

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](http://www.irs.gov/Form990PF) for instructions and the latest information.

2020

Open to Public  
Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation BARSTOW FOUNDATION		A Employer identification number 38-6151026	
Number and street (or P.O. box number if mail is not delivered to street address) CO 235 EAST MAIN ST PO BOX 2049 ROO		B Telephone number (see instructions) (989) 839-5305	
City or town, state or province, country, and ZIP or foreign postal code MIDLAND, MI 48640		C If exemption application is pending, check here ► <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here ..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ► <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 8,760,819		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	

<b>Part I</b> Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	1,374	1,374		
4	Dividends and interest from securities	207,026	207,026		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	67,295			
b	Gross sales price for all assets on line 6a	1,747,159			
7	Capital gain net income (from Part IV, line 2)		67,295		
8	Net short-term capital gain				
9	Income modifications			500	
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)				
12	<b>Total.</b> Add lines 1 through 11	275,695	275,695	500	
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	4,067	4,067		
c	Other professional fees (attach schedule)	48,437	48,437		
17	Interest				
18	Taxes (attach schedule) (see instructions)	45,516	712		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)				
24	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	98,020	53,216		0
25	Contributions, gifts, grants paid	393,000			393,000
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	491,020	53,216		393,000
27	Subtract line 26 from line 12:				
a	<b>Excess of revenue over expenses and disbursements</b>	-215,325			
b	<b>Net investment income</b> (if negative, enter -0-)		222,479		
c	<b>Adjusted net income</b> (if negative, enter -0-)			500	

	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	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments		202,133	160,432	160,432
	3 Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less: allowance for doubtful accounts ►				
	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)		3,752,053	3,579,750	8,600,387
	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 ► _____)		235	3	
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		3,954,421	3,740,185	8,760,819
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	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)				0
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/>				
	and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>				
	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		3,954,421	3,740,185	
	29 Total net assets or fund balances (see instructions)		3,954,421	3,740,185	
	30 Total liabilities and net assets/fund balances (see instructions)		3,954,421	3,740,185	

## 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	3,954,421
2	Enter amount from Part I, line 27a	2	-215,325
3	Other increases not included in line 2 (itemize) ►	3	1,089
4	Add lines 1, 2, and 3	4	3,740,185
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	3,740,185

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1 a PUBLICLY TRADED SECURITIES</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e)</b> Gross sales price		<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>	1,747,159		1,679,864	67,295
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(i)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) <b>or</b> Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any		
<b>a</b>				67,295
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	<b>If gain, also enter in Part I, line 7</b> <b>If (loss), enter -0- in Part I, line 7</b>		<b>2</b>	67,295
<b>3</b> 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			<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved	<b>(a)</b> Reserved	<b>(b)</b> Reserved	<b>(c)</b> Reserved	<b>(d)</b> Reserved
<b>2</b> Reserved . . . . .				<b>2</b>
<b>3</b> Reserved. . . . .				<b>3</b>
<b>4</b> Reserved . . . . .				<b>4</b>
<b>5</b> Reserved . . . . .				<b>5</b>
<b>6</b> Reserved . . . . .				<b>6</b>
<b>7</b> Reserved . . . . .				<b>7</b>
<b>8</b> Reserved , . . . . .				<b>8</b>

**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 ► <input type="checkbox"/> and enter "N/A" on line 1.	1	3,092
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved. . . . .		
c	All other domestic foundations enter 1.39% 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	
3	Add lines 1 and 2. . . . .	3	3,092
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	3,092
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	25,800
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d. . . . .	7	25,800
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ►	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ►	10	22,708
11	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> ► 4,000	11	18,708
			<b>Refunded</b> ►

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>Yes</b>	<b>No</b>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).		<b>Yes</b>	<b>No</b>
	<i>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.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> for this year?		<b>Yes</b>	<b>No</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach a detailed description of the activities.</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>		<b>Yes</b>	<b>No</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>Yes</b>	<b>No</b>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>Yes</b>	<b>No</b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		<b>Yes</b>	
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>		<b>Yes</b>	
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? <i>If "No," attach explanation.</i>		<b>Yes</b>	
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		<b>Yes</b>	<b>No</b>
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		<b>Yes</b>	<b>No</b>

**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? Website address ►N/A	13	Yes
14	The books are in care of ►TRUST DEPARTMENT TCF NATIONAL BANK	Telephone no. ►(989) 839-8306	
Located at ►235 E MAIN STREET PO BOX 2049 MIDLAND MI			ZIP+4 ►48640
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. . . . .	► 15	<input type="checkbox"/>
16	At any time during calendar year 2020, 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? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> 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.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . . ► <input type="checkbox"/>	1b	
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 2020? . . . . .	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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2020 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 2020.) . . . . .	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 2020?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	<input type="checkbox"/>	
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/> Yes
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>		<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	<i>If "Yes" to 6b, file Form 8870.</i>		<input type="checkbox"/> No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes

Yes  No

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

10 of 10

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

<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> 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."

