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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
SPARTANNASH FOUNDATION

A Employer identification number
20-8767495

Number and street (or P.O. box number if mail is not delivered to street address)
850 76TH ST SW

Room/suite

B Telephone number (see instructions)
(616) 878-2000

City or town, state or province, country, and ZIP or foreign postal code
BYRON CENTER, MI 49315

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 2,307,769

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	1,376,084			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	37,621	37,621		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	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 allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	100	0		
	12	**Total.** Add lines 1 through 11	1,413,805	37,621		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	15,080	0		0
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	409	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	2,584	2,584		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	18,073	2,584		0
	25	Contributions, gifts, grants paid	1,375,350			1,375,350
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,393,423	2,584		1,375,350
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	20,382			
	b	**Net investment income** (if negative, enter -0-)		35,037		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	2,102,110	2,140,705	2,140,705
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 167,064			
	Less: allowance for doubtful accounts ▶	170,204	167,064	167,064
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	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 instructions. Also, see page 1, item I)	2,272,314	2,307,769	2,307,769
Liabilities	17 Accounts payable and accrued expenses	100		
	18 Grants payable		9,500	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	100	9,500	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	2,021,448	2,029,682	
	25 Net assets with donor restrictions	250,766	268,587	
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	2,272,214	2,298,269	
	30 **Total liabilities and net assets/fund balances** (see instructions)	2,272,314	2,307,769	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,272,214
2	Enter amount from Part I, line 27a	2	20,382
3	Other increases not included in line 2 (itemize) ▶	3	5,673
4	Add lines 1, 2, and 3	4	2,298,269
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	2,298,269

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,515,480	2,159,147	0.701888
2017	1,550,361	1,876,468	0.826212
2016	1,560,847	1,889,861	0.825906
2015	530,731	1,138,756	0.466062
2014	583,402	703,045	0.829822

2	**Total** of line 1, column (d)	2	3.649890
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.729978
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,189,162
5	Multiply line 4 by line 3	5	1,598,040
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	350
7	Add lines 5 and 6	7	1,598,390
8	Enter qualifying distributions from Part XII, line 4	8	1,375,350

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	701
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3	Add lines 1 and 2		3	701
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	701
6	Credits/Payments:			
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a 0		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 460		
d	Backup withholding erroneously withheld	6d 0		
7	Total credits and payments. Add lines 6a through 6d		7	460
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.		8	17
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	258
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ **Refunded** ▶		11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did 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 Instructions for 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.*			
c	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. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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? *If "Yes," attach the statement required by General Instruction T.*	5		No
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	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ CHANDLER KILLEEN Telephone no. ▶ (616) 878-2539

Located at ▶ 850 76TH ST SW BYRON CENTER MI ZIP+4 ▶ 493158510

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

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

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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?		☐ Yes	☑ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☑ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes	☑ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes	☑ No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes	☑ 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.)		☐ Yes	☑ No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?		☐ Yes	☑ No
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes	☑ No
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION MAKES DIRECT CASH CONTRIBUTIONS TO VARIOUS 501 (C) (3) ORGANIZATIONS.	0
2 ALL EXPENSES ARE INCIDENTAL AND DO NOT RELATE TO ANY PARTICULAR 501 (C) (3) ORGANIZATION.	0
3	
4	

Part IX-B **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	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	2,222,499
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	2,222,499
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,222,499
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33,337
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,189,162
6	**Minimum investment return.** Enter 5% of line 5	6	109,458

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	109,458
2a	Tax on investment income for 2019 from Part VI, line 5	2a	701		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	701
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	108,757
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	108,757
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	108,757

Part XII 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	1,375,350
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,375,350
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,375,350

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 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				108,757
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 548,250				
b From 2015. 473,793				
c From 2016. 1,466,354				
d From 2017. 1,456,538				
e From 2018. 1,403,966				
f Total of lines 3a through e.	5,348,901			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 1,375,350				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				108,757
e Remaining amount distributed out of corpus	1,266,593			
5 Excess distributions carryover applied to 2019.	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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,615,494			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	548,250			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	6,067,244			
10 Analysis of line 9:				
a Excess from 2015. . . . 473,793				
b Excess from 2016. . . . 1,466,354				
c Excess from 2017. . . . 1,456,538				
d Excess from 2018. . . . 1,403,966				
e Excess from 2019. . . . 1,266,593				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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) 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 XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,375,350
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	37,621	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RECOVERIES OF AMOUNTS TREATED AS QUALIFYING DISTRIBUTIONS		100			
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		100		37,621	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	37,721

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 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?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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 information of which preparer has any knowledge.

