OMB No 1545-0052 2017

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Department of the Treasury Internal Revenue Service

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For calendar year 2017 or tax year beginning and ending A Employer identification number Name of foundation Elleen DeVries Family Foundation Number and street (or PO box number if mail is not delivered to street address) Room/suite 38-3180271 2249 Wealthy Street SE Ste 240 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code 49506 East Grand Rapids MI (616) 774-4444 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return D 1 Foreign organizations, check here Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation X Section 501(c)(3) exempt private foundation If private foundation status was terminated under H Check type of organization section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method Fair market value of all assets at X Cash Accrual F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here 3,035,891 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Part Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per ıncome income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) 2.550,800 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B Interest on savings and temporary cash investments 3 11 11 6.917 6,917 Dividends and interest from securities 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 84,509 6a b Gross sales price for all assets on line 6a 101.488 7 Capital gain net income (from Part IV. line 2) 84.509 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 2.642.237 91,437 0 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits RECEIVED 201 16a Legal fees (attach schedule) b Accounting fees (attach schedule) NOV 1 4 2018 Other professional fees (attach schedule) 17 Interest 5,276 18 Taxes (attach schedule) (see instructions) OGDEN 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 80 Printing and publications 23 Other expenses (attach schedule) 157 65 24 Total operating and administrative expenses. 65 Add lines 13 through 23 5.714 0 25 Contributions, gifts, grants paid 107,270 107,270 26 Total expenses and disbursements. Add lines 24 and 25 112.984 65 0 107,270 27 Subtract line 26 from line 12 2,529,253 Excess of revenue over expenses and disbursements **Net investment income** (if negative, enter -0-) 91,372

For Paperwork Reduction Act Notice, see instructions. HTA

Adjusted net income (if negative, enter -0-)

Part II Bala		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year	
		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	13,716	1,356,304	1,356,304	
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
छ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
AS	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	330,640	1,448,665	1,679,587	
	C	Investments—corporate stock (attach schedule)	330,010	1,440,000	1,07 5,007	
	11	investments—land, buildings, and equipment basis				
	••	Less accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Lond buildings and assument basis				
	ידי					
	15	Less accumulated depreciation (attach schedule) Other assets (describe				
	16	Total assets (to be completed by all filers—see the				
	10	instructions Also, see page 1, item I)	344,356	2,804,969	3,035,891	
-	17	Accounts payable and accrued expenses	344,330	2,004,909	3,033,691	
		· •				
es	18 Grants payable 19 Deferred revenue					
Liabilities	19		<u> </u>		i	
홅	20	Loans from officers, directors, trustees, and other disqualified persons			ļ	
Ë	21	Mortgages and other notes payable (attach schedule)				
	22 23	Other liabilities (describe Total liabilities (add lines 17 through 22)	- 0		-	
	23	Total liabilities (add lines 17 through 22)				
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.				
ဦ	24	Unrestricted				
틸	24					
<u>~</u>	25	Temporarily restricted	-	{	ł	
Net Assets or Fund Balances	26	Permanently restricted				
֓֡֞֞֞֞֡֞֞֡֞֞֞֞֡֞		Foundations that do not follow SFAS 117, check here				
<u> </u>	27	and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
Se	28	Paid-in or capital surplus, or land, bldg , and equipment fund	244.250	2 204 200		
ŝ	29	Retained earnings, accumulated income, endowment, or other funds	344,356	2,804,969		
<u>پر</u>	30	Total net assets or fund balances (see instructions)	344,356	2,804,969		
ž	31	Total liabilities and net assets/fund balances (see	244 256	2 904 060		
D-	-4 101	Instructions)	344,356	2,804,969		
	rt III	Analysis of Changes in Net Assets or Fund Balances	line 20 (minet mane :::	# <u></u>		
7		net assets or fund balances at beginning of year—Part II, column (a),	ine ou (must agree w	l I	244.000	
_		of-year figure reported on prior year's return)		1	344,356	
		amount from Part I, line 27a	at ta lagali contro	2	2,529,253	
		increases not included in line 2 (itemize) Net Asset Adjustmen	il to book value	3	-68,640	
		nes 1, 2, and 3		4	2,804,969	
5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (h) line 30						