**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".**

## **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.

1 N/A	0
2	
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.

**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	6,917,073
b	Average of monthly cash balances. . . . .	1b	604,784
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	7,521,857
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	7,521,857
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  . . . . .	4	112,828
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,409,029
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	370,451

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

1	Minimum investment return from Part X, line 6. . . . .	1	370,451
2a	Tax on investment income for 2020 from Part VI, line 5. . . . .	2a	3,092
b	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	3,092
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	367,359
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	500
5	Add lines 3 and 4. . . . .	5	367,859
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	367,859

**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	393,000
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	393,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	393,000
<b>Note:</b> 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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				367,859
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			392,898	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 393,000				
<b>a</b> Applied to 2019, but not more than line 2a			392,898	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2020 distributable amount. . . . .				102
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020. <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				367,757
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

**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 2020, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
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).)

NONE

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.

NONE

**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 e-mail address of the person to whom applications should be addressed:

KAREN A MCNISH JD  
235 E MAIN STREET  
MIDLAND, MI 48640  
(989) 839-5289  
karen.mcnishtcfbank.com

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

LETTER WITH ACCOMPANYING BROCHURES OR PAMPHLETS IF AVAILABLE

c Any submission deadlines:

JULY 31, ANNUALLY - TRUSTEES MEET ANNUALLY TO CONSIDER GRANT REQUESTS

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

NO GRANTS TO INDIVIDUALS OR RESEARCH PROGRAMS. NO LOANS PERMITTED.

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total . . . . .</b>			► 3a	393,000
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			► 3b	

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	
<b>1 Program service revenue:</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>			14	1,374	
<b>4 Dividends and interest from securities.</b>			14	207,026	
<b>5 Net rental income or (loss) from real estate:</b>					
a Debt-financed property.					
b Not debt-financed property.					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>			18	67,295	
<b>9 Net income or (loss) from special events:</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue: a</b>					
b					
c					
d					
e					
<b>12 Subtotal. Add columns (b), (d), and (e).</b>				275,695	
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>					275,695
(See worksheet in line 13 instructions to verify calculations.)					

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

## Part XVII

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

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?

	Yes	No
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>

**a** Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash. . .

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

**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.

**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.

<b>(a) Name of organization</b>	<b>(b) Type of organization</b>	<b>(c) Description of relationship</b>

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.

\*\*\*\*\*

2021-05-05

\* \* \* \*

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

Signature of officer or trustee

Date

Tit

**Sign  
Here**

**Paid  
Preparer  
Use Only**

					(see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	RAMON F ROLF JR		2021-05-05		P01045102
	Firm's name ► CHALGIAN & TRIPP LAW OFFICES PLLC				Firm's EIN ►
Firm's address ► 5820 EASTMAN AVENUE MIDLAND, MI 48640				Phone no. (989) 423-1200	

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

(a) Name and address	(b) 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	(e) Expense account, (e) other allowances
DAVID O BARSTOW	CO-CHAIR 002.00	0		
107 SPRING VIEW DRIVE BLACK MOUNTAIN, NC 28711				
WILLIAM R DIXON	CO-CHAIR 002.00	0		
2656 BRIDGEWAY STE 205 SAUSALITO, CA 94965				
ROBERT G BARSTOW	TRUSTEE 001.00	0		
1905 S LAKELINE BLVD APT 326 CEDAR PARK, TX 78613				
JOHN C BARSTOW	TRUSTEE 001.00	0		
230 MELLON HOLLISTON, MA 01746				
DAPHNE BARSTOW-BEVILL	TRUSTEE 001.00	0		
1901 MONUMENT CANYON DR GRAND JUNCTION, CO 81507				
MARVIN BARSTOW	TRUSTEE 001.00	0		
1719 EAST MULBERRY FORT COLLINS, CO 81524				
TCF NATIONAL BANK	CORP. TRUSTEE 001.00	0		
235 E MAIN STREET MIDLAND, MI 48640				

