8

Form **990-PF**

Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 15, 2018
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.

2017
Open to Public Inspection

| 101 | calen | dar year 2017 or tax year | beginning | | , and ending | | |
|----------------------------|---------------|---|---|------------------------------------|--|--|--|
| Nai | ne of | foundation | | | | A Employer identification | number |
| _E | DW: | IN J. & RUTH | M. SHOEMAK | ER FOUNDATION | v | 38-3137832 | <u> </u> |
| Nur | nber ar | nd street (or P O box number it | mail is not delivered to street | address) | Room/suite | B Telephone number | |
| 8 | 40 | W. LONG LAK | E ROAD | | 150 | 248-267-32 | 82 |
| _ | | own, state or province, cou | | nstal code | | C If exemption application is p | |
| - | | Y, MI 48098 | • . | | | i oxompilon application is p | |
| | | all that apply: | Initial return | Initial return of a fo | rmer oublic charity | D 1. Foreign organizations | s check here |
| u (| MIGUN | an that apply. | Final return | Amended return | This public charty | 1. Foreign organization | s, unour nore |
| | | | Address change | Name change | | Foreign organizations me check here and attach co | eeting the 85% test, |
| - | No1- | <u> </u> | | | | | |
| H | | | X Section 501(c)(3) ex | • • | | E If private foundation sta | |
| <u> </u> | $\overline{}$ | ction 4947(a)(1) nonexem | | Other taxable private founda | | under section 507(b)(1) |)(A), cneck here |
| | 1 | rket value of all assets at e | · · · · — | - | Accrual | F If the foundation is in a | |
| | | art II, col. (c), line 16) | Ot | her (specify) | . | under section 507(b)(1 |)(B), check here |
| | - \$ | | | nn (d) must be on cash basis | 3.) | | T |
| Pa | art I | Analysis of Revenue an (The total of amounts in colur necessarily equal the amount | d Expenses nns (b), (c), and (d) may not ts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grant | s, etc., received | | | N/A | |
| | | Check X If the foundation | · · | , | | | |
| | 3 | Interest on savings and tempo cash investments | | 1,952. | 1,952. | | STATEMENT 1 |
| | _ | Dividends and interest fro | m securities | 395,946. | 351,453. | | STATEMENT 2 |
| 3 | 1 - | Gross rents | | 33373231 | 30173331 | | |
| | Ī | Net rental income or (loss) | | | | | |
| | | ` ' - | | 91,695. | | · · · · · · · · · · · · · · · · · · · | |
| e | Oa | Net gain or (loss) from sale of a Gross sales price for all | 8,287,066. | 91,000. | · · · · · · · · · · · · · · · · · · · | | |
| en G | _b | assets on line 6a | | | 01 605 | The same of the sa | |
| Revenue | 7 | Capital gain net income (from | | | 91,695. | Fe bir re | The second secon |
| _ | 8 | Net short-term capital gai | Π | | · - - · · · · · · · · · · · · · · · · · · | 13 Con Con | THE PARTY OF THE P |
| | 9 | Income modifications Gross sales less returns | | | | SEP , | (3) |
| | 10a | and allowances | | | | IN OCH I | 3 7mg 181 |
| | l . | Less Cost of goods sold | | | | 000 | 100 |
| | C | Gross profit or (loss) | | | | OGDE | |
| 2018 | 11 | Other income | | | | | |
| 6 | 12 | Total. Add lines 1 throug | h 11 | 489,593. | 445,100. | | |
| ക | 13 | Compensation of officers, dire | ctors, trustees, etc | 0. | 0. | | 0. |
| es es | 14 | Other employee salaries a | ind wages | | | | |
| } | 15 | Pension plans, employee | benefits | | | | |
| ses Ses | 16a | Legal fees | STMT 3 | 7,079. | 3,539. | | 3,538. |
| -F | Ь | Accounting fees | | | | | |
| | C | Other professional fees | STMT 4 | 81,248. | 40,624. | | 40,624. |
| Z 9 | 17 | Interest | | 901. | 901. | | 0. |
| Z # | 18 | Taxes | STMT 5 | 5,068. | 68. | | 0. |
| SCANNEL Administrative Exp | 19 | Depreciation and depletio | | | | | |
| ૹ૽ૄ | 20 | Occupancy | | | | | |
| Ą | 21 | Travel, conferences, and | meetinas | | | <u> </u> | <u> </u> |
| and / | 22 | Printing and publications | | | | | 1 |
| ā | | Other expenses | STMT 6 | 1,178. | 589. | | 589. |
| Ę | 24 | Total operating and adm | | | | | |
| Operating | | expenses. Add lines 13 th | | 95,474. | 45,721. | | 44,751. |
| ô | 0.5 | Contributions, gifts, grant | | 777,000. | ±3/121. | | 777,000. |
| | 1 | | | 7,7,000. | | | 1,7,000. |
| | 26 | Total expenses and disb | uisemenis. | 872,474. | 45,721. | | 821,751. |
| _ | - | Add lines 24 and 25 | 10: | 0/4/4/4 | 40,741. | | 1 041,1310 |
| | 1 | Subtract line 26 from line | | 200 001 | , | | 1 |
| | 1 | Excess of revenue over expen | | <382,881. | | | 3, |
| | 1 | Net investment income (| | | 399,379. | 37 / 3 | |
| | C | Adjusted net income (if no | egative, enter -0-) | <u></u> | <u> </u> | N/A | 5 000 DE (0047) |

