1									
		}									
		]		f•.							
Total · · · · · · · · · · · · · · · · · · ·			<b>&gt;</b> 3b	<del>                                     </del>							

Tar gross amounts unless otherwise indicated		h	Evoluted by a		(0)
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
Program service revenue	code				
a	<u> </u>				
b	<del>  </del>		<del>                                     </del>		
c	<del> </del>				
d	<del> </del>		<del> </del>		<del></del>
e					
Tops and contracts from accomment accomme	<del> </del>		<del> </del>		
g Fees and contracts from government agencies · · · 2 Membership dues and assessments · · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>		<del>_</del>	
<ul><li>2 Membership dues and assessments</li><li>3 Interest on savings and temporary cash investments</li></ul>	<del></del>		14		
4 Dividends and interest from securities · · · · · · · ·	<del> </del>		14		
5 Net rental income or (loss) from real estate	} <del></del>				
a Debt-financed property	<del>                                     </del>		<del></del>		
b Not debt-financed property	<del> </del>		<del>                                     </del>		
6 Net rental income or (loss) from personal property	<del> </del>		<del>                                     </del>		
7 Other investment income	<del>                                     </del>		<del></del>		
8 Gain or (loss) from sales of assets other than inventory				<del></del>	
9 Net income or (loss) from special events · · · · · ·	<b> </b>		-		
10 Gross profit or (loss) from sales of inventory		<del></del>	<del>                                     </del>	<del></del>	
11 Other revenue a		<del></del>			
b					·
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)	<del></del>			13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to the			<del></del>		
Line No.  Explain below how each activity for which inco accomplishment of the foundation's exempt put				• •	
		<del></del>	<del></del>	<del></del>	
<del>  </del>		· ·			
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	<del></del>		
					<del></del>
		<del> </del>			
	<del></del>				
l l					

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) 1a(2) (2) Other assets · · · Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets ....... 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? 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 May the IRS discuss ....
with the preparer shown below? May the IRS discuss this return J. Kosten 5-15-18 President Here Signature of officer or trus Date Print/Type preparer's name Preparer's signature Date PTIN Check | Paid MICHAEL A TAWNEY self-employed **Preparer** Michael A Tawney & Company PC Firm's EIN  $\blacktriangleright$ 

**Use Only** 

Firm's address - 1675 Michigan St NE Ste D

Grand Rapids MI 49503

616-456-4700

Page 13

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

Department of the Treasury Internal Revenue Service

Name of the organization

DANIEL J & ARDITH KOSTER FOUNDATION

**Schedule of Contributors** 

201

38-3067600

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

► Go to www.irs.gov/Form990 for the latest information.

2017

Employer identification number

OMB No 1545-0047

Organization type (check one)										
Filers of:	Section:									
Form 990 or 990-EZ	501(c)( ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> 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									
neck if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ote: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See structions										
General Rule										
_	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a structions.									
Special Rules										
regulations under section: 13, 16a, or 16b, and that i \$5,000 or (2) 2% of the ar	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II									
contributor, during the year	abed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, rposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III									
contributor, during the year contributions totaled more during the year for an exc General Rule applies to to	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such a than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions aring the year									
990-EZ, or 990-PF), but it must a	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nswer "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									

Name of organization

**Employer identification number** 

DANIEL J & ARDITH KOSTER FOUNDATION 38-3067600 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person ARDITH STEPHENSON 1\_\_ Payroll Noncash 2015 8TH AVENUE 10,000 (Complete Part II for noncash contributions) BYRON CENTER, MI 49315 (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroli Noncash (Complete Part II for noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions No. Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions)

` 						 	 	 	 		
2017 PG01	Employer Identification Number 38-3067600	STATEMENT #103~									
nents		HEDULE	CHARITABLE PURPOSE	0	0						
Federal Supporting Statements		23 - OTHER EXPENSES SCHEDULE	ADJUSTED NET INCOME	0	0						
Federal S		FORM 990PF - PART I - LINE 23	NET INVESTMENT	0	0						
	ATION		REVENUE AND EXPENSES	109	109						
	Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION		DESCRIPTION	BANK SERVICE CHARGES ADMINISTRATIVE COSTS	TOTALS						

		Federal Su	Federal Supporting Statements	nents	2017 PG01	
Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION	NOI				Employer Identification Number 38–3067600	,
	FORM 990PF	- PART I - LINE 16(B)	3) - ACCOUNTING FEES SCHEDULE	SCHEDULE	STATEMENT #108~	. ~8
DESCRIPTION	REVENUE AND EXPENSES	net Investment	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
ACCOUNTING FEES	450	0	0	0		
TOTALS	450	0	0	0		
						•

	Federal	Federal Supporting Statements	ments	2017 PG01
Name(s) as shown on return DANIEL J & ARDITH KOSTER FOUNDATION	X			t
	FORM 990PF - PART I	- LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE	FEES SCHEDULE	STATEMENT #109~
DESCRIPTION	NET S INVESTM	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
OTHER PROFESSIONAL FEES TOTALS	20 0	0	0	

# Federal Supporting Statements

2017 PG01

Name(s) as shown on return

DANIEL J & ARDITH KOSTER FOUNDATION

Your Social Security Number

38-3067600

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

GRANT PROGRAM

APPLICANT NAME

GREG KOSTER

ADDRESS

2015 8TH AVENUE BYRON CENTER, MI 49315

TELEPHONE

616-878-5554

EMAIL ADDRESS

FORM & CONTENT

APPLICATIONS MAY BE REQUESTED IN WRITING TO THE ABOVE ADDRESS

#### SUBMISSION DEADLINE

NONE

### RESTRICTIONS ON AWARD

GRANTS OR SCHOLARSHIPS ARE AVAILABLE TO FULL-TIME STUDENTS WHO WILL ATTEND A QUALIFIED CHRISTIAN EDUCATIONAL INSTITUTION. THE STUDENT OR HIS/HER PARENTS MUST HAVE BEEN OR CURRENTLY BE ENGAGED IN SUBSTANTIAL CHRISITIAN SERVICE. CHRISTIAN BASED 501(C)(3) ORGANIZATIONS MAY ALSO MAKE REQUESTS.