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
EASTER SEALS INC 233 S WACKER DRIVE CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	1,500
CHRISTMAS FOR ALL INCPO BOX 6200 COEUR DALENE, ID 83816	NONE	PC	UNRESTRICTED	3,000
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	NONE	PC	UNRESTRICTED	8,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
CENTER FOR DOMESTIC PEACE 734 A STREET SAN RAFAEL, CA 94901	NONE	PC	UNRESTRICTED	5,000
SWANNANOA VALLEY CHRISTIAN MINISTRY 101 N RIDGEWAY BLACK MOUNTAIN, NC 28711	NONE	PC	UNRESTRICTED	11,000
HOSPICE OF AUSTIN 4107 SPICEWOOD SP RD STE 100 AUSTIN, TX 78759	NONE	PC	UNRESTRICTED	50,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 021182700	NONE	PC	UNRESTRICTED	5,000
NASHUA SOUP KITCHEN & SHELTER INC 42 CHESTNUT STREET PO BOX 3116 NASHUA, NH 03061	NONE	PC	UNRESTRICTED	5,000
FEEDING AMERICA 35 EAST WACKER DR STE 2000 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	9,800
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
THE SALVATION ARMY 1765 W GOLF COURSE ROAD COEUR DALENE, ID 83816	NONE	PC	RAY JOAN KROC CORPS COMM CTR	2,000
CAN DO MULTIPLE SCLEROSIS 100 W BEAVER CREEK BLVD STE 200 AVON, CO 81620	NONE	PC	SCHWEITZER PROGRM	3,000
FRIENDS OF THE JAMES RIVER PARK PO BOX 4453 RICHMOND, VA 23220	NONE	PC	FOJRP FUND	700
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
DOCTORS WITHOUT BORDERS 333 7TH AVE 2ND FL NEW YORK, NY 100015004	NONE	PC	UNRESTRICTED	8,000
COLORADO RIVER ALLIANCE PO BOX 50029 AUSTIN, TX 78763	NONE	PC	UNRESTRICTED	8,800
THE MILO FOUNDATION PO BOX 6625 ALBANY, CA 94706	NONE	PC	UNRESTRICTED	4,750
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
EOS INTERNATIONAL PO BOX 4638 SAINT PAUL, MN 55104	NONE	PC	UNRESTRICTED	5,000
MCBACKPACK INC 1813 LAKESHORE CIRCLE FORT COLLINS, CO 80525	NONE	PC	UNRESTRICTED	22,000
CHILDREN'S VILLAGE FOUNDATION INC 1350 W HANLEY COEUR DALENE, ID 83815	NONE	PC	UNRESTRICTED	4,500
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
THE HUMANE SOCIETY OF MIDLAND COUNTY PO BOX 1034 MIDLAND, MI 486411034	NONE	PC	UNRESTRICTED	10,000
MANNA FOOD BANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805	NONE	PC	UNRESTRICTED	10,000
WEST MIDLAND FAMILY CENTER PO BOX 1985 MIDLAND, MI 486411985	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
GREATER COLEMAN FAMILY CENTER 4839 N COLEMAN SCHOOLS DR COLEMAN, MI 48618	NONE	PC	UNRESTRICTED	15,000
WHISTLESTOP930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	NONE	PC	UNRESTRICTED	1,000
KOOTENAI HUMANE SOCIETY PO BOX 1005 HAYDEN, ID 83835	NONE	PC	BUILDING FUND	3,500
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
ALS THERAPY DEVELOPMT INSTITUTE 300 TACHNOLOGY SQUARE STE 400 CAMBRIDGE, MA 02139	NONE	PC	COREY REICH PROJECT	1,000
NORTH MIDLAND FAMILY CENTER 2601 E SHEARER ROAD MIDLAND, MI 48642	NONE	PC	UNRESTRICTED	15,000
US ASSOCIATION FOR UNHCR 1775 K STREET NW STE 5800 WASHINGTON, DC 20006	NONE	PC	UNRESTRICTED	8,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
