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.

For calendar year 2017 or tax year beginning JUN	26, 2017	, and ending	DEC 31, 2017
Name of foundation			A Employer identification number
MICHAEL AND ANDREA ABRAHAM	FOUNDATION		82-2197413
Number and street (or P O box number if mail is not delivered to street a		Room/suite	B Telephone number
126 OTTAWA AVE NW, SUITE 5	0 0		(616)643-4700
City or town, state or province, country, and ZIP or foreign p GRAND RAPIDS, MI 49503	ostal code		C If exemption application is pending, check here
G Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations, check here
Final return	Amended return	paone onarry	
Address change	Name change		2 Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: X Section 501(c)(3) ex		n1)	E If private foundation status was terminated
	Other taxable private founda	tion UU	under section 507(b)(1)(A), check here
Fair market value of all assets at end of year   J   Accounti	ng method: X Cash	Accrual	F If the foundation is in a 60-month termination
(from Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)(B), check here
▶\$ 249,952. (Part I, colur	nn (d) must be on cash basis	s.)	
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net (d) Disbursements for charitable purposes
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	(cash basis only)
1 Contributions, gifts, grants, etc., received	500,000.		N/A
2 Check if the foundation is not required to attach Sch. B			<del></del>
3 Interest on savings and temporary cash investments	29.	29.	STATEMENT :
4 Dividends and interest from securities	<u></u>		ļ
5a Gross rents			<del> </del>
b Net rental income or (loss)			D. C.
68 Net gain or (loss) from sale of assets not on line 10 Cross sales price for all			HECEIV
B assets on line 6a			1.3
احم		0.	
8 Net short-term capital gain	, 1		8 MA 5 0 5018 3
9 Income modifications Gross sales less returns			<u> </u>
10a and allowances	<u> </u>		L OGDEN, UT
b Less Cost of goods sold		<del> </del>	
c Gross profit or (loss)	193.	238.	STATEMENT
11 Other Income	500,222.	267	
12 Total. Add lines 1 through 11	0.	0.	<del></del>
13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages			<u> </u>
<ul><li>14 Other employee salaries and wages</li><li>15 Pension plans, employee benefits</li></ul>			
## 16a Legal fees STMT 3	259.	0.	259
b Accounting fees			
c Other professional fees STMT 4	11.	0.	11
17 Interest 18 Taxes 19 Depreciation and depletion			
19 Depreciation and depletion			
20 Occupancy			
21 Travel, conferences, and meetings			
22 Printing and publications			
छ 23 Other expenses			
디			
24 Total operating and administrative expenses. Add lines 13 through 23	270.	0.	270
25 Contributions, gifts, grants paid	250,000.		250,000
26 Total expenses and disbursements.			
Add lines 24 and 25	250,270.	0.	250,270
27 Subtract line 26 from line 12		* 4	
Excess of revenue over expenses and disbursements	249,952.		
b Net investment income (if negative, enter -0-)		267.	
c Adjusted net income (if negative, enter -0-)			N/A

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(e), or 494	8 - see in	struc	tions	·)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line	1.				
Date of ruling or determination letter: (attach copy of letter if necessary-see instru					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter		1			5.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12,	col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	` ` `	2			0.
3 Add lines 1 and 2		3			5.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	-	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			5.
6 Credits/Payments		•			
a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a	0.				
b Exempt foreign organizations - tax withheld at source 6b	0.				
c Tax paid with application for extension of time to file (Form 8868)  6c	250.		•	•	
· · · · · · · · · · · · · · · · · · ·	0.				
d Backup withholding erroneously withheld  7. Total gradity and payments. Add lines for through fid.		·,		21	50.
7 Total credits and payments. Add lines 6a through 6d	<u> </u>	<del>'</del>		۷.	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_ }	8			<u> </u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>?</b>  -	9		2.	15.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	5 · Refunded	10		۷.	0.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A Statements Regarding Activities	O •   Refunded ▶	11		-	<u> </u>
				Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it par	rticipate or intervene in		$\vdash$	163	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instr		on	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	ublished or				
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•				
(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on foundation				
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	s of incorporation, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
If "Yes," attach the statement required by General Instruction T			<b>,</b>	•	
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 c	conflict with the state la	ıw			
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c	c), and Part XV		7	X	
	,,				
8a Enter the states to which the foundation reports or with which it is registered. See instructions.					
MI					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (c	or designate)				
of each state as required by General Instruction G? If "No," attach explanation	· • · · · ·		8b	х	_
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o	or 4942(1)(5) for calend	ar			
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9		$\mathbf{x}$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	and addresses S'	гмт 6	10	Х	
The state of the s			rm <b>99</b> 0		(2017)