******	2020-11-11	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
JEFFREY E HERT CPA		2020-11-10		P00066715
Firm's name ▶ REHMANN ROBSON LLC				Firm's EIN ▶38-3567911
Firm's address ▶ 2330 EAST PARIS AVE SE GRAND RAPIDS, MI 49546				Phone no. (616) 975-4100

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MEREDITH GREMEL 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	EXECUTIVE DIRECTOR 5.00	0	0	0
DAN PERSINGER 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	SECRETARY 2.00	0	0	0
RENE HUNTER 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	TREASURER 1.00	0	0	0
KATHY MAHONEY 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	ACTING CHAIR 1.00	0	0	0
YVONNE TRUPIANO 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	BOARD MEMBER 1.00	0	0	0
AMY MCCLELLAN 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	BOARD MEMBER 1.00	0	0	0
CHANDLER KILLEEN 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	FOUNDATION ACCOUNTING MANAGER 2.00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION MINISTRIES310 MAIN ST DOWAGIAC, MI 49047		PC	FIGHTING HUNGER	1,350
ALBION INTERFAITH MINISTRIES 118 W PORTER ALBION, MI 49224		PC	FIGHTING HUNGER	1,300
ALGER COMMUNITY FOOD PANTRY 312 LYNN STREET MUNISING, MI 49862		PC	FIGHTING HUNGER	750
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMEN FOOD PANTRY1100 3RD AVE DICKENSON, ND 58601		PC	FIGHTING HUNGER	5,600
ASHLAND FOOD PANTRY102 S 24TH ASHLAND, NE 68003		PC	FIGHTING HUNGER	1,900
BELLAIRE COMMUNITY FOOD PANTRY PO BOX 343 BELLAIRE, MI 49615		PC	FIGHTING HUNGER	1,450
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE FOOD PANTRY 1908 HANCOCK ST BELLEVUE, NE 68005		PC	FIGHTING HUNGER	1,350
BENZIE AREA CHRISTIAN NEIGHBORS 2804 BENZIE HWY BENZONIZA, MI 49616		PC	FIGHTING HUNGER	1,200
BLACK HILLS AREA HABITAT FOR HUMANITY 610 E OMAHA ST RAPID CITY, SD 57701		PC	DIVERSITY & INCLUSION	4,100
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK 4121 SHELBYVILLE RD LOUISVILLE, KY 40207		PC	GRANT	5,000
BOYNE CITY FOOD PANTRY 401 STATE ST BOYNE CITY, MI 49712		PC	FIGHTING HUNGER	1,700
BRANCH AREA FOOD PANTRY 22 PIERSON ST COLDWATER, MI 49036		PC	FIGHTING HUNGER	1,400
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE FOR YOUTH1111 W 22ND ST MINNEAPOLIS, MN 55405		PC	LEGACY GRANT	15,000
BUIST COMMUNITY ASSISTANCE CENTER 8306 BYRON CENTER AVE BYRON CENTER, MI 49315		PC	FIGHTING HUNGER	1,400
CANNON FALLS FOOD SHELF 511 W BELLE ST CANNON FALLS, MN 55009		PC	FIGHTING HUNGER	2,550
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARO UNITED METHODIST GOOD SAMARITAN 1053 GLENWOOD DR CARO, MI 48723		PC	FIGHTING HUNGER	1,300
CASA DEE ESPERANZAPO BOX 40115 ST PAUL, MN 55104		PC	DIVERSITY & INCLUSION	30,000
CATHOLIC CHARITIES OF ST PAULMINNEAPOLIS 1200 SECOND AVE S MINNEAPOLIS, MN 55403		PC	HEALTH & WELL-BEING	30,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE OF STC 911 18TH ST N PO BOX 2390 ST CLOUD, MN 56303		CHURCH	FIGHTING HUNGER	5,000
CATHOLIC SOCIAL SERVICES OF SOUTHERN 1020 CENTRAL AVE AUBURN, NE 68305		PC	FIGHTING HUNGER	1,950
CEDAR RIVER CHAPEL FOOD PANTRY PO BOX 513 BEAVERTON, MI 48612		PC	FIGHTING HUNGER	1,200