| | IN J. & RUTH M. and Losses for Tax on | | | DA' | TIO | <u>N</u> | 3 | <u>8-3137</u> | 832 | Page 3 |
|---|---|--------------------|--------------------------------------|---------------|------------------------------|-------------------------|----------|---------------------------------|---------------------------------------|----------------------|
| (a) List and describe t | the kind(s) of property sold (for ex rehouse; or common stock, 200 s | ample, real esta | | (b) I | How ace - Purch - Dona | quired nase ition | | acquired lay, yr.) | | te sold lay, yr.) |
| 1a THRU CHARLES SO | CHWAB (SEE ATTA | CHED) | | |] | P | | | | |
| b | | <u></u> . | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| _d | | | <u></u> | | | | | | | |
| <u>e</u> | | | | <u> </u> | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | ain or (loss) s (f) minus (g |)) | |
| a 18,287,066. | | 1 | 8,195,37 | 1. | • | | | | 91 | ,695. |
| _b | | | | | | | | | | |
| <u>c</u> | | | | | | | | | | |
| _d | | | | | | | | | | |
| <u>e</u> | | <u> </u> | | | | | | | | |
| Complete only for assets showing | g gain in column (h) and owned b | y the foundation | on 12/31/69. | | | (1) | Gains (C | ol. (h) gain n | nnus | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (1), if any | | | COI | Losses | not less than (from col. (h | -0-) or)) | |
| a | | | | | | | | | 91 | ,695. |
| b | | | | | | | | | | |
| _c | | | | | | | | | | |
| d | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| • O tal | pital loss) { If gain, also ent | er ın Part I, line | 7 | 3 | | | | | 0.1 | 605 |
| 2 Capital gain net income or (net cap | • | | 7 | 7 | _2 | | | • | <u> 91</u> | <u>,695.</u> |
| 3 Net short-term capital gain or (los | • | and (6): | | ا د | 1 | | | | | |
| If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8 | column (c). | | | | , | | | N/A | | |
| Part V Qualification U | nder Section 4940(e) fo | r Reduced | Tax on Net | Inv | estm | ent Inc | ome | | | |
| (For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the section. | nis part blank. | , , | | | e.) | | | [| Yes | X No |
| If "Yes," the foundation doesn't qualify | | | | | | | | | | |
| 1 Enter the appropriate amount in e | each column for each year; see the | instructions be | fore making any ei | ntries | i | | | | | |
| (a) Base period years Calendar year (or tax year beginnir | ng in) Adjusted qualifying d | istributions | Net value of no | (c) nchai | | use assets | | Dıstrıbu (col. (b) dıvıd | d) tion ratio led by col | . (c)) |
| 2016 | | 20,017. | | 15 | ,16: | 1,553 | • | | | 47490 |
| 2015 | 7. | 27,137. | | | | 4,522 | | | | 45547 |
| 2014 | 8 | 15,316. | | <u>17</u> | ,003 | 3,692 | | | .0 | <u>47949</u> |
| 2013 | 6 | 84,873. | | <u>16</u> | <u>,40:</u> | 1,650 | • | | .0 | <u>41756</u> |
| 2012 | 6 | 09,942. | ~ | <u>15</u> | <u>,94:</u> | <u>3,518</u> | | | .0 | <u> 38256</u> |
| 2 Total of line 1, column (d) | | | | | | | 2 | | . 2 | 20998 |
| 3 Average distribution ratio for the 5 | | l on line 2 by 5.0 | O, or by the numbe | er of y | years | | | | | |
| the foundation has been in existen | nce if less than 5 years | | | | | | 3 | | .0 | 44200 |
| 4 Enter the net value of noncharitab | le-use assets for 2017 from Part X | C, line 5 | | | | | 4 | 15 | ,868 | <u>,406.</u> |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 701 | ,384. |
| 6 Enter 1% of net investment incom | ie (1% of Part I, line 27b) | | | | | | 6 | | 3 | ,994. |
| 7 Add lines 5 and 6 | | | | | | | 7 | _ | 70 <u>5</u> | ,378. |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | | | | 8 | | | ,751. |
| | line 7, check the box in Part VI, lin | ne 1b, and comp | lete that nart using | n a 19 | % tax r: | ate. | | | | - |
| See the Part VI instructions. | | i, una comp | note that part uoill | y u 1 | , u .u. 1 (| | | | rm 000 | · PF (2017) |
| 723521 01-03-18 | | | | | | | | F0 | IIII 23U- | ET (2017) |