Part	IV Capital Gains and	d Losses for Tax on Investm	ent Income				
		ind(s) of property sold (for example, real esta use, or common stock, 200 shs MLC Co)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
<u>1</u> a	See Attached List			D	12/3	30/2014	10/20/2017
<u>b</u>							
<u>c</u>	<u> </u>						
<u>d</u>	"	- 	 	 			
<u>e</u>		(6.5)	(a) Cost o	- other bear			((000)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) ') minus (g))
a	101,488			16,979			84,509
b							
<u>c</u>							
d							
<u>e</u>	Complete aply for accets of	nowing gain is column (h) and award	by the foundation	on 12/31/60	<u> </u>		
	Complete only for assets si	nowing gain in column (h) and owned		ss of col (i)			(h) gain minus less than -0-) or
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(j), if any			om col (h))
a							84,509
b							
<u>c</u>							
<u>d</u>							
<u>e</u>	<u> </u>	f If goin	also enter in Pai	rt line 7			
2	Capital gain net income or	That canital local 4	, enter -0- in Pai	, , ,	2		84,509
3	Net short-term capital gain	or (loss) as defined in sections 12					
		line 8, column (c) See instruction		er-0- in 1			
	Part I, line 8	<u></u>	<u></u> ,	<u></u>	3		0
Part		<u>ler Section 4940(e) for Redu</u>					<u>-</u>
(For c	ptional use by domestic priv	vate foundations subject to the sec	ction 4940(a) tax	k on net investmei	nt income)		
If sec	tion 4940(d)(2) applies, leav	e this part blank					
		section 4942 tax on the distributabualify under section 4940(e) Do no			period?		Yes X No
1		unt in each column for each year,			g any entri	es	
	(a) Base period years	(b)		(c)		Diet	(d) tribution ratio
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of noncharitable-use as	sets		divided by col (c))
	2016		,424		,046		0 278348
	2015		,595		7,714		0 316611
	2014		2,593 5,084		3,890 3,695		0 814059 0 627648
	2013 2012		3,925		1,629		0 407422
			.,0201	···	,,,,,,		<u> </u>
2	Total of line 1, column (d)				2		2 444088
3	Average distribution ratio f	or the 5-year base period—divide	the total on line	2 by 5 0, or by			
	the number of years the fo	undation has been in existence if	less than 5 year	rs	3	<u> </u>	0 488818
4	Enter the net value of none	charitable-use assets for 2017 from	m Part X, line 5		4	 	651,892
5	Multiply line 4 by line 3				5	ļ	318,657
•	Multiply life 4 by life 3				-		310,037
6	Enter 1% of net investmen	it income (1% of Part I, line 27b)			6		914
-		,					<u></u>
7	Add lines 5 and 6				7	<u> </u>	319,571
8	Enter qualifying distribution				8	10′	107,270
	If line 8 is equal to or great	ter than line 7, check the box in Pa	aπ vi, line 1b, a	na complete that p	aπ using a	1 1% tax	rate See the