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR WOMEN IN TRANSITION 411 BUTTERNUT DR HOLLAND, MI 49424		PC	GENERAL SUPPORT	10,000
CHARLEVOIX COMMUNITY FOOD PANTRY 100 W HURLBUT AVE CHARLEVOIX, MI 49720		PC	FIGHTING HUNGER	2,300
CHRISTIAN FOOD CUPBOARD OF HUDSON INC 1500 VINE STREET HUDSON, WI 54016		PC	FIGHTING HUNGER	3,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN OUTREACH PROGRAM ELKHORN 3434 N 294TH ST ELKHORN, NE 68022		PC	FIGHTING HUNGER	2,050
CITY WELFARE MISSION710 N 5TH ST IRONTON, OH 45638		PC	FIGHTING HUNGER	2,000
COMMUNITY ACTION CENTER OF NORTHFIELD 1651 JEFFERSON PKWY 200 NORTHFIELD, MN 55057		PC	FIGHTING HUNGER	2,550
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND, MI 49423		PC	FIGHTING HUNGER	4,000
COMMUNITY FOOD PANTRY AND EMERGENCY SERVICE 701 N 6TH STREET BEATRICE, NE 68310		PC	FIGHTING HUNGER	2,300
COMMUNITY SHARING OF LEWISTON 4615 MONTMORENCY ST LEWISTON, MI 49756		PC	FIGHTING HUNGER	1,500
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERSVILLE CARES180 68TH AVE COOPERSVILLE, MI 49404		PC	FIGHTING HUNGER	2,400
CRAWFORD COUNTY CHRISTIAN HELP CENTER 300 HURON ST GRAYLING, MI 49738		PC	FIGHTING HUNGER	1,300
DIVINE MERCY PARISH254 6TH ST MANISTEE, MI 49660		PC	FIGHTING HUNGER	1,350
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNRIVER HELPING HANDS INC 310 S PARKER ST MARINE CITY, MI 48039		PC	FIGHTING HUNGER	1,150
EASTERN AVE CHRISTIAN REF CHURCH CHR ED 514 EASTERN AVE SE GRAND RAPIDS, MI 49503		PC	FIGHTING HUNGER	650
ELEANORS PANTRY221 DREW ST PAW PAW, MI 49079		PC	FIGHTING HUNGER	2,350
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY NETWORK OF WYOMING 1029 44TH STREET SW WYOMING, MI 49519		PC	FIGHTING HUNGER	5,100
FARMINGTON FOOD SHELF 510 WALNUT ST FARMINGTON, MN 55024		PC	FIGHTING HUNGER	1,950
FATHER FRED FOUNDATON 826 HASTINGS TRAVERSE CITY, MI 49685		PC	FIGHTING HUNGER	3,850
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH DAKOTA 1111 N CREEK DR RAPID CITY, MI 57703		PC	FIGHTING HUNGER	10,500
FIRST BAPTIST KINGS STOREHOUSE FOOD PANTRY 125 STIMSON ST CADILLAC, MI 49601		PC	FIGHTING HUNGER	1,200
FIRST CONG CHURCH FOOD PANTRY 109 S MAIN ROSCOMMON, MI 48653		PC	FIGHTING HUNGER	1,350
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE SUITE 420 ROCKVILLE, MD 20850		PC	HEALTH & WELL-BEING	10,000
FISHERS OF MEN MINISTRIES 210 W MAIN ZEELAND, MI 49464		PC	FIGHTING HUNGER	5,050
FIVES LOAVES FOOD PANTRY 144 W THIRD ST NEW RICHMOND, WI 54017		PC	FIGHTING HUNGER	2,450
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAT RIVER OUTREACH MINISTRIES INC 11535 FULTON ST E LOWELL, MI 49331		CHURCH	FIGHTING HUNGER	2,000
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER RD FLINT, MI 48503		PC	FIGHTING HUNGER	6,700
FOOD BANK OF SOUTH CENTRAL MICHIGAN 5451 WAYNE RD BATTLE CREEK, MI 49037		PC	FIGHTING HUNGER	7,100
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF SOUTH EASTERN 800 TIDEWATER DR NORFOLK, VA 23504		PC	FIGHTING HUNGER	5,000
FORKIDS INC4200 COLLEY AVE STE A NORFOLK, VA 23508		PC	GENERAL SUPPORT	10,000