| | 990-PF (2017) EDWIN J. & RUTH M. SHOEMAKER FOUNDATION 38-313 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | | | age 4 |
|----|--|-------|---------------------|-------------|
| | | | | 10, |
| | 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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here. > X and enter 1% | - | 3,9 | Q / |
| | Bolliosilo lodificationo triat most trio sociali i o loto) requiremente mi art sy encon nelo | | <i>J</i> , <i>J</i> | 73. |
| | of Part I, line 27b | | | · / ` ` |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part 1, line 12, col. (b). J Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | ` | ô. |
| | | | 3,9 | |
| _ | 1.100 | | <u> </u> | 0. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 3,9 | |
| | Tax bases on investment meeting in a real part of the | | <u> </u> | |
| | Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 27,313. | | | ` ` |
| | | | | |
| | | | | |
| | | | | |
| | Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 7 | 2 | 7,3 | 13. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | ,,, | 0. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | <u> </u> |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 3,3 | 19. |
| | Enter the amount of line 10 to be: Credited to 2018 estimated tax | | <u>.,,,</u> | 0. |
| | rt VII-A Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Yes | No |
| IG | any political campaign? | 1a | | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | X |
| Ü | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | 3 | | |
| | distributed by the foundation in connection with the activities. | | ` ' | |
| | Did the foundation file Form 1120-POL for this year? | 1c | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| u | (1) On the foundation. \$ 0 . (2) On foundation managers. \$ 0 . | | | |
| ۵ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| ٠ | 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. | | | , |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | ľ | |
| • | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | _X_ |
| 49 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| ٠ | 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: | ŀ | | |
| ٠ | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | 1. | | |
| | remain in the governing instrument? | 6 | X | |
| 7 | District Control of the Control of t | 7 | X | |
| • | , | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | - / | | |
| | MI If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | - * | | |
| D | | 86 | x | <u> </u> ` |
| ^ | of each state as required by General Instruction G? If "No," attach explanation | 00 | * | |
| 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 the instructions for Part XIV. If "Yes," complete Part XIV | 9 | ^ | x |
| 10 | year 2017 or the tax year beginning in 2017? See the instructions for Fart Aiv. If Fes, complete Fart Aiv | 10 | | x |

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| D | 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 | N/2 |
| | 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 2017? | |
| | 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)): | |

| If "Yes," list the years ▶ | | , | | <u> </u> |
|--------------------------------------|----------------------------------|----------------------|---|-----------|
| Are there any years listed in 2a for | which the foundation is not app | olying the provision | s of section 4942(a)(2) (relating to | ncorrect |
| valuation of assets) to the year's u | ndistributed income? (If applyin | ng section 4942(a)(| to all years listed, answer "No" ar | ıd attach |
| statement - see instructions.) | | | | |

a 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

| Ü | if the provisions of section 4342(a)(2) are being applied to any or the years listed in Ea, list the years here. |
|----|--|
| | > |
| 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 2017 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 heldings accounted by gift or hequisit or (2) the loose of the 10. 15. or 20 year first place helding paried? (Use Schedule C |

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.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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X

10

2b

3b

Yes X No

N/A

N/A

2

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| Dort VII B Statements D. and S | AKER FOUNDATI | ON | <u>38-31378</u> | 32 | Page 6 |
|--|---|---|--|---------------|--------------------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4/20 May Be I | Required (contin | ued) | 150 | - 1 80 - |
| 5a During the year, did the foundation pay or incur any amount to: | | | | - Y 6 | s No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | ` '' | | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); | or to carry on, directly or indir | | | | |
| any voter registration drive? | _ | | es X No | ` | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Y ₁ | es X No | . - | , , |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | | 1. | , |
| 4945(d)(4)(A)? See instructions | | | es X No | - | - - |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or | | | | |
| the prevention of cruelty to children or animals? | | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | | ın Regulations | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance, check | | | | - 1 | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | | | | ~ ` |
| expenditure responsibility for the grant? | Ŋ | I/A L Y | es L No | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | ` ^ |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | , | | | |
| a personal benefit contract? | | Yo | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | <u> </u> | 6b | X_ |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y | es 🗶 No 📙 | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | | | 7b | |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highl | У | | |
| | | | | | |
| List all officers, directors, trustees, and foundation managers and t | | (a) Componention | (d) Contributions to | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | accol allo | xpense int, other wances |
| | | | | | |
| | | | | | 1 |
| SEE STATEMENT 11 | | 0. | 0. | | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| |] | | | 1 | |
| | | <u> </u> | | | |
| Compensation of five highest-paid employees (other than those inc | | enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (e) E | xpense int, other |
| (a) hame and address of sach employee paid more than \$60,000 | hours per week devoted to position | (C) Compensation | and deferred compensation | | wances |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | <u></u> _ | | <u>L</u> | |
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| | | <u> </u> | | ' | |
| | | | | _ | |
| |] | | | | |
| otal number of other employees paid over \$50,000 | | | | | 0 |
| | | | Form | 990-P | F (2017) |

