990-PF Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

0047

OMB No. 1545-

Open to Public

► 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.

| | | F GO to <u>www.irs.gov/Formissopr</u> | | | | Inspection |
|-----------------------------|----------------|---|-----------------------|-------------------------|---|----------------------------------|
| For | cale | ndar year 2023, or tax year beginning 01-0 | 1-2023 | , and ending 12 | 2-31-2023 | |
| | | undation MILY FOUNDATION | | A Employer ide | ntification numbe | er |
| DL | VOS FA | MILT FOUNDATION | | 86-1509286 | | |
| | | street (or P.O. box number if mail is not delivered to street address) | Room/suite | B Telephone num | ıber (see instruction | s) |
| 20 | JU MONI | ROE AVENUE NW | | (616) 643-4700 | | |
| | | n, state or province, country, and ZIP or foreign postal code IDS, MI 49503 | | C If exemption a | pplication is pending | g, check here |
| | | | | | | • [|
| G Ch | ieck al | Il that apply: Initial return Initial return of a fo | ormer public charity | | anizations, check he | P |
| | | Final return Address change Name change | | | anizations meeting here and attach cor | |
| H Ch | eck ty | /pe of organization: ▼ Section 501(c)(3) exempt private | foundation | | idation status was to | |
| _ | | 4947(a)(1) nonexempt charitable trust Other taxable | | under section | 507(b)(1)(A), chec | k nere |
| | | ket value of all assets at end J Accounting method: | ▼ Cash | . In the roundate | ion is in a 60-month | |
| | | from Part II, col. (c), | | under section | 507(b)(1)(B), chec | k here |
| | , 10, | (Part I, column (d) must b | pe on cash basis.) | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable |
| | | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see | expenses per books | income | income | purposes (cash basis only) |
| | 1 | <i>Instructions).)</i> Contributions, gifts, grants, etc., received (attach | | | | (casi: sasis silly) |
| | | schedule) Chack b F if the foundation is required to attach | 4,372,979 | | | |
| | 2 | Check if the foundation is not required to attach | | | | |
| | 3 | Sch. B Interest on savings and temporary cash investments | | | | |
| | 4 | Dividends and interest from securities | | | | |
| | 5a | Gross rents | | | | |
| ar | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | |
| Revenue | b | Gross sales price for all assets on line 6a | | | | |
| Rev | 7 | Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and | | | | |
| | b | allowances Less: Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | Total. Add lines 1 through 11 | 4,372,979 | 0 | | |
| es | 13 | Compensation of officers, directors, trustees, etc. | 0 | 0 | | 0 |
| ens | 14 | Other employee salaries and wages | | | | |
| X | 15 | Pension plans, employee benefits | 40.477 | | | 10.477 |
| le E | 16a | Legal fees (attach schedule) | 19,477 | 0 | | 19,477 |
| ativ | b | Accounting fees (attach schedule) | 940,160 | 0 | | 940,160 |
| and Administrative Expenses | | Other professional fees (attach schedule) | 940,160 | 0 | | 940,160 |
| m | 17 | Interest | | | | |
| Ad | 18 | Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion | | | | |
| nd | 19 20 | Occupancy | | | | |
| 19 6 | 21 | Travel, conferences, and meetings | 14,550 | 0 | | 14,550 |
| Operating | 22 | Printing and publications | | | | |
| per | 23 | Other expenses (attach schedule) | % 60 | 0 | | 60 |
| 0 | 24 | Total operating and administrative expenses. | | | | |
| | | Add lines 13 through 23 | 974,247 | 0 | | 974,247 |
| | 25 | Contributions, gifts, grants paid | 3,437,000 | | | 3,437,000 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | | | | 4 444 5 := |
| | 27 | Subtract line 26 from line 12: | 4,411,247 | 0 | | 4,411,247 |
| | <i>27</i> а | Excess of revenue over expenses and disbursements | -38,268 | | | |
| | b | Net investment income (if negative, enter -0-) | | 0 | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | |

| | | Relation Shorts Attached schedules and amounts in the description column | Beginning of year | End o | f year |
|-------------------------|----------|--|--------------------------|----------------|-----------------------|
| Рα | rt II | Balance Sheets 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 | | | |
| | 2 | Savings and temporary cash investments | 43,093 | 4,825 | 4,825 |
| | 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 | | | |
| | Ü | disqualified persons (attach schedule) (see instructions) | | | |
| | | | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 8 | Inventories for sale or use | | | |
| | | | | | |
| sts | 9 | Prepaid expenses and deferred charges | | | |
| ssets | 10a | Investments—U.S. and state government obligations (attach | | | |
| A | _ | schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis | | | |
| | 11 | | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 12 | · | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | | | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers—see the | 43,093 | 4,825 | 4,825 |
| | | instructions. Also, see page 1, item I) | 43,093 | 4,825 | 4,825 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| abilities | 20 | Loans from officers, directors, trustees, and other disqualified | | | |
| lab | 24 | persons Mortgages and other notes payable (attach schedule) | | | |
| | 21 | riortyages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe | | | |
| | 23 | Total liabilities(add lines 17 through 22) | 0 | 0 | |
| | | Foundations that follow FASB ASC 958, check here 🕨 🗌 | | | |
| es | | and complete lines 24, 25, 29 and 30. | | | |
| Assets or Fund Balances | 24 | Net assets without donor restrictions | | | |
| 3ali | 25 | Net assets with donor restrictions | | | |
| ld F | 23 | | | | |
| Fur | | Foundations that do not follow FASB ASC 958, check here | | | |
| or | | and complete lines 26 through 30. | | | |
| sts | 26 | Capital stock, trust principal, or current funds | 0 | 0 | |
| 556 | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0 | 0 | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds | 43,093 | 4,825 | |
| Net | 28 29 | Total net assets or fund balances (see instructions) | 43,093 | 4,825 | |
| | 30 | Total liabilities and net assets/fund balances (see instructions). | 43,093 | 4,825 | |
| Pa | rt III | Analysis of Changes in Net Assets or Fund Balances | · | • | |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a) | | :h | _ |
| _ | | of-year figure reported on prior year's return) | | 1 | 43,093 |
| 2 | | r amount from Part I, line 27a | | 2 | -38,268 |
| 3 | | r increases not included in line 2 (itemize) | | 4 | <u>0</u> |
| 4 5 | | lines 1, 2, and 3 | | 5 | 4,82 <u>5</u> 0 |
| 6 | | net assets or fund balances at end of year (line 4 minus line 5)—Part | II, column (b), line 29. | 6 | 4,825 |

| Form | 990-PF (2023) | | | | | Page 3 |
|--------|--|--|----------------------|--|-----------------------------------|---|
| Part | t IV Capital Gains and | Losses for Tax on Investr | nent Income | : | | |
| | | ind(s) of property sold (e.g., real e; or common stock, 200 shs. ML | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 18 | a | | | | | |
| | b | | | | | |
| | c | | | | | |
| , | d | | | | | |
| | e | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | r (loss)) minus (g) |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| C | Complete only for assets showir | ng gain in column (h) and owned b | y the foundation | n on 12/31/69 | (| I) |
| | | (j) | | (k) | | h) gain minus |
| | (i) F.M.V. as of 12/31/69 | Adjusted basis as of 12/31/69 | Excess | of col. (i) . (j), if any | | less than -0-) or om col.(h)) |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 2 3 | Net short-term capital gain of | If (los | | Part I, line 7 | 3 | |
| | | (0.11 | .) 4040(1) 404 | 10(1) 1010 | | |
| Pai | T V Excise Tax Based on Ir | nvestment Income (Section 4940(| a), 4940(b), 494 | 10(e), or 4948—see | e instructions) | |
| | Exempt operating foundations | described in section 4940(d)(2), | check here ► | and enter "N/A" | on] | |
| 1a | line 1. | | | | | |
| | Date of ruling or determination | n letter: (attach copy o | of letter if neces | sary-see instructi | ions) (1 | 0 |
| | All other domestic foundation | s enter 1.39% (0.0139) of line 27 | 7b. Exempt forei | an organizations e | enter 4% | |
| b | (0.04) of Part I, line 12, col. (| | 5. 2.cpc .o.o. | g., o. ga.,,_a.,, | | |
| 2 | | stic section 4947(a)(1) trusts and | l taxable founda | tions only. Others | enter 2 | 0 |
| 3 | Add lines 1 and 2 | | | | 3 | 0 |
| 4 | Subtitle A (income) tax (dome -0-) | estic section 4947(a)(1) trusts an | d taxable found | ations only. Others | s enter 4 | 0 |
| 5 6 | Tax based on investment inco Credits/Payments: | me. Subtract line 4 from line 3. If | zero or less, en | ter -0 | . 5 | 0 |
| а | 2023 estimated tax payments | and 2022 overpayment credited | to 2023 6a | | 0 | |
| b | • • | -tax withheld at source | | | 0 | |
| c | | xtension of time to file (Form 886 | | | 0 | |
| | rax para men appreadion for e | According to time to the (1 or in 500) | · · · | | <u> </u> | |
| d | Backup withholding erroneous | ly withheld | 6d | | 0 | |
| 7 | Total credits and payments | • | | 7 | 0 | |
| 8 | | rpayment of estimated tax. Check | here 🔲 if Forr | | 0 | |
| 0 | 2220 is attached. | | | | | |
| 9 | | 5 5 and 8 is more than line 7, ente | r amount owed | 9 | 0_ | |
| 10 | Overpayment. If line 7 is mamount overpaid | nore than the total of lines 5 and 8 | , enter the | 10 | | |
| 11 | | to be: Credited to 2024 estimated to | Refunded | 11 | | |
| | | | | | | 000 PF (|

Yes

Yes

No

No

No

No

No

No

8b

9

10

11

12

13

16

(616) 643-

Telephone no. ▶4700

Yes

Yes

Form **990-PF** (2023)

| | | | | age : |
|----|--|----|-----|-------|
| Pa | rt VI-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did | | Yes | No |
| | it participate or intervene in any political campaign? | 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions | | | |
| | for the definition | 1b | | No |
| | 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. | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. \blacktriangleright \$ 0 (2) On foundation managers. \blacktriangleright \$ 0 | | | |
| е | 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 | | No |
| | 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 | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | No |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| _ | 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? | 6 | Yes | |
| | | | | |

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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.