FREMONT AREA HABITAT FOR HUMANITY PO BOX 932 FREMONT, NE 68026		PC	DIVERSITY & INCLUSION	1,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESEE METHODIST CHURCH 7190 N GENESEE RD GENESEE, MI 48437		CHURCH	FIGHTING HUNGER	1,450
GLEANERS FOOD BANK 5924 STERLING DR HOWELL, MI 48843		PC	FIGHTING HUNGER	1,700
GODS KITCHEN303 SOUTH DIVISION GRAND RAPIDS, MI 49503		PC	FIGHTING HUNGER	15,100
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN9746 MAIN ST ELLSWORTH, MI 49729		PC	FIGHTING HUNGER	1,200
GOODHUE COUNTY HABITAT FOR HUMANITY 1407 W 4TH ST RED WING, MN 55066		PC	DIVERSITY & INCLUSION	4,200
GRAND RAPIDS HQ320 STATE ST SE GRAND RAPIDS, MI 49503		PC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102		PC	FIGHTING HUNGER	6,750
GUIDING LIGHT MISSIONPO BOX 1703 GRAND RAPIDS, MI 49501		PC	HEALTH & WELL-BEING	20,000
HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 S MAIN COUNCIL BLUFFS, IA 51503		PC	DIVERSITY & INCLUSION	1,500
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF GREATER CINCINNATI 4910 PARA DR CINCINNATI, OH 45237		PC	DIVERSITY & INCLUSION	1,500
HABITAT FOR HUMANITY OF KENT COUNTY INC 425 PLEASANT ST SW GRAND RAPIDS, MI 49503		PC	DIVERSITY & INCLUSION	40,000
HABITAT FOR HUMANITY OF MICHIGAN 618 S CREYTS ROAD LANSING, MI 48917		PC	DIVERSITY & INCLUSION	89,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF OMAHA 1701 N 24TH ST OMAHA, NE 68110		PC	DIVERSITY & INCLUSION	11,000
HABITAT FOR HUMANITY OF SARPY 1001 FORT CROOK RD N SUITE 207 BELLEVUE, NE 68005		PC	DIVERSITY & INCLUSION	3,100
HABITAT FOR HUMANITY OF SOUTH CENTRAL MI 1571 BASSETT DR MANKATO, MN 56001		PC	DIVERSITY & INCLUSION	1,800
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF WEST CENTRAL MI PO BOX 1171 WILMAR, MN 56201		PC	DIVERSITY & INCLUSION	1,900
HASTINGS FOOD PANTRY 209 W GREEN ST HASTINGS, MI 49058		PC	FIGHTING HUNGER	2,000
HEART AND HAND9220 KINNEVILLE RD EATON RAPIDS, MI 48827		PC	FIGHTING HUNGER	2,200
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND HOPE MISSION 5210 SOUTH 21ST ST OMAHA, NE 68102		PC	FIGHTING HUNGER	1,500
HOLY FAMILY ACCESS-6 FOOD PANTRY 9669 KRAFT AVE CALEDONIA, MI 49316		PC	FIGHTING HUNGER	2,600
HOLY FAMILY CHURCH - OMAHA 1715 IZARD ST OMAHA, NE 68102		CHURCH	FIGHTING HUNGER	650
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR AND REMEMBER INC PO BOX 16834 CHESAPEAKE, VA 23328		PC	MILITARY	100,000
HOOSIERS HILLS FOOD BANK 2333 W INDUSTRIAL PARK DR BLOOMINGTON, IN 47402		PC	FIGHTING HUNGER	5,000
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014		PC	HEALTH & WELL-BEING	5,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER CITY CHRISTIAN FEDERATION 920 CHERRY ST GRAND RAPIDS, MI 49506		PC	GENERAL SUPPORT	10,000
INTERCULTURAL SENIOR CENTER 3010 R ST OMAHA, NE 68107		PC	FIGHTING HUNGER	2,250
JEREMIAH PROGRAM 3104 FIECHTNER DR FARGO, SD 58103		PC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN KNOX PRESBYTERIAN CHURCH 4150 KALAMAZOO AVENEUE SE GRAND RAPIDS, MI 49508		CHURCH	FIGHTING HUNGER	1,400
JOSEPHS COAT WASHINGTON COUNTY FOOD 1737 WASHINGTON ST BLAIR, NE 68008		PC	FIGHTING HUNGER	1,700
KAIRPO BOX 766 KALKASKA, MI 49646		PC	FIGHTING HUNGER	1,450