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|---|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | lation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, ent | er "NONE." | |
| ` (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | _ | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr | istical information such as the oduced, etc. | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| 0 | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| D IV D | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year of | on lines 1 and 2 | Amount |
| 37/3 | on lines I and 2. | Amount |
| 1 N/A | | |
| | | |
| 2 | | |
| · | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| Total, Add lines 1 through 3 | > | 0. |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, | 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 | 12,035,078. |
| | Average of monthly cash balances | 1b | 4,074,979. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 16,110,057. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 16,110,057. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 241,651. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 15,868,406. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 793,420. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 793,420. |
| | Tax on investment income for 2017 from Part VI, line 5 | | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 3,994. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 789,426. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 789,426. |
| 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 | 789,426. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | l \ T | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 821,751. |
| b | Program-related investments - total from Part IX-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: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 821,751. |
| 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 | 5 | 3,994. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 817,757. |
| | Note: The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation (| nualifies fo | or the section |

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| , | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|--|---------------------------------------|----------------------------|--|-------------|
| 1 Distributable amount for 2017 from Part XI, | | ζ- | | |
| line 7 | | | | 789,426. |
| 2 Undistributed income, if any, as of the end of 2017 | | | 40.045 | , |
| a Enter amount for 2016 only | | | 49,345. | |
| b Total for prior years: | | | * | , |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | , | |
| b From 2013 | | | | |
| c From 2014 | , | , , | , , | , ' |
| d From 2015 | , | | | `` |
| e From 2016 | , | | , | |
| f Total of lines 3a through e | 0. | | | , |
| 4 Qualifying distributions for 2017 from | * | . ` | <i>'</i> | , , , |
| Part XII, line 4: ► \$ 821,751. | ` | , | , | |
| a Applied to 2016, but not more than line 2a | | ^ | 49,345. | |
| b Applied to undistributed income of prior | | | | \ |
| years (Election required - see instructions) | <u> </u> | 0. | , | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2017 distributable amount | , , , | | | 772,406. |
| e Remaining amount distributed out of corpus | 0. | | , | , , , , |
| , | 0. | | | 0. |
| Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | ······································ | |
| 6 Enter the net total of each column as | . , | | ` | |
| indicated below: | · | , | • | , |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | / | · |
| line 4b from line 2b | | 0. | ` | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | · · · · · · · · · · · · · · · · · · · | 0. | | . , , , , |
| d Subtract line 6c from line 6b. Taxable | | | | '> |
| amount - see instructions | ` ` ` | 0. | , | , , , |
| e Undistributed income for 2016. Subtract line | · · · · · · | | | , |
| 4a from line 2a. Taxable amount - see instr. | | * × × | 0. | · · · |
| f Undistributed income for 2017, Subtract | , | | , , , | |
| lines 4d and 5 from line 1. This amount must | . | `` | , , | |
| be distributed in 2018 | | Í | * | 17,020. |
| 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) | 0. | | ` | · |
| 8 Excess distributions carryover from 2012 | | | | |
| not applied on line 5 or line 7 | 0. | ` | ` , | * * * |
| * * | <u></u> | | | |
| 9 Excess distributions carryover to 2018. | 0. | `` | > | |
| Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | , | ` , | - | , |
| a Excess from 2013 | | | | , |
| b Excess from 2014 | | | , | • |
| c Excess from 2015 | | | [| |
| d Excess from 2016 | | · ` ` ` ` | , | |
| e Excess from 2017 | | | · | |

723581 01-03-18

| Form 990-PF (2017) EDWIN J | . & RUTH M. | SHOEMAKER | FOUNDATION | 38-313 | 37832 Page 10 |
|---|--|-----------------------------|-----------------------------|---|--------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VI | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter that | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2017, enter the date of t | the ruling | > | | |
| b Check box to indicate whether the found | dation is a private operatii | ng foundation described | n section | 4942(j)(3) or 494 | 42(J)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| investment return from Part X for | | | | | |
| each vear listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | / | 1 | |
| d Amounts included in line 2c not | | | | | <u> </u> |
| used directly for active conduct of |] | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | <u></u> |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | / | | | |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter:(1) Value of all assets | | | | 1 | |
| (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 | / | ď | | | |
| 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 | | | if the foundation | n had \$5,000 or mo | re in assets |
| at any time during | the year-see inst | ructions.) | | | |
| 1 Information Regarding Foundation | on Managers: | | | | |
| a List any managers of the foundation where year (but only if they have contributed in | no have contributed more | | tributions received by the | e foundation before the clos | e of any tax |
| NONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation ha | | | (or an equally large port | on of the ownership of a pa | ırtnership or |
| NONE | | | | | |
| 2 Information Regarding Contribut | | | | | |
| Check here Lifthe foundation of the foundation makes gifts, grants, etc. | | | | not accept unsolicited requ , b, c, and d. | ests for funds. If |
| a The name, address, and telephone num | nber or email address of t | he person to whom appl | cations should be addres | ssed: | |
| SEE STATEMENT 12 | | | | | |
| b The form in which applications should | be submitted and informa | ation and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| | la carta de la car | -1 | lunda of metituturas | ather features | |
| d Any restrictions or limitations on award | is, such as by geographic | ai areas, charitable fields | , kinds of institutions, or | other factors: | |
| | | | | | |