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. C Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes A Did the foundation have unrelated business gross income of \$1,000 or more during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? The the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict wit	Form 99	D-PF (2017) Eileen DeVries Family Foundation 38-3	180271	Р	age 4			
1a Exempt operating fundations described in saction 4940(g)/2, check here	Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)						
b Domestic foundations that meet the section 494((a) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b c All other domestic foundations enter 2% of line 27b Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 Add lines 1 and 2 4 Subtitle 4 (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Exempt foreign organizations—tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here 1 Tax due; If the total of lines 5 and 8 is more than line 7, enter amount ower 10 Overpayment. If line 7 is more than line 7, enter amount ower 11 Enter line amount of line 10 be Credited to 2018 estimated tax 12 During the lax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 2 During the lax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 3 During the lax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political expenditures (section 495) imposed during the year 3 During the lax year, did the foundation attempt to military the activities or intervene in any political expenditures (section with the activities or high published of distributed by the foundation in connection with the activities or line activities or incorporation, or playsar, or other smalls instruction or substantial contractio	1a				- 1			
here ▶ □ and enter 1% of Part I, line 27b c. All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, coil (b) 7 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -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-) 5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0 6 Credits/Payments a 2017 estimated tax payments and 2016 overpayment credited to 2017 6 Exempt foreign organizations—tax withheld at source c. Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here □ If Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here □ If Form 2220 is attached 8 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 1,368 11 Enter the amount of line 10 to be Credited to 2818 estimated tax 1 During the tax year, dith efoundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 Durit it spend more than 5100 during the year (either directly) in indirectly) for political purposes? See the instructions for the definition 1 If the answer is "Yes" to 1 aor 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 Has the foundation № \$ (2) On foundation managers № \$ 2 Has the foundation New or other small instruction with the activities of incorporation, or bylaxis, or other similar instruments? If "Yes," attach a detailed description of the activities 3 Has the foundation have unrelate		Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 3 1,827 4 Subthite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 6 Credits/Payments a 2017 estimated tax payments and 2016 overpayment credited to 2017 6 B Exempt foreign organizations—tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 B Backup withholding erroneously withheld 7 Total credits and payments Add lines 5 athrough 6d 8 Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Tax based and the foundation amount of line 10 to Credite	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	•	1,827				
Part I, line 12, cot (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -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-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Credits/Payments 2 2017 estimated tax payments and 2016 overpayment credited to 2017 6 Exempt foreign organizations—Lax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Exempt foreign organizations—Lax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Exempt foreign organizations—Lax withheld at source 7 Total credits and payments Add lines 5 and 5 is more than the line (Form 8868) 6 Exempt foreign organizations—Lax withheld at source 7 Total credits and payments Add lines 5 and 5 is more than the line 7, enter amount ower 7 Total credits and payments Add lines 5 and 5 is more than the line 7, enter amount ower 8 Exempt foreign organizations—Lax withheld at 50 in 18 5 and 8, enter the amount overpaid 7 Total credits and payments Add lines 5 and 8 is more than the 18 of 8, enter the amount overpaid 8 S 3 9 Tax due. If the total of lines 5 and 8, enter the amount overpaid 10 Verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Total Credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Total Credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 Total Credits and payments. If line 7 is an additional line 10								
2	С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of						