At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the

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 . . .

a bank, securities, or other financial account in a foreign country?

advisory privileges? If "Yes," attach statement. See instructions

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 2023 or the taxable year beginning in 2023? See the instructions for Part XIII.

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.

Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had

Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the

►MI

11

12

13

14

15

49503

foreign country 🏲

If "Yes," complete Part XIII

Website address DEVOSFAMILYFOUNDATION.ORG

The books are in care of ▶ROBERT H SCHIERBEEK

Located at ▶200 MONROE AVENUE NW GRAND RAPIDS MI

and addresses.

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| Part VI-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? | 1a(1) | | No |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| a disqualified person? | 1a(2) | | No |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | Yes | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | 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)? | 1a(5) | | 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.) | 1a(6) | | No |

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 Organizations relying on a current notice regarding disaster assistance check here.

Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?

a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d

operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private

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)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at

b If "Yes," did it have excess business holdings in 2023 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

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

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 2023?

2

No

No

No

No

No

No

1b

1d

2a

2b

За

3b

4a

4b

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| | rt VI-B Statements Rega | rdin | a Activities for Wh | ich Form 4720 May | Be Required (contin | ued) | | Р | age o |
|-------|---|---|---|---|--|---------|------|-----------------|----------------|
| 5a | During the year did the foundation | | - | 1CH 1 OTHI 4720 May | be Required (contin | ucu) | | Yes | No |
| Эа | (1) Carry on propaganda, or othe | | • | uislation (section 4945(e | 1))? | 5a | (1) | 165 | No |
| | (2) Influence the outcome of any | | ' | , | ** | | (-/ | | 140 |
| | on, directly or indirectly, any | - | | * ' | | . 5a | (2) | | No |
| | (3) Provide a grant to an individua | | - | | | . 5a | (3) | | No |
| | (4) Provide a grant to an organiza | ition o | ther than a charitable, e | etc., organization describ | oed | | | | |
| | in section 4945(d)(4)(A)? Se | e inst | ructions | | | 5a | (4) | | No |
| | (5) Provide for any purpose other | than' | religious, charitable, sci | entific, literary, or | | | | | |
| | educational purposes, or for t | he pre | evention of cruelty to chi | ildren or animals? | | 5a | (5) | | No |
| b | If any answer is "Yes" to 5a(1)-(! | | - | | · | | | | |
| | Regulations section 53.4945 or in | | | | | | 5b | | |
| С. | Organizations relying on a curren | | | | L. | | | | |
| d | If the answer is "Yes" to question tax because it maintained expend | | | | | | 5d | | |
| | If "Yes," attach the statement requi | | · · · · · · · · · · · · · · · · · · · | | | . – | Ju | | |
| 6a | Did the foundation, during the year | | _ | | niume on | | | | |
| ou | a personal benefit contract? | | | | | | 5a | | No |
| b | Did the foundation, during the yea | | | | penefit contract? | | 5b | | No |
| | If "Yes" to 6b, file Form 8870. | | | | | | | | |
| 7a | At any time during the tax year, v | vas th | e foundation a party to a | a prohibited tax shelter t | ransaction? | | 7a | | No |
| b | If "Yes", did the foundation receive | e any | proceeds or have any n | et income attributable to | the transaction? | | 7b | | <u> </u> |
| 8 | Is the foundation subject to the s | ectio | 1 4960 tax on payment(s | s) of more than \$1,000, | 000 in remuneration or | | | | |
| | excess parachute payment during | the | year? | | | | 8 | | No |
| Pa | | t Off | icers, Directors, Tr | ustėes, Foundatio | n Managers, Highly I | Paid E | mp | loye | es, |
| | and Contractors | | | | | | | | |
| 1 | List all officers, directors, trustees | s, fou | ndation managers and th | heir compensation. See | | 1 | | | |
| | (a) Name and address | (| b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | 1 | • | se ac llowar | count, nces |
| DICH | ARD M DEVOS JR | DIDE | CTOR | _ | compensation | | | | |
| | IONROE AVENUE NW | 0.10 | CTOR | 0 | (| , | | | 0 |
| | D RAPIDS, MI 49503 | | | | | | | | |
| | EL G DEVOS | DIRE 0.10 | CTOR | 0 | 0 |) | | | 0 |
| | IONROE AVENUE NW D RAPIDS, MI 49503 | 0.10 | | | | | | | |
| SUZA | NNE C DEVOS | | CTOR | 0 | (|) | | | 0 |
| | IONROE AVENUE NW | 0.10 | | | | | | | |
| | D RAPIDS, MI 49503 ELAS L DEVOS | PRES | IDENT/DIRECTOR | 0 | (| , | | | 0 |
| | IONROE AVENUE NW | 0.10 | DENT/ DIRECTOR | 0 | | , | | | |
| | D RAPIDS, MI 49503 | | | | | | | | |
| | RT H SCHIERBEEK | COO/ 0.10 | VP | 0 | (|) | | | 0 |
| | IONROE AVENUE NW D RAPIDS, MI 49503 | | | | | | | | |
| JEFFR | EY S BOWERMAN | | TAX | 0 | (|) | | | 0 |
| | IONROE AVENUE NW D RAPIDS, MI 49503 | 0.10 | | | | | | | |
| | N E VALCQ | TREA | SURER/SECRETARY | 0 | (|) | | | 0 |
| 200 M | IONROE AVENUE NW | 0.10 | | | | | | | Ŭ |
| | D RAPIDS, MI 49503 | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | PRECIPENT | | | | | | |
| | N ZYLSTRA IONROE AVENUE NW | 8.00 | PRESIDENT | 0 | (|) | | | 0 |
| | D RAPIDS, MI 49503 | | | | | | | | |
| 2 | Compensation of five highest-paid | l emp | loyees (other than those | included on line 1—see | instructions). If none, en | ter "NO | NE.' | ' | |
| (a) | Name and address of each emplo paid more than \$50,000 | yee | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp | | e acco | |
| NON | IE | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | I number of other employees paid | over | 50,000 | <u> </u> | | | | | 0 |
| | sand. sample years pull | | | <u> </u> | | Form 9 | an. | DE / | <u> </u> |