| 3 Grants and Contributions Paid During the Y Recipient | If recipient is an individual. | | | |
|--|--|----------------------|----------------------------------|---------------|
| | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | - |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| AMERICAN CENTER FOR CHURCH MUSIC | NONE | PUBLIC CHARITY | GENERAL | |
| 4766 RIDGESIDE COURT | | | | 2,500 |
| ANN ARBOR MI 48105 | | | | |
| | | | | |
| APPORTON | | | | |
| ARBORWOMAN 525 E LIBERTY STREET #10 | NONE | PUBLIC CHARITY | GENERAL | |
| ANN ARBOR, MI 48104 | | | | 20,000 |
| | | | | |
| | | | | |
| FOCUS ON THE FAMILY | NONE | PUBLIC CHARITY | GENERAL | |
| 8605 EXPLORER DRIVE | | | | |
| COLORADO SPRINGS, CO 80920 | | | | 10,000 |
| | | 1 | | |
| | | | | |
| BETHANY CHRISTIAN SERVICES | NONE | PUBLIC CHARITY | GENERAL | |
| 1055 CARRIAGE HILL DRIVE, SUITE 2 | | | | 15,000 |
| TRAVERSE CITY, MI 49686 | | | | 15,000 |
| | | | | |
| | | | | |
| CARE NET OF PUGET SOUND 1209 6TH AVENUE | NONE | PUBLIC CHARITY | GENERAL | |
| TACOMA WA 98405-4004 | <u> </u> | | | 30,000 |
| | NTINUATION SHE | ET(S) | ▶ 3a | 777_000 |
| b Approved for future payment | | | | |
| | | | | |
| NONE | | | | |
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Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|-------------------------|------------------|-------------------------------|---------------------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | _ | | | | |
| b | _ | | | | |
| C | | | | | |
| d | _ | | 1 | | |
| e | - | | | | |
| <u> </u> | _ | | | | |
| g Fees and contracts from government agencies | | | + + | | |
| 2 Membership dues and assessments | | | 1 | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 1,952. | |
| Dividends and interest from securities | | | 14 | 395,946. | |
| Net rental income or (loss) from real estate: | | | | 393,940. | |
| a Debt-financed property | | | 1 | | |
| b Not debt-financed property | | | + 1 | | |
| 6 Net rental income or (loss) from personal | <u> </u> | | | | |
| property | | | | | |
| 7 Other investment income | | | 1 1 | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 91,695. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | <u></u> | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| | | | | | |
| C | | | | | |
| c | | | | | |
| d | | | | | |
| d e 2 Subtotal. Add columns (b), (d), and (e) | | 0. | | 489,593. | 0 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) | | 0. | , | | 0 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. |) | | | 13 | 0 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | s to the Acco | mplishment of E | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |
| d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Acco | mplishment of Ex | xemp | t Purposes | 489,593 |

Phone no. 248-879-2000 Form **990-PF** (2017)

May the IRS discuss this return with the preparer shown below? See instr

X Yes

P00008245

PTIN

Firm's EIN ► 38-0836500

Sign

Here

Paid

Preparer

Use Only

STE.