3 1,827 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-) Credits/Payments 2017 estimated tax payments and 2016 overpayment credited to 2017 Exempt foreign organizations—Lax withheld at source Tax paid with application for extension of time to file (Form 8868) Exempt foreign organizations—Lax withheld at source Tax paid with application for extension of time to file (Form 8868) Exempt foreign organizations—Lax withheld at source Tax paid with application for extension of time to file (Form 8868) Exempt foreign organizations—Lax withheld at source Tax paid with application for extension of time to file (Form 8868) Exempt foreign organizations—Lax withheld at source Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax Check here		Part I, line 12, col (b)						
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment Income. Subtract line 4 from line 3 if zero or less, enter -0- 5 1,927 Credits/Payments a 2017 estimated tax payments and 2016 overpayment credited to 2017 Exempt foreign organizations—tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 d 7 Total credits and payments. Add lines 6 a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	2	Tax under section 511 (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- Credits/Payments 2017 **setimated tax payments and 2016 overpayment credited to 2017 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments Add lines 6a through 8d Enter any penalty for underpayment of estimated tax. Check here	3	Add lines 1 and 2	•	1,827				
8 Credits/Payments a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld f Total credits and payments Add lines 6a through 8d b Enter any penalty for underpayment of estimated tax Check here ferm 2220 is attached a Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed b Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed coverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)						
a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8968) d Backup withholding erroneously withheld Total credits and payments. Add lines 6 at brough 6d Enter any penalty for underpayment of estimated tax. Check here	5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1,827				
b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here	6	Credits/Payments						
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments Add Ines 6a through 6d Reter any penalty for underpayment of estimated tax. Check here	а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 3,200						
d Backup withholding erroneously withhold 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax due. If the total of hines 5 and 8 is more than line 7, enter amount owed 9 0 0 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ☐ 10 1,368 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ☐ 10 1,368 11 Enter the amount of line 10 ib ob Credited to 2018 estimated tax ▶ 1,368 Refunded ▶ 10 1,368 12 Enter the amount of line 10 ib ob Credited to 2018 estimated tax ▶ 1,368 Refunded ▶ 11 0 0 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particular to instructions for the definition of the participate or intervene in any politicular campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities on the foundation file Form 1120-POL for this year? c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation magers ▶ \$ (2) On foundation managers ▶ \$ 2 Has the foundation made any changes, not previously reported to the IRS? 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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes d Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Was there aliquidation, termination, dissolution, or su	b	Exempt foreign organizations—tax withheld at source 6b						
Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here	С	Tax paid with application for extension of time to file (Form 8868) 6c			ŀ			
Enter any penalty for underpayment of estimated tax. Check here	d							
Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ☐ 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ☐ 10 on 1,388 ☐ 11 ☐ 1,388 ☐ 11 ☐ 1,388 ☐ 11 ☐ 1,388 ☐ 12 ☐ 13 ☐ 13 ☐ 13 ☐ 13 ☐ 13 ☐ 13 ☐ 13	7	•		3,200				
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Enter the amount of line 10 to be Credited to 2018 estimated tax 1,368		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0				
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b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ■ By language in the governing instrument, or ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions MI b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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	4a	·	4a		X			
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MI b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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	_							
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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			8b	Х				
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							
"Yes," complete Part XIV	•							
100, 000, 000, 000			9		x			
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
names and addresses10		·	10		<u>x</u>			