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEARNEY AREA HABITAT FOR HUMANITY PO BOX 1452 KEARNEY, NE 69103		PC	DIVERSITY & INCLUSION	2,750
KIDS PAC INC 3725 FRONTAGE RD N STE 1 LAKELAND, FL 33810		PC	GENERAL SUPPORT	5,000
LAKE AGASSIZ HABITAT FOR HUMANITY 210 1TH ST N MOORHEAD, MN 55404		PC	DIVERSITY & INCLUSION	5,250
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY COMMUNITY CENTER LLC 26 WEST GRAND AVE CHIPPEWA FALLS, WI 54729		PC	GENERAL SUPPORT	6,850
LESLIE COMMUNITY OUTREACH 614 MILL ST LESLIE, MI 49251		PC	FIGHTING HUNGER	1,450
LINCOLN LANCASTER COUNTRY HABITAT 144 N ANTELOPE VALLEY PKWY LINCOLN, NE 68503		PC	DIVERSITY & INCLUSION	1,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNEDY FOUNDATION 4152 EAST PARIS AVE SE GRAND RAPIDS, MI 49512		PC	GENERAL SUPPORT	9,500
LOAVES & FISHES 1121 JACKSON ST NE 143 MINNEPAOLIS, MN 55413		PC	FIGHTING HUNGER	10,000
LOVE INC326 N FERRY ST GRAND HAVEN, MI 49417		PC	FIGHTING HUNGER	4,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE INC3300 VAN BUREN HUDSONVILLE, MI 49426		PC	FIGHTING HUNGER	3,250
LOVE INC OF ALLENDALE 11620 - 60TH AVE ALLENDALE, MI 49401		PC	FIGHTING HUNGER	2,150
MAMRELUND FOOD PANTRY 4085 LUTHERAN CHURCH RD KENT CITY, MI 49330		PC	FIGHTING HUNGER	1,700
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCELONA FOOD PANTRY 201 N MAPLE PO BOX 252 MANCELONA, MI 49659		PC	FIGHTING HUNGER	1,200
MANNA FOOD BANK 116 E GONZALEZ ST PENSACOLA, FL 32501		PC	FIGHTING HUNGER	5,000
MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740		PC	FIGHTING HUNGER	2,350
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227		PC	FIGHTING HUNGER	5,000
MEEKER COUNTY EMERGENCY FOOD SHELF 118 N SIBLEY AVE LITCHFIELD, MN 55355		PC	FIGHTING HUNGER	2,900
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 49503		PC	FIGHTING HUNGER	5,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID MICHIGAN COMMUNITY ACTION AGENCY 1574 E WASHINGTON RD PO BOX 768 FARWELL, MI 48622		PC	FIGHTING HUNGER	1,550
MID NEBRASKA FOOD BANK 114 E 11TH ST KEARNEY, NE 68847		PC	FIGHTING HUNGER	2,800
MIDLAND COUNTY EMERGENCY FOOD NETWORK PO BOX 2521 MIDLAND, MI 48641		PC	FIGHTING HUNGER	1,500
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLS COUNTY STOREHOUSE PO BOX 289 GLENWOOD, IA 51534		PC	FIGHTING HUNGER	1,400
MOHMS PLACE1435 N 15TH ST COUNCIL BLUFFS, IA 51501		PC	FIGHTING HUNGER	1,500
N STREET VILLAGE1333 N STREET NW WASHINGTON, DC 20005		PC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD FOOD PANTRY MINISTRIES 189 WOODLAWN AVE BATTLE CREEK, MI 49307		PC	FIGHTING HUNGER	1,500
NEIGHBORS INC222 GRAND AVE W SOUTH ST PAUL, MN 55075		PC	HEALTH & WELL-BEING	10,000
NORTH END COMMUNITY MINISTRY 214 SPENCER NE GRAND RAPIDS, MI 49505		PC	FIGHTING HUNGER	1,150
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH KENT COMMUNTY SERVICES 10075 NORTHLAND ROCKFORD, MI 49341		PC	FIGHTNG HUNGER	2,000
NORTHWEST FOOD PANTRY 1224 DAVIS NW GRAND RAPIDS, MI 49504		PC	FIGHTING HUNGER	2,150
OAKWOOD NEIGHBORHOOD 3320 LAIRD AVENUE KALAMAZOO, MI 490085403		PC	FIGHTING HUNGER	3,550
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGEMAW COUNTY CLERGY FELLOWSHIP FOOD 100 E HOUGHTON AVE WEST BRANCH, MI 48661		PC	FIGHTING HUNGER	1,900