Date

Preparer's signature

Firm's name ► MILLER, CANFIELD, PADDOCK & STONE, PLC

Signature of officer or trustee

Print/Type preparer's name

GREGORY V. DICENSO

Firm's address ▶ 840 W. LONG LAKE ROAD,

TROY, MI 48098-6358

PRESIDENT

Check [

self- employed

Title

Date

EDWIN J. & RUTH M. SHOEMAKER FOUNDATION 38-3137832

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager or substantial contributor status of Name and address (home or business) recipient COVENANT COLLEGE FOUNDATION NONE PUBLIC CHARITY GENERAL 14049 SCENIC HIGHWAY LOOKOUT MOUNTAIN GA 30750 25,000. CAMP ARCADIA - SPIRIT OF ARCADIA NONE PUBLIC CHARITY GENERAL 3046 OAK STREET ARCADIA, MI 49613 20,000. CONCORDIA UNIVERSITY NONE PUBLIC CHARITY GENERAL 4090 GEDDES ROAD ANN ARBOR MI 48105 20,000. NONE PUBLIC CHARITY GENERAL FORWARD IN FAITH - NORTH AMERICA P.O. BOX 210248 BEDFORD, TX 76095 20,000. HEARTBEAT OF MONROE NONE PUBLIC CHARITY GENERAL 2592 N. TELEGRAPH ROAD MONROE, MI 48162 35,000. HILLSDALE COLLEGE GRANT NONE PUBLIC CHARITY GENERAL 33 E. COLLEGE STREET HILLSDALE, MI 49242 50,000. NONE PUBLIC CHARITY GENERAL LUTHERAN SPECIAL EDUCATION MINISTRIES 6861 EAST NEVADA STREET DETROIT, MI 48234 40,000 MICHIGAN RIGHT TO LIFE EDUCATION FUND PUBLIC CHARITY GENERAL 2340 PORTER ST SW 100,000. GRAND RAPIDS MI 49509-0901 MISSION INDIA GRANT NONE PUBLIC CHARITY GENERAL P.O. BOX 141312 GRAND RAPIDS MI 49514-1312 10,000. PREGNANCY CARE CENTER NONE PUBLIC CHARITY GENERAL 121 SOUTH GARFIELD, SUITE C TRAVERSE CITY, MI 49686 30,000. Total from continuation sheets 699,500.

EDWIN J. & RUTH M. SHOEMAKER FOUNDATION 38-3137832

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor REDEEMER LUTHERAN CHURCH NONE PUBLIC CHARITY GENERAL P.O. BOX 184 INTERLOCHEN, MI 49634 40,000. SALVATION ARMY OF MONROE COUNTY NONE PUBLIC CHARITY GENERAL 815 E. FIRST STREET MONROE, MI 48161 45,000. ST. BARTHOLOMEW'S ANGLICAN CHURCH NONE PUBLIC CHARITY GENERAL 9252 MILLER RD SWARTZ CREEK, MI 48473 7,500. ST. MARY'S SCHOOL NONE PUBLIC CHARITY GENERAL 307 ST. MARY'S STREET LAKE LEELANAU, MI 49653 3,500, NONE THE BIBLE LEAGUE PUBLIC CHARITY GENERAL 1 BIBLE LEAGUE PLAZA CRETE, IL 60417 15,000. THE U OF M TRANSPLANT CENTER NONE PUBLIC CHARITY GENERAL 3867 TAUBMAN CENTER ANN ARBOR, MI 48109-0391 45,000. THOMAS MORE LAW CENTER NONE PUBLIC CHARITY GENERAL 24 FRANK LLOYD WRIGHT DRIVE ANN ARBOR, MI 48106 80,000. CROSS INTERNATIONAL NONE PUBLIC CHARITY GENERAL PO BOX 97161 WASHINGTON DC 20090 30,000. D. JAMES KENNEDY MINISTRIES NONE PUBLIC CHARITY GENERAL PO BOX 11184 FT. LAUDERDALE FL 33339 10,000. FORGOTTEN MAN MINISTRIES NONE PUBLIC CHARITY GENERAL 1002 SAGINAW STREET FLINT MI 48502 10,000. Total from continuation sheets

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|---|--|---------------------|----------------------------------|---------|
| · Recipient | If recipient is an individual. | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | AHIOUNT |
| HOLY GHOST LUTHERAN CHURCH | NONE | PUBLIC CHARITY | GENERAL | |
| 3563 HEISS ROAD | | | | , |
| MONROE, MI 48162 | | | | 3,500 |
| POBLO INTERNATIONAL | NONE | PUBLIC CHARITY | GENERAL | |
| 35555 GARFIELD ROAD, #7 CLINTON TOWNSHIP, MI 48035 | | | | 10,000 |
| | | | | |
| SALVATION ARMY - HURRICANE 2017 P.O. BOX 1959 | NONE | PUBLIC CHARITY | GENERAL | |
| ATLANTA, GA 30301 | | | | 50,000 |
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| Total from continuation sheets | | | <u></u> | |

| FORM 990-PF INTERE | ST ON SAVIN | IGS AND TEM | IPORARY | CASH IN | VESTMENTS | STATEMENT | 1 |
|--|--------------------|------------------------------|---------|--------------------------|-------------------------------|------------------------------|-----|
| SOURCE | | (A REVE PER E | NUE | | (B) VESTMENT ICOME | (C) ADJUSTED NET INCOM | E |
| CHARLES SCHWAB | | | 1,952. | | 1,952. | | |
| TOTAL TO PART I, LI | NE 3 | | 1,952. | | 1,952. | | |
| FORM 990-PF | DIVIDENDS | AND INTER | EST FRO | OM SECUR | ITIES | STATEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | R. | (A) EVENUE R BOOKS | (B) NET INVES MENT INCO | | |
| CHARLES SCHWAB CHARLES SCHWAB CHARLES SCHWAB | 344,780. 6,673. | | 0. | 344,780. 6,673. | | | _ |
| (MUNI BOND) | 44,493. | | 0. | 44,493. | | 0. | |
| TO PART I, LINE 4 | 395,946. | | 0. | 395,946. | 351,45 | 53. | |
| FORM 990-PF | | LEGAL | , FEES | | | STATEMENT | 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET I | B) NVEST- INCOME | (C) ADJUSTEI NET INCOM | | |
| MILLER CANFIELD PAD | DOCK & | 7,079. | | 3,539. | | 3,5 | 38. |
| TO FM 990-PF, PG 1, | LN 16A | 7,079. | | 3,539. | | 3,5 | 38. |