80271	F	age 5
11	Yes	No X
12 13	X	x
-4444		
		▶ □
16	Yes	No X
	Yes	No
1b	N/A	
1c		X
2b	N/A	

<u>Part</u>	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	
	the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_		
4.4	Website address The back of the David Address Control of the David Address The back of t				
14	The books are in care of ► Rachel Mraz c/o Jade Pig Ventures Telephone no ► 616-774-				
40	Located at ► 2249 Wealthy Street SE, Suite 240 East Grand Rapids MI ZIP+4 ► 49506		·		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year 15		(
16	At any time during calendar year 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		X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the				
	name of the foreign country				
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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?				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person? Yes X No				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X No			}	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days)				
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		N/A		
	Organizations relying on a current notice regarding disaster assistance, check here	10	IN/A		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				
Ū	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?				
	If "Yes," list the years 20, 20, 20, 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		N/A		
•	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	20	IVA		
С	► 20 , 20 , 20 , 20 , 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?		i		
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 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	N/A	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	—	X	
		99C			

Pari	t VII-B Statements Regarding Activities	for W	hich Form	4720 N	lay Be Re	quire	d (contin	ued)		<u>_</u>	age o
5a	During the year, did the foundation pay or incur any				_						
	(1) Carry on propaganda, or otherwise attempt to i			section	4945(e))?		Yes	X No			
	(2) Influence the outcome of any specific public ele	ection (s	see section 49	955), or	to carry on	١,					
	directly or indirectly, any voter registration drive	-			•		Yes	X No			
	(3) Provide a grant to an individual for travel, study	, or oth	er sımılar pur	poses?			Yes	X No	1		
	(4) Provide a grant to an organization other than a	charita	ble, etc , orga	anızatıo	n described	ın					
	section 4945(d)(4)(A)? See instructions						☐ Yes	X No			
	(5) Provide for any purpose other than religious, ch	naritable	e, scientific, li	terary, o	or education	nal	_	_			
	purposes, or for the prevention of cruelty to chil	ldren or	anımals?				Yes Yes ✓	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	ransact	ions fail to qu	alify un	der the exc	eptions	described	d in			
	Regulations section 53 4945 or in a current notice	regardı	ng disaster as	ssistand	æ? See ins	truction	s		5b	N/A	
	Organizations relying on a current notice regarding										
С	If the answer is "Yes" to question 5a(4), does the fo			nption f	rom the tax						
	because it maintained expenditure responsibility fo	_		 4 15				X No			
60	If "Yes," attach the statement required by Regulation				nov promili	~~					
6a	Did the foundation, during the year, receive any fur on a personal benefit contract?	ius, uii	ectly of indire	ctiy, to j	pay premiui	115	☐ Yes	X No			
b	Did the foundation, during the year, pay premiums,	directly	or indirectly	on a n	ersonal her	efit cor	_		6b		
	If "Yes" to 6b, file Form 8870	directi	y or maneous,	опар	Croonar ber		ili dol '		0.0		
7a	At any time during the tax year, was the foundation a pa	irty to a	prohibited tay s	shaltar t	ransaction?		Yes	X No			
b	If "Yes," did the foundation receive any proceeds o	-				e trans	_	<u>M</u> 140	7b	N/A	
Part	VIII Information About Officers, Directo							aid Em	ploye	es,	
	and Contractors	•	•		•		•			•	
1	List all officers, directors, trustees, and foundat	ion ma	nagers and t	heir co	mpensatio	n. See	instruction	ons.	_		
	(a) Name and address		e, and average rs per week		mpensation not paid,		Contributions byee benefit		(e) Expe		
		devot	ed to position		ter -0-)		erred compe		other a	illowan	ces ———
	el Mraz	Presid						1			
	akeside Dr SE E Grand Rapids, MI 49506		00		0						
	h DeVries	Secret	•		0						
	akeside Drive SE E Grand Rapids, MI 49506	Transi	00		0				_		
	el DeVries Cascade Road SE E Grand Rapids, MI 49506	Treasu	00		0						
2330	Cascade Road SE E Grand Rapids, Mil 49300							+			
								ļ			
2	Compensation of five highest-paid employees (other ti	han those inc	cluded	on line 1—	see ins	structions	s). If nor	ne, ent	er	
	"NONE."							•	,		
			(b) Title, and a	verage			(d) Contribi				
	(a) Name and address of each employee paid more than \$50,000		hours per w	eek	(c) Comper	sation	employee plans and o		(e) Expe other	nse aci allowan	
			devoted to po	Sition			compens	sation			
NOVE								}			
									-		
	·										
Total	number of other employees paid over \$50,000							•			

Part VII	Information About Officers, Directors, Trustees, Foundar and Contractors (continued)	tion Managers, Highly Paid En	nployees,
3 Fiv	e highest-paid independent contractors for professional services. Sec	e instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			-
Total num	ber of others receiving over \$50,000 for professional services		
Part IX	A Summary of Direct Charitable Activities		
	undation's four largest direct charitable activities during the tax year. Include relevant statistical in ons and other beneficiaries served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
1 Not A	Applicable		
2			
3			
J			
4			
Part IX-	Summary of Program-Related Investments (see instruct	tions)	
	he two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 NON	E		
2			
2			
All other p	rogram-related investments. See instructions		
3			
Total Add	lines 1 through 3	.	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit	gn foundati	ons,
	see instructions)		<u>. </u>
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	541,225
b	Average of monthly cash balances	1b	120,594
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	661,819
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	_2	
3	Subtract line 2 from line 1d	3	661,819
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see	ŧ	
	instructions)	4	9,927
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	651,892
6	Minimum investment return. Enter 5% of line 5	6	32,595
Part		ions	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	32,595
2a	Tax on investment income for 2017 from Part VI, line 5 2a 1,82	27	
b	Income tax for 2017 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,827
3	Distributable amount before adjustments Subtract line 2c from line 1	3	30,768
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	30,768
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	30,768
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	107,270
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		***
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	107,270
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	107,270
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh		
	qualifies for the section 4940(a) reduction of tax in those years		