OPEN DOOR MISSION2828 N 23 ST E OMAHA, NE 68110		PC	GENERAL SUPPORT	20,000
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY SOUTH STE 100 SAN ANTONIO, TX 78232		PC	MILITARY	100,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OTSEGO COUNTY COMMUNITY FOOD PANTRY PO BOX 1976 GAYLORD, MI 49734		PC	FIGHTING HUNGER	2,400
OUR DAILY BREAD 2333 W INDUSTRIAL PARK DR BELLEFONTAINE, OH 43311		PC	FIGHTING HUNGER	5,000
OUTREACH EASTPO BOX 61 DAVISON, MI 48423		PC	FIGHTING HUNGER	1,600
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERSPECTIVES INC3381 GORHAM AVE ST LOUIS PARK, MN 55426		PC	HEALTH & WELL-BEING	10,000
PHELPS COMMUNITY PANTRY202 W AVE HOLDERGE, NE 68949		PC	FIGHTING HUNGER	1,650
PROJECT HOPE INCPO BOX 464 PRUDENVILLE, MI 48651		PC	FIGHTING HUNGER	1,650
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED WINGS AREA FOOD SHELF 1755 OLD W MAIN ST RED WING, MN 55066		PC	FIGHTING HUNGER	4,000
REGIONAL FOOD BANK OF OKLAHOMA INC 3355 S PURDUE AVE OKLAHOMA CITY, OK 73179		PC	FIGHTING HUNGER	5,000
RESURRECTION LIFE CHURCH ROCKFORD 3233 TEN MILE RD NE ROCKFORD, MI 49341		PC	FIGHTING HUNGER	2,750
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESURRECTION OF THE LORD CHRISTIAN SERVICES 423 CEDAR ST STANDISH, MI 48658		CHURCH	FIGHTING HUNGER	1,450
RICE COUNTY HABITAT FOR HUMANITY 204 7TH ST W PMB 128 NORTHFIELD, MN 55057		PC	DIVERSITY & INCLUSION	2,600
RIVER FALLS FOOD PANTRY 222 N MAIN ST RIVER FALLS, WI 54022		PC	FIGHTNIG HUNGER	3,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBESON COUNTY CHURCH & COMMUNITY 600 W 5TH ST LUMBERTON, NC 28358		PC	FIGHTING HUNGER	5,000
SACRED HEART CATHOLIC CHURCH 5300 N US 23 OSCODA, MI 48750		CHURCH	FIGHTING HUNGER	1,000
SALVATION ARMY 601 S WASHINGTON ST BISMARCK, ND 58504		PC	FIGHTING HUNGER	16,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY302 EXCHANGE ST OWOSSO, MI 48750		PC	FIGHTING HUNGER	1,250
SAN ANTONIO FOOD BANK 5200 N 1ST AVE SAN ANTONIO, TX 782272209		PC	FIGHTING HUNGER	5,000
SAUNDERS COUNTY FOOD PANTRY PO BOX 11 WAHOO, NE 68066		PC	FIGHTING HUNGER	2,100
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HELPINGS 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202		PC	FIGHTING HUNGER	5,000
SENCA1700 STONE 103 FALLS CITY, NE 68102		PC	FIGHTING HUNGER	1,800
SIENA FRANCIS HOUSE OF HOMELESS SHELTER 1702 NICHOLAS ST OMAHA, NE 68102		PC	FIGHTING HUNGER	1,250
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343		PC	DIVERSITY & INCLUSION	10,000
SOLID GROUND3521 ENTURY AVE N WHITE BEAR LAKE, MN 55110		PC	HEALTH & WELL-BEING	10,000
SOMERSET COMMUNITY FOOD PANTRY 203 CHURCH HILL RD SOMERSET, WI 54025		PC	FIGHTING HUNGER	1,500
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH COUNTY COMMUNITY SERVICES 105 S KALAMAZOO VICKSBURG, MI 49097		PC	FIGHTING HUNGER	3,000
SOUTHSIDE COMMUNITY KITCHEN 800 W BARNES AVE LANSING, MI 48910		PC	FIGHTING HUNGER	1,450
SPECIAL OLYMPICS IOWA 551 SE DOVETRAIL RD GRIMES, IA 50111		PC	DIVERSITY & INCLUSION	1,300
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MICHIGAN 1120 SOUTH MISSON STREET MT PLEASANT, MI 48858		PC	DIVERSITY & INCLUSION	165,000