INTERNATIONAL INSTITUTE OF NEW ENGLAND 2 BOYSTON STREET 3RD FLOOR BOSTON, MA 02116	NONE	PC	UNRESTRICTED	5,000
ALAMEDA COUNTY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	NONE	PC	UNRESTRICTED	3,000
ALLEGRO ORGANIZATIONAL SOLUTIONS INC 5535 MEMORIAL DRIVE HOUSTON, TX 77007	NONE	PC	UNRESTRICTED	11,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
CENTRO LEGAL DE LA RAZA INC 3400 EAST 12TH ST OAKLAND, CA 94601	NONE	PC	UNRESTRICTED	5,000
HAYDEN ENTERPRISES GIVING FUND 963 SW SIMPSON AVENUE BEND, OR 97702	NONE	PC	UNRESTRICTED	7,462
MALARIA NO MORE FUND 2341 EASTLAKE AVENUE EAST SEATTLE, WA 98102	NONE	PC	UNRESTRICTED	3,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
MIDLAND COUNTY COUNCIL ON AGING 4700 DUBLIN AVENUE MIDLAND, MI 48642	NONE	PC	UNRESTRICTED	9,000
NEW REFLECTIONS PATHWAY TO HOPE INC 11423 W BLUEBIRD LAND HAYWARD, WI 54843	NONE	PC	UNRESTRICTED	11,000
TENNIS FOR KIDS INC 555 CASTLE ROCK TRAIL SEDONA, AZ 86336	NONE	PC	UNRESTRICTED	3,800
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
JUST LIKE MY CHILDPO BOX 22025 SAN DIEGO, CA 92192	NONE	PC	UNRESTRICTED	4,000
BOUNTY & SOUL 999 OLD US HIGHWAY 70 BLACK MOUNTAIN, NC 28711	NONE	PC	UNRESTRICTED	10,000
PLANNED PARTENHOOD FEDERATION PO BOX 97166 WASHINGTON, DC 200907166	NONE	PC	UNRESTRICTED	1,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	UNRESTRICTED	2,000
9 STAR FOUNDATION PO BOX 1859 COEUR D ALENE, ID 838161859	NONE	PC	UNRESTRICTED	4,000
SWANNANOA VALLEY MONTESSORI SCHOOL 101 CARVER AVENUE BLACK MOUNTAIN, NC 28711	NONE	PC	UNRESTRICTED	14,800
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
ALZHEIMERS DISEASE & REL DISORDERS 225 N MICHIGAN AVE CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	1,000
CAN DO MULTIPLE SCLEROSIS 100 W BEAVER CRK BLVD AVON, CO 81620	NONE	PC	HUEGA FDN	4,625
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 94949	NONE	PC	UNRESTRICTED	7,463
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
FAMILY AND CHILDREN'S SERVICES 1714 EASTMAN AVENUE MIDLAND, MI 48640	NONE	PC	UNRESTRICTED	10,000
CAMP KESEMPO BOX 452 CULVER CITY, CA 90232	NONE	PC	UNRESTRICTED	1,000
THE HANNAH PROJECT PARTNERSHIP 825 DRAKE AVENUE MARIN CITY, CA 949651107	NONE	PC	ACADEMIC ACHIEVEMENT	1,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 234538000	NONE	PC	UNRESTRICTED	2,000
CRISIS ASSISTANCE MINISTRY 500 SPRATT STREET CHARLOTTE, NC 28206	NONE	PC	UNRESTRICTED	1,000
RICHMOND EMERGENCY FOOD PANTRY PO BOX 2598 EL CERRITO, CA 94530	NONE	PC	UNRESTRICTED	5,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
ANNA JULIA COOPER EPISCOPAL PRESCHOOL 2124 NORTH 29TH STREET RICHMOND, VA 23223	NONE	PC	UNRESTRICTED	700
DENVER METRO CARING 1100 E 18TH AVENUE DENVER, CO 80218	NONE	PC	UNRESTRICTED	1,000
ASHEVILLE BUNCOMBE COMM CHRISTIAN MINISTRY 20 TWENTIETH STREET ASHEVILLE, NC 28806	NONE	PC	VETERANS PROGRAM	1,000
<b>Total . . . . .</b>			► 3a	393,000