<u>Part</u>	XIII Undistributed Income	(see instructions	<u> </u>			
1	Distributable amount for 2017 from	m Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7					30,768
2	Undistributed income, if any, as of the	e end of 2017				
a	Enter amount for 2016 only				0	
b		20, 20				
3	Excess distributions carryover, if a	1 -				
а	From 2012	51,944				
b	From 2013	60,471				
C	From 2014	59,142				
d	From 2015	69,499				
е	From 2016	100,029				
f	Total of lines 3a through e		341,085			
4	Qualifying distributions for 2017 fr					
	line 4 ▶ \$107,270	-		•		
а	Applied to 2016, but not more that					
þ	Applied to undistributed income of					
	(Election required—see instruction	•				
С	Treated as distributions out of cor	pus (Election				1
	required—see instructions)					
d	Applied to 2017 distributable amo	unt				30,768
е	Remaining amount distributed out	of corpus	76,502			
5	Excess distributions carryover app	olied 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 colum	nn as				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	417,587			
b	Prior years' undistributed income	Subtract				
	line 4b from line 2b			0		
С	Enter the amount of prior years' up	ndistributed				
	income for which a notice of defici	ency has				
	been issued, or on which the sect	ion 4942(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxa	ble				
	amount—see instructions					
е	Undistributed income for 2016 Su	ibtract line				
	4a from line 2a Taxable amount-	-see				
	ınstructions				0	<u>.</u>
f	Undistributed income for 2017 Su	ibtract lines				
	4d and 5 from line 1 This amount	must be				
	distributed in 2018					0
7	Amounts treated as distributions of	out of corpus				
	to satisfy requirements imposed b	y section		<u>.</u>		
	170(b)(1)(F) or 4942(g)(3) (Election	on may be				
	required—see instructions)					
8	Excess distributions carryover from	m 2012 not				
	applied on line 5 or line 7 (see ins	tructions)	51,944			
9	Excess distributions carryover	to 2018.				i
	Subtract lines 7 and 8 from line 6a	a	365,643			
10	Analysis of line 9					
а	Excess from 2013	60,471				
b	Excess from 2014	59,142				
С	Excess from 2015	69,499				
d	Excess from 2016	100,029				
е	Excess from 2017	76,502				

Part	90-PF (2017) Eileen DeVries Family XIV Private Operating Foundat		ictions and Part	VII-A guestion 9)	38-31802 N	271 Page 10
	If the foundation has received a ruling of					
•	foundation, and the ruling is effective fo			▶		
ь	Check box to indicate whether the foundation		_	cribed in section	4942(j)(3) d	or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	Τ -	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 year listed					0
b	85% of line 2a					0
¢	Qualifying distributions from Part XII,					
	line 4 for each year listed	İ				0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
6	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon			/		
a	"Assets" alternative test—enter					
	(1) Value of all assets		//_	ļ		0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed		 / 			0
С	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				0
	(4) Gross investment income					0
art	XV Supplementary Information	n (Complete th	is part only if th	ne foundation had	\$5,000 or more	in assets at
	any time during the year-	see instruction	ıs.)			
1 a	Information Regarding Foundation M List any managers of the foundation wh before the close of any tax year (but on	o have contributed				undation
orme	er Mgr Eileen DeVries Esta					
b	List any managers of the foundation who will ownership of a partnership or other enti-				ually large portion o	of the
2	Information Regarding Contribution, Check here ► ☒ if the foundation on unsolicited requests for funds. If the fou conditions, complete items 2a, b, c, and	ily makes contribu ndation makes gif	tions to preselecte	ed charitable organizat		accept
	The name, address, and telephone num			to whom applications	should be addressed	
a	the name, address, and telephone num	inei oi eiliali addi	ess or the person i	to writin applications:	anould be addresse	zu
عمد ا	Nraz co Jado Big Venturos 2240 Masil	thy Stroot SE Sem	to 240 E Grand Ba	anide MI 40506 646 7	74-4444	
	el Mraz co Jade Pig Ventures 2249 Wealt The form in which applications should be					
D	The form in which applications should b	e submitted and II	normation and ma	iterials triey should inc	Juue	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approve	ed for Fut	ture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	ì	Amount
Name and address (home or business)	or substantial contributor	recipient			
a Paid during the year See the Attached List	or substantial contributor				107,270
Total		L	<u> </u>	3a	107,270
b Approved for future payment					
Total		•	•	3h	