| FORM 990-PF | THER PROFES | SIONAL FEES | | STATEMENT | 4 |
|---|------------------------------|-----------------------------------|-------------------------------|------------------------------|-------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABI PURPOSES | |
| ARCHPOINT INVESTORS - INVESTMENT & CUSTODIAN FEES | 81,248. | 40,624. | | 40,624 | 4. |
| TO FORM 990-PF, PG 1, LN 16C | 81,248. | 40,624. | | 40,624 | 4. |
| FORM 990-PF | TAX | ES | | STATEMENT | 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABI PURPOSES | |
| EXCISE TAXES FOREIGN TAX WITHHELD | 5,000. 68. | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 5,068. | 68. | | = | 0. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABI PURPOSES | |
| MISCELLANEOUS | 1,178. | 589. | | 589 | 9. |
| TO FORM 990-PF, PG 1, LN 23 | 1,178. | 589. | | 589 | 9. |
| FORM 990-PF OTHER INCREASES | S IN NET ASS | ETS OR FUND BA | ALANCES S | STATEMENT | 7 |
| DESCRIPTION | | | | AMOUNT | |
| ADJUSTMENT TO REFLECT PRIOR Y | YEAR BASIS C | ORRECTION | | 52,88 | 9. |
| | | | | | |

| EDWIN J. & RUTH M. SHOEMAN | CER FOUNDATION | | | 38-31378 | 32 — |
|---------------------------------|-----------------|----------------|---------------------------------------|----------------------|---------|
| FORM 990-PF U.S. AND | STATE/CITY GOV | ERNMENT | OBLIGATIONS | STATEMENT | 8 |
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET | ? |
| ROBINSON AUTH, 5.375%, 5/15/ | 18 | X | 174,048. | 175,92 | 28. |
| TOTAL U.S. GOVERNMENT OBLIGA | ATIONS | - | | | |
| TOTAL STATE AND MUNICIPAL GO | OVERNMENT OBLIG | SATIONS | 174,048. | 175,92 | 8. |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10A | = | 174,048. | 175,92 | 8. |
| FORM 990-PF | CORPORATE | STOCK | | STATEMENT | 9 |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKET VALUE | • |
| LA-Z-BOY INC | | • | 863,663. | 1,431,98 | 6. |
| MERCK & COMPANY | | | 291,276. | 600,23 | |
| ACTIVISION BLIZZARD | | | 14,654. | 228,45 | 9. |
| THERMO FISHER SCIENTIFIC INC | • | | 1,912. | 9,49 | |
| SEACOR HOLDINGS | • | | 117,873. | 151,00 | |
| CURTISS-WRIGHT CORP | | | 270,422. | 1,145,39 | |
| BRISTOL MYERS SQUIBB | | | 730,324. | 879,36 | |
| BLACKSTONE MORTGAGE TRUST | | | 271,607. | 328,23 | |
| ENDURO ROYALTY TRUST | | | 728,111. | 248,58 | |
| ERA GROUP INC DORIAN LPG LTD | | | 92,994. | | |
| HUGOTON RTY TR TEX UNIT BEN | TNIM | | 16,249. | 5,94 | |
| SPDR BARCLAYS CAPITAL HIGH | TMI | | 114,916. <458,608.> | 17,17 <492,04 | |
| BOSTON SCIENTIFIC CO | | | 264,579. | 297,48 | |
| ISHARES IBOXX HIGH YIELD BON | ישיים רו | | <324,675.> | | |
| ISHARES U.S. PREFERRED STOCK | | | <933,576.> | | |
| ISHARES US REAL ESTATE ETF | | | <1,551,628.> | | |
| SPDR S&P BIOTECH ETF | | | 584,871. | 815,51 | |
| SPROTT PHY SILVER TR F SPROT | T | | 243,615. | 253,60 | |
| TCM TROOB FUND LTD | | | 750,000. | 438,02 | |
| WILLIS TOWER WATSON | | | 626,091. | 753,45 | |
| AMC NETWORKS INC | | | 323,730. | 351,52 | |
| ANADARKO PETROLEUM | | | 567,066. | 536,40 | |
| BRITISH AMER TOBACCO PLC | | | 169,524. | 163,99 | |
| DBV TECHNOLOGIES F SPONSORED |) | | 809,581. | 670,35 | |
| DISH NETWORK CORP | | | 339,328. | 334,25 | |
| עאס ספאן, פכייאיים פראן ייס | | | 201 612 | 250 17 | |

20

350,175.