SPECIAL OLYMPICS MINNESOTA 100 WASHINGTON AVE S MINNEAPOLIS, MN 55401		PC	DIVERSITY & INCLUSION	15,000
SPECIAL OLYMPICS NORTH DAKOTA 2616 S 26TH ST GRAND FORKS, ND 58201		PC	DIVERSITY & INCLUSION	29,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS OHIO INC 620 SECOND ST CHESAPEAKE, OH 45619		PC	DIVERSITY & INCLUSION	4,200
SPECIAL OLYMPICS OMAHA9427 F ST OMAHA, NE 68127		PC	DIVERSITY & INCLUSION	25,000
SPECIAL OLYMPICS SOUTH DAKOTA 800 E I-90 LANE SIOUX FALLS, SD 57104		PC	DIVERSITY & INCLUSION	6,200
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DR 1000 MADISON, WI 53718		PC	DIVERSITY & INCLUSION	9,500
ST BARTHOLOMEW COMMUNITY FOOD PANTRY 789 RYNO ROAD MIO, MI 48647		PC	FIGHTING HUNGER	3,650
ST CHARLES IN HELENA 230 E VIENNA ST CLIO, MI 48420		PC	FIGHTING HUNGER	1,750
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CROIX VALLEY HABITAT FOR HUMANITY 116 E ELM ST RIVER FALLS, WI 54022		PC	DIVERSITY & INCLUSION	7,000
ST IGNACE AREA HOPEPO BOX 170 SAINT IGNACE, MI 49781		PC	FIGHTING HUNGER	2,350
ST MARY'S FOOD PANTRY 423 FIRST STREEET GRAND RAPIDS, MI 49504		PC	FIGHTING HUNGER	2,100
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETER AREA FOOD SHELF 35615 398TH LANE ST PETER, MN 56082		PC	FIGHTING HUNGER	2,750
ST PIUS C CHURCH3937 WILSON AVE GRANDVILLE, MI 49418		CHURCH	FIGHTING HUNGER	1,600
ST SAVIOURS FOOD PANTRY 4136 MYRTLE AVE CINCINNATI, OH 45236		PC	FIGHTING HUNGER	2,150
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST STEPHEN EVANGELICAL LUTHERAN CHURCH 32900 NORTH WAVERLY RD LANSING, MI 48906		PC	FIGHTING HUNGER	1,250
ST THOMAS LUTHERAN CHURCH 332 S WESTERN AVE CHEBOYGAN, MI 49721		CHURCH	FIGHTING HUNGER	1,900
TEAM RED WHITE AND BLUE INC 5428 EISENHOWER AVE ALEXANDRIA, VA 22304		PC	MILITARY	100,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOGETHER INC OF METROPOLITAN OMAHA 812 SOUTH 24TH ST OMAHA, ME 68108		PC	FIGHTING HUNGER	6,950
TRI-CITIES FOOD PANTRY 302 AMERICAN PKWY PAPILLION, NE 68046		PC	FIGHTING HUNGER	1,450
TWIN CITIES HABITAT FOR HUMANITY 1954 UNIVERSITY AVE W ST PAUL, MN 55104		PC	DIVERSITY & INCLUSION	1,800
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CHURCH OUTREACH MINISTRY INC 1131 CHICAGO DR SW WYOMING, MI 49509		CHURCH	FIGHTING HUNGER	5,000
VALLEY RESCUE MISSION 2903 SECOND AVE COLUMBUS, GA 31904		PC	GENERAL SUPPORT	5,000
VEAP9600 ALDRICH AVE S BLOOMINGTON, MN 55420		PC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETSHOUSE INCORPORATE 1005 BENNINGTON RD VIRGINIA BEACH, VA 23464		PC	HEALTH & WELL-BEING	30,000
WEST OHIO FOOD BANK 1380 E KIBBY ST LIMA, OH 458021566		PC	FIGHTING HUNGER	5,000
WESTMINSTER PRESBYTERIAN CHURCH 47 JEFFERSON AVE SE GRAND RAPIDS, MI 49503		CHURCH	FIGHTING HUNGER	4,100
Total . . . . . ▶ **3a**				1,375,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE APOSTOLATE 1232 BRIDGE ST NW GRAND RAPIDS, MI 49503		PC	FIGHTING HUNGER	2,250
WILLIAMSTON FOOD BANK 439 E CHURCH ST WILLIAMSTON, MI 48895		PC	FIGHTING HUNGER	2,700
WOMEN'S RESOURCE CENTER 720 ELMWOOD SUITE 2 TRAVERSE CITY, MI 49684		PC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				1,375,350