| Part VII Part VII And Contractors (continued) | rustees, Foundation Managers, Hi | Page 7 ighly Paid Employees, |
|---|---|------------------------------|
| 3 Five highest-paid independent contractors for professional ser | vices (see instructions). If none, enter "NO! | NE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| THE ARTS MANAGER | CONSULTING | 500,000 |
| 1300 PENNSYLVANIA AVE NW STE 410 WASHINGTON, DC 20004 | | |
| THE HANOVER RESEARCH COUNCIL LLC | CONSULTING | 156,506 |
| PO BOX 38070 BALTIMORE,MD 212978070 | | |
| RDV CORPORATION | MANAGEMENT FEE | 71,664 |
| 200 MONROE AVENUE NW GRAND RAPIDS,MI 49503 | | |
| WOTV | PROGRAM EDUCATION | 55,000 |
| 90359 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693 | 1 | |
| AMPERSAND EDUCATION | EDUCATION CONSULTING | 50,000 |
| 3820 N SOUTHWOOD DR OCONOMOWOC, WI 53066 | 1 | |
| Total number of others receiving over \$50,000 for professional serv | vices | • |

| Part VIII- 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 FACING HOMETHE FACING HOME INITIATIVE IS A STRATEGIC INITIATIVE OF THE DEVOS FAMILY FOUNDATION DESIGNED TO ACCELERATE THE GRAND RAPIDS COMMUNITY'S JOURNEY TO FUNCTIONAL ZERO AMONG THE CHRONICALLY HOMELESS POPULATION WHILE DRAMATICALLY REDUCING THE NUMBER OF ALL INDIVIDUALS WHO CHOOSE TO REMAIN UNSHELTERED. TO DO THIS, THE FACING HOME INITIATIVE FUNDS PILOT SERVICES THAT MEET HIGH PRIORITY BUT CHALLENGING NEEDS, SUPPORTS PARTNERS WITHIN THE PROVIDER NETWORK, AND SUPPORTS SYSTEMS-LEVEL SOLUTIONS TO ACHIEVING FUNCTIONAL ZERO AMONG THE CHRONICALLY HOMELESS POPULATION. | 71,702 |
| 2 | |
| | |
| 3 | |
| | |
| 4 | |
| <u>-</u> | |
| | _ |
| Part VIII- Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 | 4 |
| | _ |
| | |
| 2 | - |
| | = |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 | 0 |
| | Form 990-PF (2023) |

Amounts set aside for specific charitable projects that satisfy the:

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4......

3

2

3a

3b 4

4,411,247

Form **990-PF** (2023)