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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 holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Yes X No

N/A

3b

4a

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X

Port VILP Statements Departing Activities for Which E			02-219/4	13	Page 6	
Part VII-B Statements Regarding Activities for Which Fo	orm 4/20 May be Re	equirea (continu	<u>ued)                                    </u>	Vac	- INI-	
5a During the year, did the foundation pay or incur any amount to:		<b></b> 1	- F	Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		<del>_</del>	s X No			
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			-		
any voter registration drive?			s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	· ļ		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section	<u> </u>	<b>.</b>			
4945(d)(4)(A)? See instructions			es X No	·		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to			.	]	
the prevention of cruelty to children or animals?			s X No	• • [		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	N/A	<u>.</u>	1	
section 53 4945 or in a current notice regarding disaster assistance? See instru				5b	+	
Organizations relying on a current notice regarding disaster assistance, check h		nod				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro				- 1		
expenditure responsibility for the grant?	10	/A Ye	s 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 g	מס משווושפות ווכנ		ĺ			
a personal benefit contract?  • Dud the foundation, during the year, pay premiums, directly or indirectly, on a purely of the foundation.	arennal hanafit contract?	¥€	14U 01U	6b	X	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pilf "Yes" to 6b, file Form 8870.	הופטוומו טקווקווג כטוונומכני		<u> </u>		+	
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	<u> </u>	s X No	'		
b If "Yes," did the foundation receive any proceeds or have any net income attribut		TE		7b	+	
Part VIII Information About Officers, Directors, Truste		agers. Highly	147 11	79 1	<del></del>	
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	pense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour	nt, other ances	
	J					
SEE STATEMENT 7		0.	_0.	<u>L</u>	0.	
			;			
		Ì	ľ	1		
				L		
	<u> </u>		<u> </u>	L		
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) 0			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	rpense nt, other	
	devoted to position	(C) COMPONDATION	compensation	allow	ances	
NONE						
		1				
				ļ		
				<u> </u>		
	·	<b>_</b>				
	<u> </u>	<u> </u>	L	<u> </u>		
Total number of other employees paid over \$50,000					0	
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensatio
NONE	<del></del>
	}
,	
Total number of others receiving over \$50,000 for professional services	<b>•</b>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	···
2	
3	
4	
Doet IV D. Common of Document D. Late of London	
Part IX-B Summary of Program-Related Investments	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
•	
All other program-related investments. See instructions.	
3_	
Total, Add lines 1 through 3	0
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Part X Minim	um Investment Return (All domestic founda	tions 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 c	charitable, etc., purposes:		
a Average monthly fai	r market value of securities		1a	<u>0.</u> 179,029.
<b>b</b> Average of monthly	cash balances		1b	
c Fair market value of	all other assets		1c	200,097.
d Total (add lines 1a,	b, and c)		1d	379,126.
e Reduction claimed f	or blockage or other factors reported on lines 1a and		1	
1c (attach detailed e	xplanation)	1e 0.	]	
2 Acquisition indebted	Iness applicable to line 1 assets		2	0.
3 Subtract line 2 from	line 1d		3	379,126.
4 Cash deemed held f	or charitable activities. Enter 1 1/2% of line 3 (for greater a	amount, see instructions)	4	5,687.
5 Net value of noncha	ritable-use assets. Subtract line 4 from line 3. Enter here	e and on Part V, line 4	5	373,439.
6 Minimum investme	nt return. Enter 5% of line 5 ADJUSTED FOR	SHORT TAX PERIOD	6	9,668.
	utable Amount (see instructions) (Section 4942		nd certain	
	ganizations, check here and do not complete the	his part.)	T . T	9,668.
	nt return from Part X, line 6	<sub>2a</sub>   5.	1	9,000.
	ncome for 2017 from Part VI, line 5	<del></del>	1 1	
	. (This does not include the tax from Part VI.)	2b	<b>-</b>	г
c Add lines 2a and 2b			2c	9,663.
	it before adjustments. Subtract line 2c from line 1		3	
	nts treated as qualifying distributions		4	0.
5 Add lines 3 and 4			5	9,663.
	ributable amount (see instructions)		6	0.
7 Distributable amou	nt as adjusted. Subtract line 6 from line 5. Enter here and	on Part XIII, line 1	7	9,663.
Part XII Qualify	ring Distributions (see instructions)			
1 Amounts paid (inclu	iding administrative expenses) to accomplish charitable, e	etc., purposes:	<b>^.</b> ,	
a Expenses, contribut	ions, gifts, etc total from Part I, column (d), line 26		1a	250,270.
b Program-related inv	restments - total from Part IX-B		1b	0.
2 Amounts paid to ac	quire assets used (or held for use) directly in carrying out	charitable, etc., purposes	2	
3 Amounts set aside t	or specific charitable projects that satisfy the:			
a Suitability test (prio	r IRS approval required)		3a	
b Cash distribution te	st (attach the required schedule)		3b	
	ions. Add lines 1a through 3b. Enter here and on Part V, I	line 8; and Part XIII, line 4	4	250,270.
5 Foundations that qu	alify under section 4940(e) for the reduced rate of tax on	net investment		
income. Enter 1% o	• •		5	0.
	distributions. Subtract line 5 from line 4		6	250,270.
	on line 6 will be used in Part V, column (b), in subsequent	years when calculating whether the foundation	qualifies for the	e section
	ction of tax in those years.	-		