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
XERODERMA PIGMENTOSUM SOCIETY INC 437 SNYDERTOWN ROAD CRARYVILLE, NY 12521	NONE	PC	CAMP SUNDOWN	2,000
NAACP LEGAL DEFENSE AND EDUCATION 4805 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	PC	UNRESTRICTED	600
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 217415030	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b>			► 3a	393,000

# TY 2020 Accounting Fees Schedule

**Name:** BARSTOW FOUNDATION

**EIN:** 38-6151026

**Software ID:** 20011406

**Software Version:** 20.0.2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHALGIAN TRIPP LAW OFFICES PLLC	4,067	4,067		

**TY 2020 Investments Corporate Stock Schedule****Name:** BARSTOW FOUNDATION**EIN:** 38-6151026**Software ID:** 20011406**Software Version:** 20.0.2.0**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
500 shares of ATT INC	17,199	14,380
70 shares of HOME DEPOT, INC.	1,892	18,593
70 shares of MCDONALDS CORP	3,901	15,021
1322 shares of PFIZER	38,497	48,663
231 shares of ABBVIE INC	8,538	24,752
110 shares of WALT DISNEY CO	11,341	19,930
625 shares of STARBUCKS CORP	46,059	66,863
310 shares of CVS HEALTH CORP	24,950	21,173
135 shares of INTERCONTINENTAL EXCHANGE	6,557	15,564
85 shares of JP MORGAN CHASE CO	5,436	10,801
600 shares of FASTENAL CO	13,014	29,298
196 shares of ALPHABET INC	230,021	343,517
580 shares of APPLE INC	15,621	76,960
95 shares of BROADCOM LTD	14,607	41,596
455 shares of CISCO SYSTEMS INC	13,035	20,361
155 shares of QUALCOMM INC	7,762	23,613
1314 shares of ISHARES MSCI EMERGING MKT ETF	46,226	67,894
385 shares of ISHARES RUSSELL 2000 ETF	55,027	75,483
132 shares of AMAZON.COM INC	229,628	429,915
35 shares of BLACKROCK INC	14,431	25,254
1656 shares of SALESFORCE.COM	245,330	368,510
1499 shares of VISA INC	264,101	327,876
145 shares of MEDTRONIC PLC	16,354	16,985
894 shares of UNITED HEALTHCARE GROUP INC	201,091	313,508
1115 shares of VERTEX PHARMACEUTICALS INC	236,279	263,519
20 shares of SHERWIN WILLIAMS CO	11,524	14,698
1323 shares of PAYPAL HOLDINGS INC	145,585	309,847
44111 shares of DOW INC	303,273	2,448,161
27555 shares of DUPONT DE NEMOURS INC	261,184	1,959,436
1457 shares of CABOT OIL GAS CORP	26,253	23,720

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
164 shares of VIATRIS INC	2,123	3,073
191 shares of L3 HARRIS TECHNOLOGIES	32,587	36,103
1278 shares of SPLUNK INC	247,738	217,119
578 shares of AUTODESK INC	141,222	176,487
259 shares of NETFLIX INC	141,598	140,049
1139 shares of SPDR SP 500 ETF	367,255	425,849
1066 shares of VANGUARD SP MID CAP 400 ETF	132,511	165,816

## TY 2020 Other Assets Schedule

**Name:** BARSTOW FOUNDATION

**EIN:** 38-6151026

**Software ID:** 20011406

**Software Version:** 20.0.2.0

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST	235	3	

## TY 2020 Other Increases Schedule

**Name:** BARSTOW FOUNDATION

**EIN:** 38-6151026

**Software ID:** 20011406

**Software Version:** 20.0.2.0

### Other Increases Schedule

Description	Amount
RETURN OF PRIOR YEAR GRANT	500
NON DIVIDEND DISTRIBUTION	88
NET ADJUSTMENT OF PRIOR YEAR NON DIV DIST AND SPIN OFF	501

## TY 2020 Other Professional Fees Schedule

**Name:** BARSTOW FOUNDATION

**EIN:** 38-6151026

**Software ID:** 20011406

**Software Version:** 20.0.2.0

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TCF NATIONAL BANK - INVESTMENT FEES	48,117	48,117		
TCF NATIONAL BANK - TAX FEE	320	320		

## TY 2020 Taxes Schedule

**Name:** BARSTOW FOUNDATION**EIN:** 38-6151026**Software ID:** 20011406**Software Version:** 20.0.2.0

## Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID ON DIVIDEND INCOME	712	712		
EXCISE TAX BASED ON INVESTMENT INCOME	44,804			