512,175.

133,538.

260,500.

1,051,365.

KKR REAL ESTATE FIN TR

ROYAL DUTCH SHELL F ADR

VANECK VECTORS OIL SVCS ETF

REGENXBIO INC

SUNOPTA INC F

384,642.

610,798.

410,622.

130,161.

243,615.

| EDWIN J. & RUTH M. SHOEMAKER FO | DUNDATION | | 38 | 3-3137832 |
|---|---|---|--------------------------|--|
| VERTEX PHARMACEUTICAL | | 409,25 | 57. | 374,650. |
| TOTAL TO FORM 990-PF, PART II, L | INE 10B | 7,112,99 | 8 | ,988,487. |
| FORM 990-PF 07 | THER INVESTMENTS | | STATI | EMENT 10 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | | MARKET ALUE |
| SCHWAB VARIABLE SHARE PUT BSC @ \$26 EXP 01/19/18 MASTER LP DORCHESTER MINERALS DIGITAL ALPHA FUND A LP | FMV FMV FMV | 1,999,80 4,84 746,38 92,06 | 15. 35. | ,999,800. 7,590. 780,657. 92,060. |
| TOTAL TO FORM 990-PF, PART II, L | INE 13 | 2,843,09 | 2 | ,880,107. |
| | ST OF OFFICERS, DE DE FOUNDATION MANA | | STAT | EMENT 11 |
| | | | EMPLOYEE | |
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | BEN PLAN | EXPENSE ACCOUNT |
| NAME AND ADDRESS ROBERT L. SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 | | SATION | BEN PLAN | |
| ROBERT L. SHOEMAKER 9130 HUNTER LANE | AVRG HRS/WK PRESIDENT/DIRE | SATION CTOR | BEN PLAN CONTRIB | ACCOUNT |
| ROBERT L. SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 ERICH C. SHOEMAKER 10850 LAKESHORE DRIVE | AVRG HRS/WK PRESIDENT/DIRE 2.00 DIRECTOR | SATION CTOR 0. | BEN PLAN CONTRIB | O. |
| ROBERT L. SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 ERICH C. SHOEMAKER 10850 LAKESHORE DRIVE WEST OLIVE, MI 49460-9518 DALE SHOEMAKER 9130 HUNTER LANE | AVRG HRS/WK PRESIDENT/DIRE 2.00 DIRECTOR 2.00 VICE PRESIDENT | SATION CTOR 0. /DIRECTOR 0. | O. O. | O. |
| ROBERT L. SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 ERICH C. SHOEMAKER 10850 LAKESHORE DRIVE WEST OLIVE, MI 49460-9518 DALE SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 MARY KAYE JOHNSTON 21241 S.E. 40TH ST. | AVRG HRS/WK PRESIDENT/DIRE 2.00 DIRECTOR 2.00 VICE PRESIDENT 2.00 SECRETARY/TREA | SATION CTOR 0. /DIRECTOR 0. SURER/DIRECTOR | DEN PLAN CONTRIB 0. 0. | 0. 0. |
| ROBERT L. SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 ERICH C. SHOEMAKER 10850 LAKESHORE DRIVE WEST OLIVE, MI 49460-9518 DALE SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684 MARY KAYE JOHNSTON 21241 S.E. 40TH ST. SAMMAMISH, WA 98075 ROCQUE E. LIPFORD 1065 HOLLYWOOD | AVRG HRS/WK PRESIDENT/DIRE 2.00 DIRECTOR 2.00 VICE PRESIDENT 2.00 SECRETARY/TREA 2.00 DIRECTOR | SATION CTOR 0. /DIRECTOR 0. SURER/DIRECTOR 0. | DEN PLAN CONTRIB 0. 0. | 0. 0. 0. |

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ROBERT L. SHOEMAKER 9130 HUNTER LANE TRAVERSE CITY, MI 49684

TELEPHONE NUMBER

231-943-4717

FORM AND CONTENT OF APPLICATIONS

LETTER DESCRIBING PURPOSE OF GRANT AND VERIFICATION OF ORGANIZATION'S CHARITABLE STATUS

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE ORGANIZATIONS MUST HAVE AS THEIR MISSION AND ACTIVITY (WHETHER DIRECTLY OR INDIRECTLY) THE FURTHERING OF THE GOSPEL OF OUR LORD JESUS CHRIST, (JOHN 3:16), AND MUST BE FAITHFUL TO THE TENETS OF THE CHRISTIAN FAITH, (MATTHEW 28:17-20).