•	•					•
Form 990-PF (2017)	Eileen DeVries Family Foundation	on			38-31	180271 Page 12
Part XVI-A	Analysis of Income-Producing Ac	tivities				
Enter gross amou	ints unless otherwise indicated	Unrelated b	usiness income	Excluded by sect	on 512, 513, or 514] (,,
-						(e) Related or exempt

1	Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	h.					• • •
			***		-	
	<u> </u>	_				
		— 	·			
	e	- 				
		— 				
_	g Fees and contracts from government agencies	-				
2	•	500000		44		
3		523000	11	14		
4		523000	6,917	14		
5	. ,					
	Debt-financed property	<u> </u>				
	b Not debt-financed property					
6	Net rental income or (loss) from personal propert	у				
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventor	у	84,509	18		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a Non Dividend payments rec	eive	201	18		
	b					
	С					
	d					
	Δ					
	E					
12	Subtotal Add columns (b), (d), and (e)		91,638		0	0
	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		91,638		0 13	91,638
13		tions)	91,638			
13 See	Total. Add line 12, columns (b), (d), and (e)					
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) re worksheet in line 13 instructions to verify calculators XVI-B Relationship of Activities to the	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
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13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
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13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations to the No. Explain below how each activity for which in	ne Accomplishme	ent of Exempt	Purposes	13	91,638

Part	XVII	Information Exempt Org		fers to and Transactions	and Re	elationship	s With No	oncharitable		
1	Did th			gage in any of the following v	vith any of	her organiza	tion describ	ped	Yes	No
•				(3) organizations) or in sectio						
		nizations?	· ,	,		•				
а	-		orting foundation to a	a noncharitable exempt organ	zation of					
	(1) C	•	•					1a(1)		Х
	(2) 0	ther assets						1a(2)		Х
b	Othe	r transactions								
	(1) S	ales of assets to	a noncharitable exem	npt organization				1b(1)		X
	(2) P	urchases of asse	ets from a noncharitab	ole exempt organization				1b(2)		Х
	(3) R	ental of facilities,	equipment, or other	assets				1b(3)		X
	(4) R	eimbursement ai	rrangements					1b(4)	_	X
		oans or loan gua						1b(5)		X
				o or fundraising solicitations				1b(6)	,	X
С				s, other assets, or paid emplo				1c	_X_	
d				plete the following schedule Co						
	value	of the goods, other	er assets, or services gi	iven by the reporting foundation nt, show in column (d) the value	If the four	ndation receive	ed less than	tair market		
4 > 1										
(a) Line	$\overline{}$	(b) Amount involved		nantable exempt organization	- ' '			ns, and sharing arra	ngemen	its
1c	-+	3,600	Jade Pig Services	<u>.</u> .	CPA emp	ployee prepar	<u>ea 990-PF</u>	for foundation		
	-+					<u>. </u>				
	-+					·-···				
	\dashv									
	\dashv			· · - ·-						
	_	-						· · · · · · · · · · · · · · · · · · ·		
	\dashv									
	$\neg \uparrow$									
2a b	desci	ribed in section 5		ted with, or related to, one or tion 501(c)(3)) or in section 52		exempt orgar	nizations	☐ Yes	X N	lo
		(a) Name of organ		(b) Type of organization			(c) Description	on of relationship		
		(2)		· · · · · · · · · · · · · · · · · · ·		y	.,,			
				V			· · · · ·		_	
									_	
				turn, including accompanying schedules and			nowledge and be	lief, it is true,		
Sign Here	correc	ct, and complete Declarati	ion of preparer (other than taxpay	rer) is based on all information of which prepared 11/7/2018	rer has any kno esident	owledge		May the IRS discuss with the preparer should be instructions		w?
	Sign	nature of officer or trus	stee	Date Title				Gee maductions	√] teg	∐No
Daid		Print/Type preparer:	s name	Preparer's signature	,	Date	Chec	k I if PTIN		
Paid Propo	ror	Larry Cruttender	n, CPA	J. Lon Cwto	de	11/7/20		employed P0029	6970	
Prepa			Jade Pig Services	[-		Firm's EIN	38-2556970		
Use C	nıy	Firm's address	2249 Wealthy Street	, SE Suite 240, East Grand F	apids, MI	49506	Phone no			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Eileen DeVries Family Foundation