| | m 990-PF (2023) | | | | Page 9 |
|----|---|----------------------|----------------------------|--------------------|--------------------------|
| ı | Part XII Undistributed Income (see inst | | | | |
| | | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
| 1 | Distributable amount for 2023 from Part X, line 7 | Сограз | rears prior to 2022 | 2022 | 535 |
| | Undistributed income, if any, as of the end of 2022: | | | | |
| | Enter amount for 2022 only. | | | 0 | |
| | Total for prior years: 20 , 20 , 20 | | 0 | | |
| | Excess distributions carryover, if any, to 2022: | | | | |
| | | | | | |
| b | From 2019 | | | | |
| c | From 2020 | | | | |
| d | From 2021 2,729,042 | | | | |
| | From 2022 3,977,361 | | | | |
| | Total of lines 3a through e | 6,706,403 | | | |
| 4 | Qualifying distributions for 2023 from Part | | | | |
| | XI, line 4: \$ 4,411,247 | | | 0 | |
| | Applied to 2022, but not more than line 2a | | 0 | U | |
| | Applied to undistributed income of prior years (Election required—see instructions) | | - | | |
| С | Treated as distributions out of corpus (Election required—see instructions). | 0 | | | |
| d | Applied to 2023 distributable amount | | | | 535 |
| е | Remaining amount distributed out of corpus | 4,410,712 | | | |
| 5 | Excess distributions carryover applied to 2023. | 0 | | | 0 |
| | (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: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 11,117,115 | | | |
| b | Prior years' undistributed income. Subtract line 4b from line 2b | | 0 | | |
| c | Enter the amount of prior years' undistributed | | | | |
| | income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0 | | |
| d | Subtract line 6c from line 6b. Taxable amount —see instructions | | 0 | | |
| е | Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions | | | 0 | |
| f | Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | 0 |
| 7 | | | | | |
| | corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may | | | | |
| | be required - see instructions) | 0 | | | |
| 8 | Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) | 0 | | | |
| 9 | Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | 11,117,115 | | | |
| | Analysis of line 9: | | | | |
| | Excess from 2019 | | | | |
| ٠, | | | | | |
| b | Excess from 2020 | | | | |
| c | Excess from 2021 2,729,042 | | | | |
| d | Excess from 2022 3,977,361 | | | | |
| e | Excess from 2023 4,410,712 | | | | |
| | <u> </u> | | | F | orm 990-PF (2023) |

| P | art XIII Private Operating Four | ndations (see ii | nstructions and Pa | art VI-A, questic | on 9) | | |
|----|--|----------------------|-----------------------|----------------------|------------------------|------------|--|
| La | If the foundation has received a ruling or d | | | | | | |
| b | foundation, and the ruling is effective for 2023, enter the date of the ruling • L b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) | | | | | | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (-) T-t-1 | |
| | income from Part I or the minimum | (a) 2023 | (b) 2022 | (c) 2021 | (d) 2020 | (e) Total | |
| | investment return from Part IX for each year listed | | | | | | |
| b | 85% (0.85) of line 2a | | | | | | |
| c | Qualifying distributions from Part XI, line 4 for each year listed | | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt | | | | | | |
| e | activities Qualifying distributions made directly for active conduct of exempt activities. | | | | | | |
| 3 | Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: | | | | | | |
| а | "Assets" alternative test—enter: | | | | | | |
| | (1) Value of all assets | | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in | | | | | | |
| c | Part IX, line 6 for each year listed "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 an exempt organization | | | | | | |
| | (4) Gross investment income Part Supplementary Information | n (Complete t | hic nort only if | the foundatio | n had &E 000 a | | |
| | assets at any time during | | | the foundatio | II IIau \$5,000 0 | illore ili | |
| L | Information Regarding Foundation Manage | ers: | | | | | |
| а | List any managers of the foundation who h before the close of any tax year (but only | | | | | ndation | |
| | | | | | | Ţ | |
| | RICHARD M DEVOS JR | | | | | | |
| | DANIEL G DEVOS | | | | | | |
| | SUZANNE C DEVOS | | | | | | |
| _ | DOUGLAS L DEVOS List any managers of the foundation who over | 100/ | | | | I | |
| D | ownership of a partnership or other entity) | | | | my large portion of t | ne | |
| 2 | Information Regarding Contribution, Gran | t, Gift, Loan, Schol | arship, etc., Prograr | ns: | | | |
| | Check here $ u$ if the foundation only ma | | • | = | | pt | |
| | unsolicited requests for funds. If the found other conditions, complete items 2a, b, c, | | _ | viduals or organiza | ations under | | |
| а | The name, address, and telephone number | or email address | of the person to who | om applications sh | ould be addressed: | | |
| b | The form in which applications should be s | submitted and info | rmation and materia | ls they should incl | ude: | | |
| С | Any submission deadlines: | | | | | | |
| d | Any restrictions or limitations on awards, factors: | such as by geogra | phical areas, charita | able fields, kinds o | f institutions, or oth | er | |

| Form 990-PF (2023) Part Supplementary Infor | mation (continued) | | | Page 11 |
|--|---------------------------------------|--------------------------------|---|----------------|
| 3 Grants and Contributions Pai | · · · · · · · · · · · · · · · · · · · | proved for I | Future Dayment | _₹ |
| Recipient | If recipient is an individual, | | ruture Payment | |
| Name and address (home or business) | show any relationship to | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| ADVENTHEALTH FOUNDATION CENTRAL FLORIDA | NONE | P C | PROJECT/PROGRAM - PEDIATRIC MENTAL HEALTH PROGRAM | 150,000 |
| 800 N MAGNOLIA AVE STE 600 ORLANDO,FL 32803 | | | | |
| ALLIANCE FOR CHILDREN EVERYWHERE | NONE | P C | GENERAL OPERATING | 200,000 |
| PO BOX 1568 RIDGEFIELD,WA 98642 | | | | |
| CAMP SHOUT OUT | NONE | P C | GENERAL OPERATING | 1,500 |
| PO BOX 1814 MUSKEGON,MI 49443 | | | | |
| COMMUNITY REBUILDERS | NONE | P C | GENERAL OPERATING | 50,000 |
| 1120 MONROE NW GRAND RAPIDS,MI 49503 | | | | |
| COREWELL HEALTH FOUNDATION | NONE | P C | CAPITAL CAMPAIGN | 1,000,000 |
| 100 MICHIGAN ST NE GRAND RAPIDS,MI 49503 | | | | |
| COUNCIL OF MICHIGAN FOUNDATIONS | NONE | P C | PROJECT/PROGRAM - ANNUAL CONFERENCE | 20,000 |
| 125 OTTAWA NW SUITE 437 GRAND RAPIDS,MI 49503 | | | | |
| | NONE | PC | GENERAL OPERATING | 60,000 |

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GENERAL OPERATING

STOCK IN CHILDREN

GENERAL OPERATING

GENERAL OPERATING

PROJECT/PROGRAM -

STOCK IN CHILDREN

GENERAL OPERATING

GENERAL OPERATING

PROJECT/PROGRAM - TAKE

MENTORING

PROJECT/PROGRAM - TAKE

250,000

15,000

15,000

10,000

15,000

15,000

2,000

1,000

COVENANT HOUSE FLORIDA

139 SHELDON AVENUE SOUTHEAST GRAND RAPIDS, MI 495034211

EDUCATION FOUNDATION OSCEOLA

2310 NEW BEGINNINGS RD STE 118

FIRST TEE OF CENTRAL FLORIDA

FOUNDATION FOR ORANGE COUNTY

FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOLS 400 EAST LAKE MARY BLVD SANFORD,FL 327737125

GERALD R FORD PRESIDENTIAL

GRAND RAPIDS, MI 49504

GRAND RAPIDS POLICE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

5931 E COLONIAL DR ORLANDO,FL 32807

DEGAGE MINISTRIES

KISSIMMEE, FL 34744

EVERY KID OUTREACH
63 E KENNEDY BLVD
EATONVILLE, FL 32751

COUNTY

1810 LEE RD ORLANDO,FL 32810

PUBLIC SCHOOLS

445 W AMELIA ST
ORLANDO,FL 32801

FOUNDATION
303 PEARL ST NW

| FOUNDATION | | | | |
|--|------|-----|---|-----------|
| 1 MONROE CENTER NW GRAND RAPIDS,MI 49503 | | | | |
| GREATER GRAND RAPIDS CHAMBER FOUNDATION | NONE | P C | PROJECT/PROGRAM - NATIONAL CIVICS BEE | 2,500 |
| 250 MONROE AVE NW GRAND RAPIDS,MI 49503 | | | | |
| HABITAT FOR HUMANITY GREATER ORLANDO & OSCEOLA COUNTY | NONE | P C | PROJECT/PROGRAM - HOME BUILD | 150,000 |
| 4116 SILVER STAR RD ORLANDO,FL 32808 | | | | |
| HARBOR HOUSE OF CENTRAL FLORIDA INC | NONE | P C | CAPITAL CAMPAIGN | 95,000 |
| PO BOX 680748 ORLANDO,FL 32868 | | | | |
| HEART OF WEST MICHIGAN UNITED WAY | NONE | P C | PROJECT/PROGRAM - COALITION TO END HOMELESSNESS | 60,000 |
| 118 COMMERCE AVE SW STE 100 GRAND RAPIDS,MI 49503 | | | | |
| LIFT ORLANDO | NONE | P C | PROJECT/PROGRAM - EDUCATION PROJECT | 150,000 |
| PO BOX 550128 ORLANDO,FL 32855 | | | | |
| NEW IMAGE YOUTH CENTER | NONE | P C | GENERAL OPERATING | 60,000 |
| 212 S PARRAMORE AVE ORLANDO,FL 32805 | | | | |
| ONE STARFISH FOUNDATION | NONE | P C | PROJECT/PROGRAM - RAPID REHOUSING PILOT | 60,000 |
| PO BOX 2887 GRAND RAPIDS,MI 49501 | | | | |
| ORLANDO MAGIC YOUTH FOUNDATION | NONE | P C | GENERAL OPERATING | 360,000 |
| 400 W CHURCH ST SUITE 250 ORLANDO,FL 32801 | | | | |
| ORLANDO MAGIC YOUTH FOUNDATION | NONE | P C | PROJECT/PROGRAM - RICH & HELEN DEVOS COMMUNITY ENRICHMENT | 25,000 |
| 8701 MAITLAND SUMMIT BLVD ORLANDO,FL 32810 | | | AWARD | |
| PHILANTHROPY ROUNDTABLE | NONE | P C | PROJECT/PROGRAM - SIMON-DEVOS PRIZE FOR PHILANTHROPIC | 200,000 |
| 1120 20TH ST STE 550 S WASHINGTON, DC 20036 | NONE | P C | PROJECT/PROGRAM - 5X5 | 360,000 |
| START GARDEN LLC | | | NIGHT AND 100 IDEAS COMPETITION | 300,000 |
| 40 PEARL ST NW 200 GRAND RAPIDS,MI 495033028 | NONE | P C | CENERAL OPERATING | 45.000 |
| UNITED AGAINST POVERTY | NONE | PC | GENERAL OPERATING | 45,000 |
| 1400 27TH STREET VERO BEACH,FL 329600303 | | | | |
| URBAN THINK FOUNDATION INC | NONE | P C | PROJECT/PROGRAM - PAGE 15 | 30,000 |
| PO BOX 533709 ORLANDO,FL 32853 | | | | |
| YMCA OF SOUTH PALM BEACH COUNTY | NONE | P C | GENERAL OPERATING | 5,000 |
| 6631 PALMETTO CIRCLE SOUTH BOCA RATON,FL 33433 | | | | |
| ZEBRA COALITION | NONE | P C | GENERAL OPERATING | 30,000 |
| 911 N MILLS AVE ORLANDO,FL 32803 | | | | |
| Total | | | ▶ 3a | 3,437,000 |
| | | | | |

| b Approved for future payment | · | | | |
|--|----------|-----|-----------------------|---------------------------|
| | NONE | P C | GENERAL OPERATING | 300,000 |
| ALLIANCE FOR CHILDREN | | | | |
| EVERYWHERE | | | | |
| PO BOX 1568 | | | | |
| RIDGEFIELD, WA 98642 | <u> </u> | | | |
| COMMUNITY DEBUT DEBC | NONE | P C | GENERAL OPERATING | 120,000 |
| COMMUNITY REBUILDERS 1120 MONROE NW | | | | |
| GRAND RAPIDS,MI 49503 | | | | |
| • | NONE | P C | GENERAL OPERATING | F0 000 |
| DEGAGE MINISTRIES | NONE | PC | GENERAL OPERATING | 50,000 |
| 139 SHELDON AVENUE SOUTHEAST | | | | |
| GRAND RAPIDS, MI 495034211 | | | | |
| · | NONE | P C | PROJECT/PROGRAM - | 120,000 |
| HEART OF WEST MICHIGAN UNITED | NONE | | COALITION TO END | 120,000 |
| WAY | | | HOMELESSNESS | |
| 118 COMMERCE AVE SW STE 100 | | | | |
| GRAND RAPIDS, MI 49503 | | | | |
| | NONE | P C | PROJECT/PROGRAM - | 60,000 |
| ONE STARFISH FOUNDATION | | | RAPID REHOUSING PILOT | |
| PO BOX 2887 | | | | |
| GRAND RAPIDS,MI 49501 | | | | |
| | NONE | P C | PROJECT/PROGRAM - | 180,000 |
| UNIVERSITY OF CENTRAL FLORIDA | | | DEAN'S SCHOLARSHIPS | |
| FOUNDATION INC | | | | |
| 4000 CENTRAL FLORIDA BLVD | | | | |
| ORLANDO,FL 328160111 | | | | 000.000 |
| Total | <u> </u> | | > 3b | 830,000 |
| 1 | | | | Form 990-PF (2023) |

| | -A Analysis of Income-Produci | | | | | 7-1 |
|--------------------|---|------------------|----------------------|-----------------------|--------------------|--------------------------------------|
| inter gross | s amounts unless otherwise indicated. | Unrelated b | usiness income | • | n 512, 513, or 514 | (e) Related or exemp function income |
| - | n service revenue: | Business code | (b) Amount | (c) Exclusion code | (d) Amount | (See instructions.) |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| - | and contracts from government agencies | | | | | |
| Membe | rship dues and assessments | | | | | |
| Dividen | nds and interest from securities | | | | | |
| Net ren | tal income or (loss) from real estate: | | | | | |
| | financed property ebt-financed property | | | | | |
| Net ren | ntal income or (loss) from personal | | | | | |
| perty Other i | nvestment income | | | | | |
| | (loss) from sales of assets other than | | | | | |
| invento Net inc | ory | | | | | |
| Gross p | profit or (loss) from sales of inventory | | | | | |
| | revenue: a | | | | | |
| | | | | | | |
| | | | | | | |
| | al. Add columns (b), (d), and (e) . | | 0 | | | 0 |
| | Add line 12, columns (b), (d), and (e). | | | | 3 | |
| | orksheet in line 13 instructions to verify care. Relationship of Activities to | | alichment of E | ivomet Burnos | | |
| ne No. | Explain below how each activity for whic the accomplishment of the foundation's einstructions.) | h income is rep | orted in column (e | e) of Part XV-A con | tributed important | |
| | | | | | | _ |
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| o r | orm 990-PF (2023) | |
|-----|---|---|
| l | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations | |
| L | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | |
| а | a Transfers from the reporting foundation to a noncharitable exempt organization of: | |
| | (1) Cash | 1 |
| | (2) Other assets | 1 |
| _ | | |

| | , | tion 501(c)(3) organizations) or in section | , 3 | | Yes | No |
|------------------|----------------------------|---|--|-----------|---------|-----|
| a Transfe | rs from the reporting fou | undation to a noncharitable exempt organiz | zation of: | | | |
| (1) Ca | sh | | | 1a(1) | | No |
| (2) Ot | her assets | | | 1a(2) | | No |
| b Other t | ransactions: | | | | | |
| (1) Sa | les of assets to a nonch | aritable exempt organization | | 1b(1) | | No |
| (2) Pu | rchases of assets from a | noncharitable exempt organization | | 1b(2) | | No |
| (3). Ka | ntal of facilities, equipm | ent, or other assets. | | 1b(3) | | No |
| | | ents | | 1b(4) | | No |
| | = | | | 1b(5) | | No |
| | _ | | | 1b(6) | | No |
| | | | yees | 1c | | No |
| _ | | | le. Column (b) should always show the fair ma | | 110 | 140 |
| | | | If the foundation received less than fair marker of the goods, other assets, or services receive | | • | |
| a) Line No. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and shar | ing arran | igement | :S |
| | | | | | | |
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| describ | oundation directly or ind ed in section 501(c) (ot " complete the following | her than section 5 | | | empt organizations |
|---------|---|--------------------|-------------------------|-------|---------------------------------|
| | (a) Name of organization | | (b) Type of organiz | ation | (c) Description of relationship |
| | · · · · · · · · · · · · · · · · · · · | | , , , , , , , , , , , , | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all Sign information of which preparer has any knowledge. Here 2024-11-13

May the IRS discuss this return with the preparer shown below? Title Signature of officer or trustee Date See instructions. Ye: No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00227729 employed 🛌 LAURA PISTRO

Paid **Preparer**

Firm's name 🕨 DELOITTE TAX LLP Firm's EIN ▶86-1065772

Use Only 37 OTTAWA AVENUE NW SUITE 600 Firm's address 🕨

Phone no.

GRAND RAPIDS, MI 495032627

Form **990-PF** (2023)

(616) 336-7900

Additional Data Return to Form Software ID: Software Version: Form 990PF - Special Condition Description: **Special Condition Description**

Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** DEVOS FAMILY FOUNDATION 86-1509286 Organization type (check one): Filers of: Section: Form 990 or 990-F7 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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. 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 Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations

General Rule

other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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, charitable, 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

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 990PF, 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 DEVOS FAMILY FOUNDATION

Employer identification number 86-1509286

| | | | _ |
|------------------------|---|----------------------------|--|
| Part I Contributors | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | RICHARD M AND ELISABETH P DEVOS JR 200 MONROE AVENUE NW GRAND RAPIDS, MI 49503 | \$ 1,148,922 | 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 | DANIEL G AND PAMELLA G DEVOS 200 MONROE AVENUE NW GRAND RAPIDS, MI 49503 | \$ 1,098,769 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>3</u> | SUZANNE C DEVOS 200 MONROE AVENUE NW GRAND RAPIDS, MI 49503 | \$ 946,367 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | DOUGLAS L AND MARIA P DEVOS 200 MONROE AVENUE NW GRAND RAPIDS, MI 49503 | \$ 1,178,921 | 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.) |
| | | | |

Part II

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

(a)

No. from

Part I

Schedule B (Form 990) (2023)

(d)

Date received

Schedule B (Form 990) (2023)

Employer identification number

86-1509286

(c)

FMV (or estimate)

(See instructions)

Page 3

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Description of noncash property given

(b)

Description of noncash property given

(b)

(b)

Description of noncash property given

(b)

Description of noncash property given

Description of noncash property given

No. from Description of noncash property given

Part I

(a) No. from

Part I

TY 2023 IRS 990 e-File Render

LEGAL FEES

Name: DEVOS FAMILY FOUNDATION

EIN: 86-1509286

19,477

| Category | Amount | Net Investment Income | | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|--|---|
|----------|--------|--------------------------|--|---|

19,477

TY 2023 IRS 990 e-File Render

Name: DEVOS FAMILY FOUNDATION

Expenses per Books

ETNI 06 1500206

| | EIN: 60-1309260 | |
|-------------|-----------------|---------------|
| Description | Revenue and | Net Investmen |

OTHER EXPENSES

Income

Adjusted Net

Income



TY 2023 IRS 990 e-File Render

CONSULTING FEES

MANAGEMENT FEES

Name: DEVOS FAMILY FOUNDATION

EIN: 86-1509286

| Category | Amount | Net Investment Income | for Charitable |
|----------|--------|--------------------------|----------------|
| | | | Purposes |

868,496

71,664

868,496

71,664