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Part XIII Undistributed Income (s	ee instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7	3	200		9,663.
2 Undistributed income, if any, as of the end of 2017	`,		_	
a Enter amount for 2016 only		'	0.	
b Total for prior years:		_		
· · · · · · · · · · · · · · · · · · ·		0.		
3 Excess distributions carryover, if any, to 2017:	,		•	
a From 2012	, , ,			,
<b>b</b> From 2013				
c From 2014			-	•
d From 2015			<u> </u>	
e From 2016		;. · · · ·		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4. $\triangleright$ \$ 250, 270.		•		
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0.663
d Applied to 2017 distributable amount		10		9,663.
e Remaining amount distributed out of corpus	240,607.	· · · · · · · · · · · · · · · · · · ·		ļ <del></del>
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	The state of the s		0.
6 Enter the net total of each column as indicated below;			. •, •	•
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	240,607.	1.5.		
b Prior years' undistributed income. Subtract				
line 4b from line 2b	٠ , .	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	w note the	0.		
d Subtract line 6c from line 6b. Taxable				, , ,
amount - see instructions		0.	ļ.·.	
e Undistributed income for 2016 Subtract line	-	-1		
4a from line 2a. Taxable amount - see instr.		· · · · · · · · · · · · · · · · · · ·	0.	
f Undistributed income for 2017, Subtract	,			Ì
lines 4d and 5 from line 1. This amount must		]_		-
be distributed in 2018		,	1	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election		4	±.	]
may be required - see instructions)	0.	1.0	·	
8 Excess distributions carryover from 2012		, par.		-
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	240,607.		· ·	
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014	1			

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c Excess from 2015 d Excess from 2016

e Excess from 2017

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240,607.

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Part XIV Private Operating Fo	undations (see in	nstructions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	at it is a private operating			
foundation, and the ruling is effective for	2017, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the founda	tion is a private operati	ing foundation described i	n section	4942(j)(3) or49	42( <sub>J</sub> )(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 year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			/	<b>'</b>	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c			/	ļ	
3 Complete 3a, b, or c for the alternative test relied upon;			/		
a "Assets" alternative test - enter:			/		
(1) Value of all assets			<b> </b>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		<i>X</i>			
an exempt organization	/	<u></u>			
(4) Gross investment income			<u> </u>	1	
Part XV   Supplementary Infor at any time during the			t the foundation	nad \$5,000 or mor	e in assets
1 Information Regarding Foundation	Managers:				<del></del>
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	foundation before the close	e of any tax
SEE STATEMENT 8					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation of	nly makes contributions	s to preselected charitable	organizations and does i		ests for funds. If
the foundation makes gifts, grants, etc.,	o individuals or organiz	zations under other condit	ions, complete items 2a,	b, c, and d.	··
a The name, address, and telephone numb	er or email address of t	the person to whom applic	ations should be addres	sed:	
<b>b</b> The form in which applications should be	submitted and inform	ation and materials they s	nould include:		· ·
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on awards	, such as by geographic	cal areas, charitable fields,	kinds of institutions, or	other factors:	

r gross amounts unless otherwise indicated.	Unrelated b	usiness income	Exclu	ided by section 512, 513, or 514	(e)
gross amounts unless otherwise mulcated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue.	Business code	Amount	sion	Amount	function income
·	_				
)	_				
	_				<del></del>
l	_				<del></del>
·	_			<u> </u>	
	_				
Fees and contracts from government agencies					
Membership dues and assessments			_		
nterest on savings and temporary cash			١.,		
nvestments			14	29.	
Dividends and interest from securities				<del></del>	<del></del>
Net rental income or (loss) from real estate:	., ' .;	<u> </u>	; ••		• . • 3
Debt-financed property	<u> </u>	<del></del>			<del></del>
Not debt-financed property	<u> </u>			<del> </del>	
Vet rental income or (loss) from personal				]	
property			1.4	100	
Other investment income			14	193.	
Gain or (loss) from sales of assets other					
han inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue	1				
	_		<del>-  </del>		
	l i			<del>                                     </del>	<del></del>
· 1	1 1		+	<del>  </del>	<del></del>
		<del></del>	+	<del> </del>	
Subtotal. Add columns (b), (d), and (e)	11,7 4 4		). 5	222.	
	7, , , _ ]		/ •   <del>-</del> · ·	13	2
Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	;)			13	
art XVI-B Relationship of Activitie		olishment of E	exempt	Purposes	
e No. Explain below how each activity for which					alishment of
the foundation's exempt purposes (other t				outed importantly to the accomp	, monimont of
			•	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	-		
		<u> </u>			
	<del></del>				
	<del></del>		_		

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P00540130

Firm's EIN ► 86-1065772

Phone no (616)336-7900

Paid

Preparer

**Use Only** 

Date

7 - 3 - 1 8

Preparer's signature

GRAND RAPIDS, MI 49503-41441

TAX

Firm's address ▶ 38 COMMERCE SW, STE 600

Check

self- employed

Print/Type preparer's name

TODD P. COOK

Firm's name ► DELOITTE

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

Employer identification number

2017

MICHAEL AND ANDREA ABRAHAM FOUNDATION 82-2197413 Organization type (check one) Filers of: Section: Form 990 or 990-EZ \_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

#### MICHAEL AND ANDREA ABRAHAM FOUNDATION

82-2197413

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	217/113
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL AND ANDREA ABRAHAM  126 OTTAWA AVE NW, SUITE 500  GRAND RAPIDS, MI 49503	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### MICHAEL AND ANDREA ABRAHAM FOUNDATION

82-2197413

art II Nor	ncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	r
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
-		<b> s</b>	
(a) No.		(c)	(4)
from Part I	(b)  Description of noncash property given	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
_   _		<u> </u>	
			en e
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u></u>	10	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Employer identification number Name of organization 82-2197413 MICHAEL AND ANDREA ABRAHAM FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 ZIP + 4 Relationship of transferor to transferee (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 ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

723454 11-01-17

SOURCE	ODY 000 DE TYMEDERM ON GAY:	TNGG NTD III	TWDOD I DV	CA CII	THEOMYTHE	CONTRACTOR 1
REVENUE   NET INVESTMENT   ADJUSTED	JRM 990-PF INTEREST ON SAV.	INGS AND T	EMPORARY	CASH	TINVESTMENTS	STATEMENT 1
### TOTAL TO PART I, LINE 3    29.   29.	OURCE	RE	VENUE		INVESTMENT	(C) ADJUSTED NET INCOME
Ca	ACATAWA BANK		29.		29.	
CA   CE   CE   CE   CE   CE   CE   CE	OTAL TO PART I, LINE 3		29.		29.	
REVENUE   NET INVEST-   ADJU	ORM 990-PF	OTHER	INCOME			STATEMENT 2
### FROM PARTNERSHIPS— SEE STATEMENT #9 0. 238.  ###################################	ESCRIPTION		REVEN	UE	NET INVEST-	
FORM 990-PF  LEGAL FEES  STATEME  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		MENT #9				-
(A)         (B)         (C)         (C)           EXPENSES         NET INVEST- ADJUSTED CHARPER BOOKS MENT INCOME NET INCOME         CHARPER BOOKS MENT INCOME NET INCOME         PUR           LEGAL FEES         259.         0.         0.         CO	OTAL TO FORM 990-PF, PART I	, LINE 11		193.	238	•
(A)         (B)         (C)         (C)           EXPENSES         NET INVEST- ADJUSTED CHARPER BOOKS         CHARPER BOOKS MENT INCOME NET INCOME PURSON           LEGAL FEES         259.         0.           TO FM 990-PF, PG 1, LN 16A         259.         0.           FORM 990-PF         OTHER PROFESSIONAL FEES         STATEMENT OF THE PROFESSIONAL FEES           (A)         (B)         (C)         (C)           EXPENSES         NET INVEST- ADJUSTED CHARPER BOOKS MENT INCOME PURSON         CHARPER BOOKS MENT INCOME PURSON           BANK FEES         11.         0.						
DESCRIPTION  EXPENSES NET INVEST- ADJUSTED CHARPED BOOKS MENT INCOME PUR  LEGAL FEES  259.  O.  TO FM 990-PF, PG 1, LN 16A  259.  OTHER PROFESSIONAL FEES  (A)  EXPENSES NET INVEST- ADJUSTED CHARPED	ORM 990-PF	LEG	AL FEES			STATEMENT 3
TO FM 990-PF, PG 1, LN 16A  259.  O.  FORM 990-PF  OTHER PROFESSIONAL FEES  STATEME  (A)  EXPENSES  NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME PUR  BANK FEES  11.  O.	ESCRIPTION	EXPENSES	NET I	NVEST-	ADJUSTED	CHARITABLE
FORM 990-PF  OTHER PROFESSIONAL FEES  (A)  EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR  BANK FEES  11.  0.	EGAL FEES	25	9.	0	•	259
(A) (B) (C) ( EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR  BANK FEES 11. 0.	O FM 990-PF, PG 1, LN 16A =	25	9.	0	•	259
(A) (B) (C) ( EXPENSES NET INVEST- ADJUSTED CHAR DESCRIPTION PER BOOKS MENT INCOME NET INCOME PUR BANK FEES 11. 0.	ODM 990-DF	OWNED DEOR	PCCTONAL			STATEMENT 4
DESCRIPTION  PER BOOKS MENT INCOME NET INCOME PUR  BANK FEES  11.  0.	JRM 990-FF (		ESSIONAL			STATEMENT 4
	ESCRIPTION	EXPENSES	NET I	NVEST-	ADJUSTED	
TO FORM 000 DE DO 1 IN 160 11 0	ANK FEES	1	1.	0	•	11
TO FORM 990-PF, PG 1, LN 16C 11. 0.	O FORM 990-PF, PG 1, LN 16C	1	1.	0	•	11

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FREEDOM CAPITAL MANAGEMENT, LP	FMV	200,193.	200,193.
TOTAL TO FORM 990-PF, PART II, LINE 1	L3	200,193.	200,193.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 6
· · · · · · · · · · · · · · · · · · ·		

NAME OF CONTRIBUTOR

ADDRESS

MICHAEL J. AND ANDREA D. ABRAHAM

126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503

	OF OFFICERS, DIRECTORS COUNDATION MANAGERS		STATEMENT 7	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ANDREA D. ABRAHAM 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503	PRESIDENT/DIRECT	OR 0.	0.	0.
MICHAEL J. ABRAHAM 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503	VICE PRESIDENT/D 1.00	IRECTOR 0.	0.	0.
JERRY L. TUBERGEN 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503	EXEC. VICE PRESI	DENT/DIREC	CTOR 0.	0.
ROBERT H. SCHIERBEEK 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503	COO/TREASURER/SE 0.50	CRETARY 0.	0.	0.
JEFFREY K. LAMBERT 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503	CFO/ASSISTANT SE 0.50	CRETARY 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII =	0.	0.	0.

FORM 990-PF PART XV - LINE 1A STATEMENT 8
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ANDREA D. ABRAHAM MICHAEL J. ABRAHAM

Michael & Andrea Abraham Foundation

EIN: 82-2197413 December 31, 2017

# Form 990PF - Part I, Line 11 Column (b) Income/(Loss) from Partnerships

Partnership Name EIN	Freedom Capital Management LP	Total	
Passive ordinary business income/loss	-	-	
Nonpassive ordinary business income/loss	-	-	
Net rental real estate income/loss		-	
Other net rental income/loss		-	
Guaranteed payments		- 283	
Interest Income	283		
Non-qualified Dividends	9	9	
Qualified Dividends	-	-	
Royalties		-	
Net short-term capital gain/loss	(32)	` '	
Net long-term capital gain/loss	(34)	(34)	
Net section 1231 gain/loss	-	-	
Other portfolio income/loss	-	-	
Section 1256 contracts & straddles		-	
Other income/loss	-		
	226	226	
Section 179 deduction		-	
Contributions		-	
Investment interest expense	-	-	
Section 59(e)(2) expenditures	54	- 54	
Deductions - portfolio (2% floor)	34	54	
Deductions - portfolio (other) Other deductions-SBT/State and Local		-	
Other deductions-Property Taxes		-	
Other deductions-Miscellaneous		_	
	_	_	
Foreign taxes paid - Foreign taxes accrued -		_	
Total lanes accided	54	54	
Total Partnership Income/(Loss)	172	172	
Total Additions Moone (2000)		1,2	
Amount Reported on Form 990-PF, Part I, Line 11	238	238	
Amount Reported on Form 990-PF, Part IV, Line 1	(66)		
Amount Reported on Form 990-T as UBTI	-	-	
Total Partnership Income/(Loss)	172	172	
Total I addition Into the (Doss)	172	172	