Schedule of Contributors

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

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

OMB No 1545-0047

2017

Employer identification number

38-3180271

Organization type (check	cone)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See	
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.	
Special Rules		
regulations under s 13, 16a, or 16b, ar	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one is the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	
contributor, during contributions totale during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one is the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the oblies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year.	
Caution: An organization t	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,	

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization Elleen DeVries Family Foundation 38-3180271

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Eileen DeVries 2249 Wealthy Street SE Ste 240 E Grand Rapids MI 49506 Foreign State or Province Foreign Country	\$ 1,353,089	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Estate of Eileen DeVries 2249 Wealthy Street SE Ste 240 E Grand Rapids MI 49506 Foreign State or Province Foreign Country	\$ 1,197,711	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization Enployer identification number
Elleen DeVries Family Foundation 38-3180271

Part II	Noncash Property (see instructions) Use duplicate	copies of Part II if additional space	e is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Bank of America 401(k) plan	\$ 1,197,711	12/1/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	ganization ries Family Foundation		Employer identification number 38-3180271
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ear from any one contributor. Cor completing Part III, enter the total of (Enter this information once See i	cribed in section 501(c)(7), (8), or implete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, and Z		onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relatio	onship of transferor to transferee
(a) No. from	For Prov Country	(2) 110 2 25 215	(d) Paraciphian of houseith in hald
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relation	onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relatio	onship of transferor to transferee
	For Prov. Country	i	

.

	•							Totals	Gross		Cost or Other B	Cost or Other Basis, Expenses,	Net Gain	Sam
	Amount								Sales		Depreciation a	Depreciation and Adjustments	ork	or Loss
Long Term CG Distributions		[<u> </u>					ఔ	Capital Gains/Losses		101,488		16,979		84,509
Short Term CG Distributions		آھ						Other sales		0		0	!	0
				Check "X" if										
		Check "X"		Purchaser		_					Expense of Sale			•
		to include		ls a	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gain
Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Pnce	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
See Attached List		×			٥	12/30/2014	10/2/02/01	101 488	16.979					84.509

Part I, Line 11 (990-PF) - Other Income

		0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Miscellaneous receipts		0	
2	IRS Refund		0	

Part I, Line 16a (990-PF) - Legal Fees

•		201	0	<u>0</u>	0
					Disbursements
		Revenue and			for Charitable
		Expenses per	Net Investment	Adjusted Net	Purposes
	Description	Books	Income	Income	(Cash Basis Only)
1	Bruce Lentz - amendment documents	201			0

Part I, Line 18 (990-PF) - Taxes

		5,276	0) _0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20	0			
2	Tax on investment income	5,276			
3	Income tax	0			
4	State of Michigan Fees	0			

Part I, Line 23 (990-PF) - Other Expenses

		157	65	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Merrill Lynch Account Fees	65	65		
2	Other Misc Expenses	92	0		

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		330,640	1,448,665	387,167	1,679,587
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
See Attached worksheet		330,640	1,448,665	387,167	1,679,587

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

0	Expense Account			
0	Benefits			
0	Compensation	0	0	0
	Avg Hrs Title Per Week	00 0	00 0	00 0
	Title	President	Secretary	Treasurer
	Foreign Country			
	State Zip Code	49506	49506	49506
	State	E	≅	Ē
	Crty	E Grand Rapids	E Grand Rapids	E Grand Rapıds
	Street	333 Lakeside Dr SE	325 Lakeside Drive SE	2936 Cascade Road SE
	Check "X" if Business			
	Name	Rachel Mraz	Joseph DeVnes	Samuel DeVnes
i				ı