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317008180

TY 2019 Accounting Fees Schedule

Name: SPARTANNASH FOUNDATION

EIN: 20-8767495

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	15,080	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317008180

TY 2019 Other Expenses Schedule

Name: SPARTANNASH FOUNDATION

EIN: 20-8767495

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	2,584	2,584		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317008180

TY 2019 Other Income Schedule

Name: SPARTANNASH FOUNDATION

EIN: 20-8767495

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RECOVERIES OF AMOUNTS TREATED AS QUALIFYING DISTRIBUTIONS	100		100

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317008180

TY 2019 Other Increases Schedule

Name: SPARTANNASH FOUNDATION

EIN: 20-8767495

Description	Amount
UNREALIZED GAIN/LOSS	5,673

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317008180

TY 2019 Taxes Schedule

Name: SPARTANNASH FOUNDATION

EIN: 20-8767495

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAXES	409	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317008180

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
SPARTANNASH FOUNDATION

Employer identification number
20-8767495

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, 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* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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
SPARTANNASH FOUNDATION

Employer identification number
20-8767495

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SPARTANNASH COMPANY 850 76TH ST PO BOX 8700 GRAND RAPIDS, MI 49518	$ 100,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	DAVID STAPLES 4457 CHANDLER HUDSONVILLE, MI 49426	$ 10,920	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II 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
-		$	

Name of organization
SPARTANNASH FOUNDATION

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Part III ***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 information once. See instructions.)** ▶ $ ____________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee