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.

Department of the Treasury Internal Revenue Service		irs.gov/Form990PF for instr			Open to Public Inspection
For calendar year 2018	or tax year beginning		, and ending		
Name of foundation				A Employer identification	number
	LISSA LOWERY FOU			82-2999216	· ·
•	box number if mail is not delivered to street AVE NW, SUITE 5		Room/suite	B Telephone number (616)643-4	700
City or town, state or p	rovince, country, and ZIP or foreign			C If exemption application is p	
GRAND RAPI	DS, MI 49503	Initial return of a fe	ormer public charity	D 1. Foreign organization	s chack hare
G Check all that apply:	Final return	Amended return	miner public charity		
	Address change	Name change	11.0	2. Foreign organizations me check here and attach co	
H Check type of organic Section 4947(a)(zation: X Section 501(c)(3) e	Other taxable private foundation	tion 04	E If private foundation sta under section 507(b)(1	
Fair market value of a	· 1 —	ting method; X Cash	Accrual	F If the foundation is in a	
(from Part II, col. (c), ►\$		Other (specify) imn (d) must be on cash basis	s.)	under section 507(b)(1)(B), check here
(The total of am	Revenue and Expenses ounts in columns (b), (c), and (d) may not al the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions	gifts, grants, etc., received	55,000.		N/A	
2 Check ▶ ☐	if the foundation is not required to attach Sch. B. gs. and temporary				
3 cash investment 4 Dividends and	s I interest from securities				
5a Gross rents					
b Net rental incom		0.			
O Gross sales price	from sale of assets not on line 10	0.			
7 Capital gain net i	ncome (from Part IV, line 2)		1.		
8 Net short-term	• •				
9 Income modif Gross sales less 10a and allowances					
b Less Cost of go	· · · · · · · · · · · · · · · · · · ·				
c Gross profit o	r (loss)	29.	27.		STATEMENT 1
11 Other income 12 Total, Add lin	es 1 through 11	55,029.	28.		STATEMENT I
- 1	f officers, directors, trustees, etc	0.	0.		0.
14-Other-employe	e-salaries-and-wages				
15 Pension plans	; employee Denetits				0.554
16a Legal fees		2,774.	0.		2,774.
16a Cegal fees Accounting Control of the profession of the profess		2,562.	0.		2,562.
		250.	0.		0.
19 Depreciation a		250.			
E 20 Occupancy					
21 Travel, conter	ences, and meetings			<u> </u>	
22 Printing and p		622.	0.		622.
<u> </u>	ng and administrative				
expenses_Ad	d lines 13 through 23	6,208.	0.	1	5,958.
	gifts, grants paid	27,700.	.		27,700.
26 Total expense Add lines 24 a	es and disbursements.	33,908.	0.		33,658.
27 Subtract line 2	26 from line 12:				
	ne over expenses and disbursements	21,121.	28.	-	
	nt income (if negative, enter -0-)		20.	N/A	

823511 12-11-18

28,937.

Form **990-PF** (2018)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

MATE AND ELISSA LOWERY FOINDATION

	Losses for Tax on Inv							JZIO Tago o
				[(b)]	How acquired	(a) Data	acquired	(d) Data cold
	kind(s) of property sold (for exan ouse; or common stock, 200 shs.		ite,	, b	- Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a FROM PARTNERSHIP		•	<u> </u>		P	VARI	ous	VARIOUS
b								
С				_				_
<u>d</u>				-		 		i
<u>e</u>	(f) Depreciation allowed	(a) Co	st or other basis	┸	<u>.</u>	(b) (ain or (loss	1
(e) Gross sales price	(or allowable)		expense of sale			((e) plu	s (f) minus	(g))
a								1.
b				_				
<u>C</u>				\dashv		-		-
d e			.					
Complete only for assets showing ga	un in column (h) and owned by the	ne foundation	on 12/31/69.			(I) Gains (Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis		xcess of col. (I)		(col. (k), but Losses	not less tha (from col. (
(1) 1 11/1 43 01 12/01/03	as of 12/31/69	over	col. (j), if any	\dashv				1.
b								
C								
d								
<u>e</u>				_				
2 Capital gain net income or (net capital	If gain, also enter	in Part I, line	7	-}	2			1.
	, (,,,		; /	7			•	
3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, colu		J (0).] [
If (loss), enter -0- in Part I, line 8		7 - J J	Tauran Nat		3		N/A	<u> </u>
	er Section 4940(e) for					come		
(For optional use by domestic private fou	indations subject to the section 4	940(a) tax on	net investment in	come.	.)			
If section 4940(d)(2) applies, leave this p	art blank.							
Was the foundation liable for the section			•	lod?				Yes X No
If "Yes," the foundation doesn't qualify un				otrico				· ·
Enter the appropriate amount in each (a)	(b)	structions bei	lore making any er	(c)		1		(d)
Base period years Calendar year (or tax year beginning in	A discount of the contract of	ributions	Net value of no			ets		bùtión ratio vided by col. (c))
2017		2,184.			1,54	1.		1.417262
2016								
2015								
<u>2014</u> 2013	-					<u> </u>		
2010			·					
2 Total of line 1, column (d)						2_		1.417262
3 Average distribution ratio for the 5-ye	· •	n line 2 by 5.0	0, or by the numb	er of y	/ears			1.417262
the foundation has been in existence i	fless than 5 years					3		1.41/202
4 Enter the net value of noncharitable-u	se assets for 2018 from Part X. I	ne 5				4		15,364.
	,							
5 Multiply line 4 by line 3						5_		21,775.
A F 1 40/ of a day of	10/ - (D- + 1 1 1 07h)							0.
6 Enter 1% of net investment income (1	1% Of Part I, line 270)					6	 	
7 Add lines 5 and 6						7		21,775.
8 Enter qualifying distributions from Pa						8	I	33,658.
If line 8 is equal to or greater than line See the Part VI instructions	e 7, check the box in Part VI, line	1b, and comp	olete that part usin	ng a 19	% tax rate.			

3

Form 990-PF (2018) NATE AND ELISSA LOWERY FOUNDA Part VI Excise Tax Based on Investment Income (Section 49)		32-2999 4 8 - see ii		age 4
1a Exempt operating foundations described in section 4940(d)(2), check here and				1
Date of ruling or determination letter: (attach copy of letter if i				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		0.
of Part I, line 27b		1 '		1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part I, line 12, col. (b). 丿			ليہ
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		0.
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		<u>0.</u>
6 Credits/Payments:				
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 250.			
b Exempt foreign organizations - tax withheld at source	6b 0.			
c Tax paid with application for extension of time to file (Form 8868)	6c 0.			1
d Backup withholding erroneously withheld	6d U.		2 5	I
7 Total credits and payments. Add lines 6a through 6d		7	45	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	attached	8		<u> </u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	25	50.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	250 Refunded	10		0.
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ► Part VII-A Statements Regarding Activities	Z J O : Refunded			<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local le	distation or did it participate or intervene	n	Yes	No
any political campaign?	gistation of did it participate of interventer		1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur	noses? See the instructions for the definit	ion	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie			,	 -
distributed by the foundation in connection with the activities.	,		'	
c Did the foundation file Form 1120-POL for this year?			1c	X ·
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	the vear:		-	l
(1) On the foundation. > \$ 0 . (2) On foundation manage			1.11	
e Enter the reimbursement (if any) paid by the foundation during the year for political experi			[" ·
managers. ▶ \$ 0 •				
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?		2	<u>X</u>
If "Yes," attach a detailed description of the activities.				*
3 Has the foundation made any changes, not previously reported to the IRS, in its governin	g instrument, articles 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 y	rear?		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	ar' [,]		5	X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	l either:			
By language in the governing instrument, or			1 1 1	
By state legislation that effectively amends the governing instrument so that no mandate	tory directions that conflict with the state	aw		
remain in the governing instrument?			6 X 7 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," coil	mplete Part II, col. (c), and Part XV		7 X	
8a Enter the states to which the foundation reports or with which it is registered. See instruc	ctions. ►			
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)	<u> </u>		
of each state as required by General Instruction G? If "No," attach explanation			8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4942(j)(3) or 4942(j)(5) for calen	dar		'/
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," co	omplete Part XIV		9	<u>x</u> (/
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a scho	edule listing their names and addresses		10	X
		Fo	orm 990-PF (2018)

823531 12-11-18

Pa	rt VII-A	Statements Regarding Activities (continued)			
				Yes	No
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			_
••	-	2(b)(13)? If "Yes," attach schedule. See instructions	11		х
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12		ach statement. See instructions	12		х
12	•	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13		dress > N/A			
14	The books	are in care of ► ROBERT H. SCHIERBEEK Telephone no. ► (616)	643	-47	00
14	Located at	► 126 OTTAWA AVE NW, STE 500, GRAND RAPIDS, MI ZIP+4 ► 49			
45		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
15			N	/A	
40		•		Yes	No
16		e during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	16	100	X
		or other financial account in a foreign country?	10		
		tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Da	foreign cou	Statements Regarding Activities for Which Form 4720 May Be Required		<u> </u>	
Га			_	Yes	No
		4720 if any item is checked in the "Yes" column, unless an exception applies.		103	140
1a	•	year, did the foundation (either directly or indirectly): e in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
				ĺ	
		w money from, lend money to, or otherwise extend credit to (or accept it from) Wes X No			
		h goods, services, or facilities to (or accept them from) a disqualified person?			
		ompensation to, or pay or reimburse the expenses of, a disqualified person?			
		er any income or assets to a disqualified person (or make any of either available			
		benefit or use of a disqualified person)?			
		to pay money or property to a government official? (Exception. Check "No"			
		oundation agreed to make a grant to or to employ the official for a period after			
		ation of government service, if terminating within 90 days.)			
b		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			 _
		4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	-	ons relying on a current notice regarding disaster assistance, check here			
C		ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
		first day of the tax year beginning in 2018?	10		X
2		allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
		section 4942(j)(3) or 4942(j)(5)):			
a		of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 201	Yes X No]
		the years >,,,,			
b		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		see instructions.) N/A	2b_	ļ	
C	If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			!
	▶	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a	Did the fou				
	during the				
b		It have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
		169; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
		acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
		, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لــِــا
	had not be	en removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
		Fo	rm 99 ()-PF	(2018)

Form 990-PF (2018)

Page 8

ĮP.	art∤X■ Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	0.
b	Average of monthly cash balances	1b	13,384.
	Fair market value of all other assets	1c	2,214.
d	Total (add lines 1a, b, and c)	1d	15,598.
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	0.
3	Subtract line 2 from line 1d	3	15,598.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	234.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,364.
6	Minimum investment return. Enter 5% of line 5	6	768.
ĪP.	art>XI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here and do not complete this part.)	and certain	
_		T . T	768.
1	Minimum investment return from Part X, line 6	1	
_	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)	- 	0.
C	Add lines 2a and 2b	2c	768.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	708.
4	Recoveries of amounts treated as qualifying distributions	4	768.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	/00.
P	art/XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	33,658.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	33,658.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,658.

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

Form **990-PF** (2018)

4940(e) reduction of tax in those years.

Page 9 Undistributed Income (see instructions) Part XIII (d) (a) (b) (c) 2018 Corpus Years prior to 2017 2017 1 Distributable amount for 2018 from Part XI, 768. 2 Undistributed income, if any, as of the end of 2018 0. a Enter amount for 2017 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2018: a From 2013 **b** From 2014 c From 2015 d From 2016 2,162. e From 2017 2,162. f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: ►\$ 0 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 768. d Applied to 2018 distributable amount 32,890. e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 35,052 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2017. Subtract line 0. 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2013 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2019. 35,052 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2014 b Excess from 2015

823581 12-11-18

c Excess from 2016

d Excess from 2017

e Excess from 2018

Form 990-PF (2018)

2,162.

32,890

	D ELISSA LO				999216 Page 10
[Part₁XIV] Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶ └	7	1040/1/51
b Check box to indicate whether the found		ng foundation described ii		4942(j)(3) or 4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
income from Part I or the minimum	(a) 2018	(b) 2017	(6) 2016	(0) 2013	(6) 10(a)
investment return from Part X for					
each year listed	-				
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					
exempt activities		-			
e Qualifying distributions made directly		/			
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:		/			
(1) Value of all assets			-	·	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					+
c "Support" alternative test - enter:	1				
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section			la l		
512(a)(5)), or royalties)	-				
(2) Support from general public and 5 or more exempt		•			
organizátions as provided in					
section 4942(I)(3)(B)(III)				-	
(3) Largest amount of support from					
an exempt organization	***				
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only i	the foundation	had \$5.000 or mo	re in assets
at any time during t	the vear-see instr	uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wi		than 2% of the total contr	abutions received by the	e foundation hefore the clo	se of any tay
year (but only if they have contributed			ibutions received by the	c logituation before the old	Sc of any tax
SEE STATEMENT 8	.,,,	. ,, ,,			
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation (or an equally large port	tion of the ownership of a c	partnership or
other entity) of which the foundation ha			or arroquarry large per	aon or me emicromp er a p	ar more impress
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here ► X if the foundation				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a moname, address, and telephone name					
b The form in which applications should	be submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographica	al areas, charitable fields,	kinds of institutions, or	r other factors:	
1					

Total

▶ 3b

5,000.

Form 990-PF (2018)

Page 12

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	1		t -		
a	- []		 		
b			 		
<u> </u>		<u>-</u>	 		
d			 		
e					
f			<u> </u>		
g Fees and contracts from government agencies	 		<u> </u>		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			 		
4 Dividends and interest from securities	 		\vdash		· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:			-		
a Debt-financed property			<u> </u>		
b Not debt-financed property		·	+		
6 Net rental income or (loss) from personal					
property			1.4	20	
7 Other investment income			14	29.	
8 Gain or (loss) from sales of assets other					
than inventory			ļ		
9 Net income or (loss) from special events			ļ. —		
O Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			<u> </u>		
b					
C					
d			ļ		
-					
e				29.	0
e		0.			
e		0.		13	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	ons.)	0.		13	
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation			empt		
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for whice	ies to the Accom	plishment of Exe		Purposes	29

823621 12-11-18

Form 99				RY FOUNDATION		82-29		Pag	ge 13
Part			nsfers to a	nd Transactions ar	nd Relationsh	nips With Noncha	ritable		
	Exempt Or	ganizations							
	*			ng with any other organization	on described in sec	tion 501(c)		es	<u>No_</u>
(ot	her than section 501(c)(3)	organizations) or in sect	ion 527, relating	g to political organizations?					
a Tra	insfers from the reporting f	oundation to a nonchari	table exempt or	ganization of:					—
(1)	Cash						1a(1)	\dashv	<u>X</u>
(2)	Other assets						1a(2)		<u> </u>
	ner transactions:								
	Sales of assets to a noncl						1b(1)		<u>X</u>
	Purchases of assets from		organization				1b(2)	 -⊦	<u>X</u>
	Rental of facilities, equipr						1b(3)		X
	Reimbursement arrangen						1b(4)		X
, ,	Loans or loan guarantees						1b(5)	\dashv	X
٠,	Performance of services	· ·	-				1b(6)		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	aring of facilities, equipmen	•		· -	waya ahayy tha fare	market value of the good	1 <u>0</u>	<u> </u>	<u> </u>
	•			edule. Column (b) should all				5,	
	services given by the repor rumn (d) the value of the go	-		ed less than fair market valu	ie iii ally transaction	it of sharing arrangement	, 511044 111		
(a) Line n	1 ' '			e exempt organization	(d) Description	on of transfers, transactions, ar	nd sharing arran	aement	
(4)2	(b) (b) (interest interest	(0) 1101110	N/A	5 6.10.11.p. 0.1ga	(2)				
	-	-	21/11						

				-					
						_ <u></u>			
	•	•		or more tax-exempt organi	zations described			T77	١
	section 501(c) (other than s	, ,, ,,	section 527?				Yes	X	J No
<u>b lf "</u>	Yes," complete the following	g schedule. of organization		(h) Type of organization		(c) Description of relation	nehin		
				(b) Type of organization		(c) Description of relation	HISHIP		—
	N/	Α							
	<u> </u>								
					-				
		<u> </u>							
	Under penalties of perjury, I de	clare that I have examined th	us return including	I accompanying schedules and st taxpayer) is based on all informa	atements, and to the b	est of my knowledge	May the IRS dis	CHEC 1h	
Sign	and belief, it is true, correct, ar	nd complete eclaretion of	repare (other than	taxpayer) is based on all informa	tion of which preparer	has any knowledge	return with the p shown below?	reparer	r
Here	X KALLY	1.1.1.1		110/23/19	Tre	asurer	X Yes		No
	Signature of officer or tr	ustee		Date	Title				
	Print/Type prepare	r's name	Preparer's s	ignature	Date	Check if PTI	N		
			~			self- employed			
Paid	TODD P.	COOK	Inda	1. Col	8-23-19		005401		
Prep	arer Firm's name ► I	ELOITTE TA	X LLP			Firm's EIN ▶ 86-	106577	2	_

Phone no. (616)336-7900 Form **990-PF** (2018)

Use Only

Firm's address ▶ 38 COMMERCE SW, STE 600

GRAND RAPIDS, MI 49503-4144

Schedule B

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

Department of the Treasury Internal Revenue Service

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

2018

Name of the organization

Employer identification number

	NATE AND ELISSA LOWERY FOUNDATION	82-2999216
Organization type (che	ck 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	on
	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	
Note: Only a section 50 General Rule	non is covered by the General Rule or a Special Rule . O1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	
	any one contributor. Complete Parts I and II See instructions for determining a con	
Special Rules		
sections 509(a any one contrib	tation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sol(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 butor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the D-EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year, total cont	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead	, or educational purposes, or for the
year, contribut is checked, eni purpose. Don't	tation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tions exclusively for religious, charitable, etc., purposes, but no such contributions to atter here the total contributions that were received during the year for an exclusively to the complete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000 If this box religious, charitable, etc.,
but it must answer "No'	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sched " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

NATE AND ELISSA LOWERY FOUNDATION

82-2999216

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATHAN M. AND ELISABETH D. LOWERY 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503	\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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

NATE AND ELISSA LOWERY FOUNDATION

82-2999216

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	i if additional space is needed.	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization 82-2999216 NATE AND ELISSA LOWERY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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. (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 (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF	OTHER I	NCOME	<u> </u>	STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FROM PARTNERSHIPS - PER BOOKS FROM PARTNERSHIPS - SEE STATE		29. 0.	0. 27.	
TOTAL TO FORM 990-PF, PART I	, LINE 11	29.	27.	
FORM 990-PF	LEGAL	FEES	<u>S</u>	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,774.	. 0	•	2,774.
TO FM 990-PF, PG 1, LN 16A	2,774.	. 0	•	2,774.
FORM 990-PF (SSIONAL FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES BANK FEES	2,500. 62.			2,500.
TO FORM 990-PF, PG 1, LN 16C	2,562.	0	•	2,562.
FORM 990-PF	TAX	ŒS	<u> </u>	STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	250.	. 0	•	0.
TO FORM 990-PF, PG 1, LN 18	250.	0	•	0.
=				

FORM 990-PF	OTHER EXPENSES ST			TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE FILING FEES	22. 600.	0.		22. 600.	
TO FORM 990-PF, PG 1, LN 23	622.	0.		622.	

FORM 990-PF OTHER	RINVESTMENTS		STATEMENT 6	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
FREEDOM CAPITAL MANAGEMENT LLC	COST	7,529.	7,529.	
TOTAL TO FORM 990-PF, PART II, LINE	13	7,529.	7,529.	

STATEMENT 8

ORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 7	
PRESIDENT/TRUSTI	0.	0.	0.	
VICE PRESIDENT/1	TRUSTEE 0.	0.	0.	
EXEC. VICE PRESI	IDENT/TRUST		0.	
COO/TREASURER/SI	ECRETARY 0.	0.	0.	
CFO/ASSISTANT SI 0.50	ECRETARY 0.	0.	0.	
, PART VIII =	0.	0.	0.	
	AVRG HRS/WK PRESIDENT/TRUSTI 1.00 VICE PRESIDENT/T 1.00 EXEC. VICE PRESIDENT/T 0.50 COO/TREASURER/SI 0.50 CFO/ASSISTANT SI 0.50	PRESIDENT/TRUSTEE 1.00 0. VICE PRESIDENT/TRUSTEE 1.00 0. EXEC. VICE PRESIDENT/TRUST 0.50 0. COO/TREASURER/SECRETARY 0.50 0. CFO/ASSISTANT SECRETARY 0.50 0.	TITLE AND COMPEN- BEN PLAN CONTRIB PRESIDENT/TRUSTEE 1.00 0. 0. VICE PRESIDENT/TRUSTEE 1.00 0. 0. EXEC. VICE PRESIDENT/TRUSTEE 0.50 0. 0. COO/TREASURER/SECRETARY 0.50 0. 0. CFO/ASSISTANT SECRETARY 0.50 0. 0.	

PART XV - LINE 1A

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

FORM 990-PF

ELISABETH D. LOWERY NATHAN M. LOWERY

Nate & Elissa Lowery Foundation

EIN: 82-2999216 December 31, 2018

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

Partnership Name EIN	Freedom Capital Management LP 20-0561124	Total
Passive ordinary business income/loss Nonpassive ordinary business income/loss Net rental real estate income/loss Other net rental income/loss Guaranteed payments Interest Income Non-qualified Dividends Qualified Dividends Royalties Net short-term capital gain/loss Net long-term capital gain/loss Net section 1231 gain/loss Other portfolio income/loss Section 1256 contracts & straddles Other income/loss	- - 30 1 - - 1	- - - - 30 1 - - - 1
Section 179 deduction Contributions Investment interest expense	32	32 - - -
Section 59(e)(2) expenditures Deductions - portfolio (2% floor) Deductions - portfolio (other) Other deductions-SBT/State and Local Other deductions-Property Taxes Other deductions-Miscellaneous Foreign taxes paid Foreign taxes accrued	- - - -	- 4 4
Total Partnership Income/(Loss)	28	28
Amount Reported on Form 990-PF, Part I, Line 11 Amount Reported on Form 990-PF, Part IV, Line 1 Amount Reported on Form 990-T as UBTI	27 1	27 1
Total Partnership Income/(Loss)	28	28

Nate and Elissa Lowery Foundation EIN: 82-2999216

Year Ended 12/31/2018

Form 990PF - Part XV Supplementary Information Line 3a - Grants and Contributions Paid during the Year

	Relationship	Foundation Status of	Purpose	
Recipient Name & Address	to Donor	Recipient	of Grant	Amount
Ada Township	None	GOV	Unrestricted	5,000
P O Box 370			Grant to	
Ada, MI 49301			General Fund	
Endeavor Detroit	None	PC	Unrestricted	5,000
1570 Woodward Ave			Grant to	
Detroit, MI 48226			General Fund	
Endeavor Global, Inc.	None	PC	Unrestricted	5,000
900 Broadway, Suite 301			Grant to	
New York, NY 10003			General Fund	
Mental Health Foundation of West Michigan	None	PC	Unrestricted	200
107 Oakes SE			Grant to	
Grand Rapids, MI 49503			General Fund	
President and Fellows of Harvard College	None	PC	Unrestricted	5,000
1350 Massachusetts Avenue			Grant to	
Richard A & Susan F Smith Campus Center, Suite 600			General Fund	
Cambridge, MA 02138				
Saint Mary's Foundation	None	PC	Unrestricted	2,500
200 Jefferson SE			Grant to	
Grand Rapids, MI 49503			General Fund	
Trustees of Princeton University	None	PC	Unrestricted	5,000
330 Alexander Street, 4th Floor			Grant to	
Princeton, NJ 08540			General Fund	
Total			•	\$27,700