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### DLN: 93491124016601

OMB No. 1545-0052

**2020** 

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal to a column (c) and (c)			ndar year 2020, or tax year	beginning 01-01-20	)20 , a	nd er	nding 12-31-				
Biliphone number (oze instructions)   Comparison of the process								entification numbe	r		
Check types of representations   Section 501(x)(3) even the treatment of a former public charity   Park types of representations   Section 501(x)(3) even the treatment of a former public charity   Park types of organizations   Section 501(x)(3) even the treatment of a former public charity   Park types of organizations   Section 501(x)(3) even the treatment foundation   Section 4947(a)(1) moreoverpic than table trust   Other types of organizations in the treatment of a former public charity   Park types of organizations   Section 501(x)(3) even the treatment foundation   Section 4947(a)(1) moreoverpic than table trust   Other (repert)   Check types of organizations   Section 501(x)(3) even the treatment foundation   Section 4947(a)(1) moreoverpic than table trust   Other (repert)   Check types of organization administrative than the trust   Other (repert)   Check types of organization administrative than the trust   Other (repert)   Check types of organization administrative than the trust   Other (repert)   Check types of organization administrative than the trust   Other (repert)   Check types							47-3197993				
City corespond per province, centry, and 2/19 or frange poted code  AddAMAZO, M. 4 sequence  The check all that apply:   Initial return   Initial return   Amended return   Amen				ot delivered to street address)	Room/suite						
Schools all that apply:   Initial return   Initial return				foreign postal code							
Address change	KALA	AMAZOO	D, MI 49019				C If exemption	application is pendin	g, check here		
Contributions, gifts, grants, etc., received catach	G Ch	neck al	l that apply: $\Box$ Initial return	$\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere		
Check type of organization:   Section 501/(2) (section 501/(2) (section 501/(2) (f)) (			Final return								
Check type of organization: Ed Section 991(c)(3) exemple a minder section 997(c)(3) on oxempt of market be included by section 997(c)(3) on oxempt of market by section 997(c)(3) on oxempt of market by section 997(c)(3) on oxempt of market by section 997(c) or oxempt of year (from Part II, col. (c), column (d) must be on cash basis.)    Analysis of Revenue and expenses (the total schedule)   2 check by section 997(c) (c), and (g) may not necessarily count to amounts in columns (d), (c), and (g) may not necessarily count to amounts in columns (d), (c), and (g) may not necessarily counts to amounts in columns (d), (c), and (g) may not necessarily counts to amounts in columns (d), (c), and (g) may not necessarily counts to amounts in columns (d), (c), and (g) may not necessarily counts for amounts in columns (d), (c), and (g) may not necessarily counts for amounts in columns (d), (c), and (g) may not necessarily counts for amounts in columns (d), (c), and (g) may not necessarily counts for amounts (d), (c), and (g), a							·		· -		
Fair market value of all assets at end of year (from Part III, col. (c.)   Debter (specify)   Part J., column (c) must be on cash basis.	_	,									
Analysis of Revenue and Expenses (five manufacture)   Column (d) must be on cash basis.			````				<del> </del>				
of amounts in columns (b), (c), and (d) may not necessarily equal the amount is columns (a) fee investment income  1 Contributions, gifts, grants, etc., received (attach schedule)  2 Check № If the foundation is not required to attach Sch. B  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5a Gross rents  b Net rental income or (loss)  A Ret spain or (loss) from sale of assets not on line 10  5 Ret short-term capital gain  1 Income modifications  10a Gross sales price for all assets on line 6a  2 capital gain net income (from Part IV, line 2)  3 Net short-term capital gain  1 Income modifications  1 Corps profit or (loss) (attach schedule)  2 Pension plans, employee benefits  2 Cother professional fees (attach schedule)  2 Depreciation (attach schedule)  2 Depreciation (attach schedule)  3 Taxes (attach schedule) (see instructions)  9 Depreciation (attach schedule)  1 Travel, conferences, and meetings  2 Other expenses (attach schedule)  2 Printing and publications  3 Other expenses (attach schedule)  2 Corps profit or (loss)  3 Corps profit or (loss)  4 Subtract Income (attach schedule)  4 Subtract Income (attach schedule)  5 Corps profit or (loss)  6 Subtract Income (attach schedule)  7 Corps profit or (loss)  8 Net spain profit or (loss)  8 Net spain profit or (loss)  9 Depreciation (attach schedule)  9 Depreciation (attach schedule)  1 Corps profit or (loss)  2 Printing and publications  3 Corps profit or (loss)  4 Corps profit or (loss)  4 Corps profit or (loss)  5 Corps profit or (loss)  6 Corps profit or (loss)  6 Corps profit or (loss)  7 Corp	of '	year (f	rom Part II, col. (c),	Other (specify)		ıaı					
of amounts in columns (b). (c), and (d) may not necessarily equal the amount in columns (c) (see instructions).  1 Contributions, giffs, grants, etc., received (attach schedule)  2 Check ▶ ☑ if the foundation is not required to attach Sch. B  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5 a Gross rents  b Net rental income or (loss)  6 Ret gain or (loss) from sale of assets not on line 10  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10a Gross sales less returns and allowances Less: Cost of goods sold  c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  40 Compensation of officers, directors, trustees, etc.  14 Other employee saliers and wages  25 Pansion plans, employee benefits  1 Contemployee saliers and wages  26 Other professional fees (attach schedule)  27 Tavel, conferences, and meetings  28 Depreciation (attach schedule)  29 Gross pand to remove and plants and pl	Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and	Ī			(d) Disbursements		
2   Check			. ,, , , ,	' ' '	expenses per	(b)			for charitable purposes (cash basis only)		
2 Check ▶ ☑ if the foundation is not required to attach Sch. B  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5a Gross rents  b Net rental income or (loss)  6 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)  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)  12 Total, Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc.  14 Query (10 Compensation of officers)  15 Pension plans, employee benefits  16 Legal fees (attach schedule)  17 Interest  18 Taxes (attach schedule)  19 Depreciation (attach schedule)  20 Other professional fees (attach schedule)  21 Travel, conferences, and meetings  23 Dither expenses (attach schedule)  24 Total operating and administrative expenses.  Add lines 13 through 23  25 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469  43,469		1		received (attach							
Sch. 8		_	´ <b>—</b>	mat varyingd to attack							
120,577   120,											
Sa   Gross rents		3	Interest on savings and tempora	ry cash investments							
b Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 7 Capital gain net income (from Part IV, line 2) 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods soid c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 494,482 494,482 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 24,000 0 2 2 15 Pension plans, employee benefits 1,836 0 0 16 Legal fees (attach schedule) 1 Interest 2 0 Other professional fees (attach schedule) 1 Interest 3 14 0 0 1 Interest 4 14 0 0 1 Interest 5 14 0 0 1 Interest 6 Other professional fees (attach schedule) 20 Occupancy 5 1,238 0 0 21 Travel, conferences, and meetings 7 1,238 0 0 21 Travel, conferences, and meetings 7 1,238 0 0 22 Trotal operating and administrative expenses. 23 Other expenses (attach schedule) 9 2,786 0 0 24 Total operating and administrative expenses. 25 Add lines 13 through 23 116,013 70,871 32 26 Total expenses and disbursements. Add lines 24 and 25 25 Contributions, gifts, grants paid 32 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements No Net Investment income (if negative, enter -0-) 423,611		4		ırities	120,577	<u>'</u>	120,577				
100   100											
b Gross sales price for all assets on line 6a  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10a Gross sales less returns and allowances  b Less: Cost of goods sold  10 Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc.  14 Other employee salaries and wages  24,000  0 0  25 Pension plans, employee benefits  1,836  0 Other professional fees (attach schedule)  17 Interest  18 Taxes (attach schedule) (see instructions)  19 Depreciation (attach schedule) and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses (attach schedule)  24 Total operating and administrative expenses.  Add lines 13 through 23  25 Contributions, gifts, grants paid  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)	٠.		• •	esets not on line 10	272 005	-					
8 Net short-term capital gain	Revenue	١.	- , ,		3/3,903	1					
8 Net short-term capital gain		Ь	Gross sales price for all assets or								
9 Income modifications		7	Capital gain net income (from Pa	ert IV, line 2)			373,905				
10a   Gross sales less returns and allowances   Less: Cost of goods sold   Cost   Gross profit or (loss) (attach schedule)   Gross   Gross profit or (loss) (attach schedule)   Gross   Gross profit or (loss) (attach schedule)   Gross		8									
b Less: Cost of goods sold			Income modifications								
C   Gross profit or (loss) (attach schedule)   C   C   C   C   C   C   C   C   C				wances							
11 Other income (attach schedule) 12 Total. Add lines 1 through 11		-	<u>-</u>	edule)							
12 Total. Add lines 1 through 11						-					
13   Compensation of officers, directors, trustees, etc.   12,000   0   1     14   Other employee salaries and wages   24,000   0   2     15   Pension plans, employee benefits   1,836   0     16a   Legal fees (attach schedule)                 b   Accounting fees (attach schedule)                   c   Other professional fees (attach schedule)                     c   Other professional fees (attach schedule)                   d   Taxes (attach schedule) (see instructions)                   18   Taxes (attach schedule) (see instructions)                 19   Depreciation (attach schedule) and depletion             20   Occupancy               21   Travel, conferences, and meetings             22   Printing and publications             23   Other expenses (attach schedule)               24   Total operating and administrative expenses.               Add lines 13 through 23                   Add lines 13 through 23                   25   Contributions, gifts, grants paid                     26   Total expenses and disbursements. Add lines 24 and 25                 27   Subtract line 26 from line 12:                 a   Excess of revenue over expenses and disbursements			· · · · · · · · · · · · · · · · · · ·		494 482	,	494 482				
14 Other employee salaries and wages   24,000   0   22			<del>-</del>		, i	-	·		12,000		
15   Pension plans, employee benefits   1,836   0     1,836   1,83			·	•	· · · · · · · · · · · · · · · · · · ·	-			24,000		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	Š	15	Pension plans, employee benefits	5	1,836	5	0		1,836		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	nse	16a	Legal fees (attach schedule) .								
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<del>2</del>	ь	Accounting fees (attach schedule	e)	<b>9</b> 6,497	7	3,249		3,248		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	i e	С	Other professional fees (attach s	chedule)	<b>9</b> 67,622	2	67,622		(		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	⋛	17	Interest		14	ı	0		(		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	STE	18	Taxes (attach schedule) (see ins	tructions)	1,258	3	0		(		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	≣	19	Depreciation (attach schedule) a	nd depletion							
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	5	20	·								
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	ק פ										
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<u></u>				<b>66.1</b> 0.704						
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	5 E				2,786	1	0		2,786		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	erai	24	• •	-	116.015		70.074		42.07		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<u>ā</u>	25	<del>-</del>			+	/0,8/1		43,870 335,000		
25 451,013 70,871 37  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  451,013 70,871 37  451,013 451,013 70,871 37	•				333,000	—			333,000		
a Excess of revenue over expenses and disbursements 43,469 b Net investment income (if negative, enter -0-) 423,611		20		ments. Add lines 24 and	451,013	3	70,871		378,870		
disbursements 43,469  b Net investment income (if negative, enter -0-) 423,611		27	Subtract line 26 from line 12:				<u> </u>				
b Net investment income (if negative, enter -0-) 423,611		а		nses and	43,469						
		b		gative, enter -0-)	, 10-		423,611				
		C	Adjusted net income (if negati	ve, enter -0-)							

Attached schedules and amounts in the description column

Beginning of year

5,525,319

1,715,719

7,360,630

1,298

1,298

7,359,332

7.359.332

7,360,630

<u>چ</u>

Page 2

7,268,926

1,806,356

9,332,720

End of year

5,335,964

1,809,719

7,403,121

320

320

7,402,801

7.402.801

7,403,121

1

2

3 4

5

6

7,359,332

7,402,801

7,402,801 Form 990-PF (2020)

43,469

Assets	
Ą	

Form 990-PF (2020)

**Balance Sheets** 

Pledges receivable

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts ▶

Prepaid expenses and deferred charges . . . .

Investments—land, buildings, and equipment: basis ▶

Less: accumulated depreciation (attach schedule) ▶ \_\_\_\_\_

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Less: accumulated depreciation (attach schedule)

Investments—other (attach schedule) . . . .

Total assets (to be completed by all filers—see the

Land, buildings, and equipment: basis -

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Other assets (describe > .

Other liabilities (describe ▶\_

Grants payable

Receivables due from officers, directors, trustees, and other

disqualified persons (attach schedule) (see instructions) . . . . .

Other notes and loans receivable (attach schedule) ▶

Investments—U.S. and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . . . . . .

Part II

4

5

6

7

8

9 10a

b

C

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

28

29 30

Part III

2

Liabilities

Balances

Fund

ŏ 26

Assets 27

Net

	ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tabl	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
	<u>'</u>	<u> </u>			
Complete only for assets	s showing gain in column (h) and ov	ned by the foundation	on 12/31/69	1	I)
(i) F.M.V. as of 12/31/69	(j)	Excess	( <b>k)</b> of col. (i) . (j), if any	Gains (Col. (l col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
a See Additional Data Tabl	e				
b					
c					
d					
e					
·	gain or (loss) as defined in sections ort I, line 8, column (c) (see instruct		Part I, line 7	3	373,905
Down V Ovalification	Under Section 4040/s) for D	advend Tay on Net	Towards To		
	Under Section 4940(e) for Re			come	
	LED ON DECEMBER 20, 2019	9 - DO NOT COMPLI	EIE		
1 Reserved	(6)	(a)		(4)	
<b>(a)</b> Reserved	<b>(b)</b> Reserved	(c) Reserved		<b>(d)</b> Reserved	
<b>2</b> Reserved			2		
<b>3</b> Reserved			3		
<b>4</b> Reserved			4	]	
<b>5</b> Reserved			<u> </u>	i	
			<u> </u>	<u> </u>	
			<u> </u>	<u> </u> 	
			<u> </u>	1	
8 Keserved ,			8	<u> </u>	

Form	990-PF (2020)									F	Page <b>6</b>
Pa	rt VIII-B Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (cor	ntinue	d)				
5a	During the year did the foundation	рау о	r incur any amount to:							Yes	No
	(1) Carry on propaganda, or other	vise a	se attempt to influence legislation (section 4945(e))?								
	(2) Influence the outcome of any s	pecifi	c public election (see secti	✓	"						
	on, directly or indirectly, any vo	oter re	egistration drive?			Yes	<b>✓</b>	No			
	(3) Provide a grant to an individual	for t	ravel, study, or other simi	lar purposes?		Yes	~	No			
	(4) Provide a grant to an organizat	ion ot	her than a charitable, etc	., organization described	<u> </u>						
	in section 4945(d)(4)(A)? See i	nstru	ctions			Yes	<b>✓</b>	No			
	(5) Provide for any purpose other t	han r	eligious, charitable, scient	ific, literary, or			_				
	educational purposes, or for the	e prev	ention of cruelty to childre	en or animals?		Yes	<b>✓</b>	No			
b	If any answer is "Yes" to $5a(1)-(5)$	)–(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								5b		
Organizations relying on a current notice			regarding disaster assista	ance check here		. ▶					
С	If the answer is "Yes" to question 5	a(4),	does the foundation claim	exemption from the							
	tax because it maintained expendit		· · · · · · · · · · · · · · · · · · ·		• •	Yes		No			
	If "Yes," attach the statement requi	ired b	y Regulations section 53.4	1945–5(d).							
<b>6</b> a	Did the foundation, during the year				ms on						
	a personal benefit contract?					Yes	<b>✓</b>	No			
b	Did the foundation, during the year	, pay	premiums, directly or indi	irectly, on a personal ben	efit contract?				6b		No
	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, wa					Yes	<b>✓</b>	No			
b	If "Yes", did the foundation receive		•				•		7b		
8	Is the foundation subject to the sec				n remuneration	or					
	excess parachute payment during t	he ye	ar?			Yes	✓	No			
Da		Offic	ers, Directors, Trust	ees, Foundation Mai	nagers, Highl	y Pai	d En	nplo	yees,		
ьe	and Contractors										
1	List all officers, directors, truste	es, fo	oundation managers an	d their compensation.	See instruction	าร					
	(a) Name and address		(b) Title, and average	(c) Compensation (If	(d) Contribu			(e)	Exper	nse acc	ount,
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plans ar deferred compensation						ces
DOUG	GLAS W MESARA	PRES	IDENT	4,000			C				C
	OX 19975	8.00									
	MAZOO, MI 49019	TD 5 4	CURED/CECRETARY								
	HER WHITE  DX 19975	2.00	SURER/SECRETARY	4,000			C	'			Ü
	MAZOO, MI 49019										
JEFFF	REY PAUCH		-PRESIDENT	4,000			C				C
	OX 19975	2.00									
<b>2</b>	MAZOO, MI 49019  Compensation of five highest-pa	id or	anloyoos (other than th	oso included on line 1.	_coo instructio	nc\ T	f no	20.01	stor "	NONE	71
	compensation of five highest-pa	ilu ei		lose included on line 1	(d) Contribu			ie, ei	itei	HONE	•
(a)	Name and address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee b			(e) l	Expen	se acco	ount,
	more than \$50,000		devoted to position	(c) Compensation	plans and d		d	ot	her all	owanc	es
NON			'		compensa	ation					
NON	<u> </u>										
							-+				
T	I number of other annulations and	or 45	0.000			<b>.</b>					
TOTA	I number of other employees paid ov	ег ֆ5	0,000			<u> </u>	L	Г-	00	0-PF (	(2020
											/11/11

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional	l services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY - THE ROSE STREET GROUP	INVESTMENT MANAGEMENT	67,622
277 SOUTH ROSE ST KALAMAZOO, MI 49007		
·		
<b>Total</b> number of others receiving over \$50,000 for professional service	s	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inc organizations and other beneficiaries served, conferences convened, research pape		Expenses
1		
2		_
3		
4		
Part IX-B Summary of Program-Related Investments	s (see instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1		
		_
2		
All other program-related investments. See instructions.		
3		-
Total. Add lines 1 through 3		
Total. Add lilles 1 through 3	· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2020)
		FOITH 330-PF (2020)

2a	Tax on investment income for 2020 from Part VI, line 5	<b>2a</b> 5,888		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	5,888
3	Distributable amount before adjustments. Subtract line 2c from line 1	[	3	413,372
4	Recoveries of amounts treated as qualifying distributions	[	4	0
5	Add lines 3 and 4		5	413,372
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	413.372

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

378,870

378.870

378.870

Form 990-PF (2020)

1a

1b

2

За 3h

4

5

Part XII

1

2

3

4 5 Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2020 distributable amount. . .e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2020.

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5
b Prior years' undistributed income. Subtract line 4b from line 2b.
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.
d Subtract line 6c from line 6b. Taxable amount—see instructions.
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.

same amount must be shown in column (a).)

(If an amount appears in column (d), the

6 Enter the net total of each column as

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).
 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).

**9 Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a . . .

Analysis of line 9:
Excess from 2016.
Excess from 2017.
Excess from 2018.
Excess from 2019.
Excess from 2020.

indicated below:

Part XIII Undistributed Income (see instruc	ctions)			
	(a) Corpus	(b) Years prior to 2019	<b>(c)</b> 2019	<b>(d)</b> 2020
1 Distributable amount for 2020 from Part XI, line 7				413,372
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			333,688	
<b>b</b> Total for prior years: 20, 20, 20		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
a From 2015				
<b>b</b> From 2016				
c From 2017				
<b>d</b> From 2018				
e From 2019				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2020 from Part				
XII, line 4: ► \$ 378,870				
a Applied to 2019, but not more than line 2a		1	333,688	

0

Page 9

45,182

368,190

Form **990-PF** (2020)

0

c Any submission deadlines:

factors:

GRANT SUBMISSION DEADLINES ARE POSTED ON OUR WEBSITE.

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

RESTRICTIONS AND LIMITATIONS ON GRANT ELIGIBILITY IS OUTLINED ON OUR WEBSITE.

	Part XIV Private Operating Found	ations (see instru	uctions and Part V	II-A, question 9)				
La	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			ating				
b	Check box to indicate whether the organizati	nization is a private operating foundation described in section $\Box$ 4942(j)(3) or $\Box$ 4942(j)(5)						
2a	Enter the lesser of the adjusted net	Tax year		(e) Total				
	income from Part I or the minimum investment return from Part X for each	(a) 2020	<b>(b)</b> 2019	<b>(c)</b> 2018	(d) 2017	(-,		
	year listed							
	85% of line 2a							
С	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							
е	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:							
а	"Assets" alternative test—enter:							
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>							
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
С	"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  Supplementary Information	(Complete this	nart only if the f	oundation had 9	5 000 or more i	n		
Pa	art XV assets at any time during th			oundation nad s	,5,000 01 1110101			
	Information Regarding Foundation Mana- List any managers of the foundation who hav before the close of any tax year (but only if List any managers of the foundation who own	e contributed more they have contribute n 10% or more of th	ed more than \$5,000 e stock of a corporat	). (See section 507( ion (or an equally la	(d)(2).)	ı		
	ownership of a partnership or other entity) of		-					
2	Information Regarding Contribution, Gra							
	Check here 🕨 🗹 if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ints, etc. to individua	e organizations and els or organizations	does not accept under			
a	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed:			
	JANE E BLYTH PO BOX 19975 KALAMAZOO, MI 49019 (269) 350-6354 JANE.E.BLYTH@MESARAFAMILYFOUNDATIO	N.ORG						
b	The form in which applications should be sub GRANT APPLICATION AND REQUIREMENTS A			ey should include:				

Form 990-PF (2020)	-			Page <b>11</b>
Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Future	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Alliount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total		<u> </u>	▶ 3a	335,000
<b>b</b> Approved for future payment				
	<del> </del>	<del>                                     </del>		
Total	<u> </u>		▶ 3b	0

Part XVI-A	Analysis of Income-Producing	Activities				rage <b>LL</b>
<u></u>	unts unless otherwise indicated.	Unrelated b	usiness income	·	n 512, 513, or 514	(e) Related or exempt
1 Program serv	ice revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
e						
-						
-	ontracts from government agencies dues and assessments					
	avings and temporary cash					
	d interest from securities			14	120,577	
	come or (loss) from real estate:					
	ced property					
	come or (loss) from personal property					
	ment income.					
	) from sales of assets other than			18	373,905	
	or (loss) from special events:			10	373,303	
10 Gross profit	or (loss) from sales of inventory					
11 Other revenu	ue: <b>a</b>					
	d columns (b), (d), and (e)		0		494,482	0 494,482
	ne 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcu			1	3	494,482
Part XVI-B	Relationship of Activities to th	ne Accomplisi	nment of Exem	pt Purposes		
the the	plain below how each activity for which e accomplishment of the foundation's ex structions.)					

orr	n 990-PF	· /									Pa	ge <b>13</b>
P	art XVII	Information Re Exempt Organi		ansf	ers To a	nd Transaction	ons and I	Relatio	nships With Nonc	haritable		
		ganization directly or in than section 501(c)(3)								501	Yes	No
а	Transfers	from the reporting foun	dation to a no	onchar	ritable exe	mpt organization	n of:					
	<b>(1)</b> Cash									1a(1)		No
	<b>(2)</b> Othe	rassets								. 1a(2)		No
	Other trar											
		s of assets to a nonchari	· ·	-						. 1b(1)		No
		nases of assets from a n			-					. 1b(2)		No
		al of facilities, equipmer	•							. 1b(3)		No
	` '	bursement arrangemen								1b(4)		No
	• •	s or loan guarantees.								. 1b(5)		No No
		mance of services or m f facilities, equipment, n			-					1b(6) 1c		No
	_	wer to any of the above										NO
	of the goo	nds, other assets, or ser nsaction or sharing arra	vices given by	the r	eporting f	oundation. If the	foundation	n receive	d less than fair marke	t value		
(a)	Line No.	(b) Amount involved	(c) Name of r	noncha	ritable exen	npt organization	(d) Des	cription of	transfers, transactions, a	nd sharing arra	ngemer	nts
						-						
		ndation directly or indire	•			•			_			
		in section 501(c) (other		501(	c)(3)) or ir	n section 527? .			ЦYes	<b>✓</b> No		
b	If "Yes," c	omplete the following s										
		(a) Name of organization	n		(b	) Type of organizat	ion		(c) Description of	f relationship		
	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co									
Sig He	gn ere <b>l</b>	*****				2021-05-03	*	****		May the IRS di return		
	<b>⋰</b> ∤₹	Signature of officer or t	rustee			Date	— <b>)</b> -	itle		with the prepa below	_	
		Signature of officer of the	astee			Date	'	icie		(see instr.)	Yes [	No
		Print/Type preparer's	name	Prepa	rer's Sign	ature	Date		PT Check if self-	IN		
									employed ▶ □	P00124	1073	
Pa	id	LISA ANSPAUGH					2021-	-05-03				
	eparer e Only		ES & SPRINGO	GATE I	PLC		l		Fir	m's EIN ▶38	-32130	032
J	Comy		0 WEST SOU	TH ST	REET							
		KALAMAZOO, MI 49007							Ph	one no. (269	) 384-	0219

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation D 2018-10-23 2020-06-19 BERKSHIRE HATHAWAY A - 1 SHARE **BOOKING HOLDINGS INC - 50 SHARES** D 2018-10-23 2020-09-08 CISCO SYS INC - 4,254 SHARES D 2018-10-23 2020-09-08 MASTERCARD INC - 1,368 SHARES D 2018-10-23 2020-12-04 MICROSOFT CORP - 2,782 SHARES D 2018-10-23 2020-12-04 PIMCO SHORT ASSET INVEST - 10,245.902 SHARES D 2018-10-23 2020-03-31 RAYTHEON TECHNOLOGIES CORP - .48 SHARES D 2018-10-23 2020-04-03 STRYKER CORP - 654 SHARES D 2018-10-23 2020-12-04 2018-10-25 2020-10-21 TJX COS INS NEW - 400 SHARES D VIATRIS INC - .267 SHARES D 2018-10-23 2020-11-17 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 270.994 322,461 -51,467 94,893 95,006 -113 170,924 200,582 -29,658 462,591 289.948 172,643 597,943 301,816 296,127 102,971 -2,971 100,000 30 41 -11 154,347 111,548 42,799 22,141 22,088 -53 5 5 0 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -51,467 -113 -29,658 172,643 296,127 -2,971 -11 42,799 -53 0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold (mo., day, yr.) (mo., day, yr.) P-Purchase D-Donation WELLS FARGO - 2,736 SHARES D 2018-10-23 2020-10-21 APPLE INC - 674 SHARES D 2018-10-23 2020-12-04 AMG YACKTMAN I - 10,658,915 SHARES D 2019-05-15 2020-06-19 AMG YACKTMAN I - 1,006.582 SHARES D 2019-12-16 2020-06-19 AMAZON COM INC - 27 SHARES D 2019-08-08 2020-04-20 Ρ CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 62,055 157,710 -95,655 82,219 32,991 49,228 199,002 220,000 -20,998 18,793 20,333 -1,54064,785 49,364 15,421 153 153 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any -95,655 49,228 -20.998 -1,54015,421

153

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALAKCA WILDLIFE CONCEDUATION NONE DUDLIC CENERAL OPERATING CURRORT E 000

0.05 AND 011405 5000 0411/ 05				20.000
BRONSON HEALTH FOUNDATION 301 JOHN STREET KALAMAZOO, MI 49007	NONE	PUBLIC CHARITY	RAPID RESPONSE FUND	5,000
CENTER INC MILE 79 SEWARD HWY GIRDWOOD, AK 99587	NONE	CHARITY	GENERAL OPERATING SUPPORT	5,000

CIRD WOOD, AND SOON				
BRONSON HEALTH FOUNDATION 301 JOHN STREET KALAMAZOO, MI 49007	NONE	PUBLIC CHARITY	RAPID RESPONSE FUND	5,000
CARE AND SHARE FOOD BANK OF SOUTHERN COLORADO 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	20,000

Total			▶ 3a	335,000
CARE AND SHARE FOOD BANK OF SOUTHERN COLORADO 2605 PREAMBLE POINT	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	20,000
KALAMAZOO, MI 49007				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
FEEDING TAMPA BAY	NONE	PUBLIC	GENERAL OPERATING SUPPORT	20,000

4702 TRANSPORT DRIVE TAMPA, FL 33605	NONE	CHARITY	GENERAL OPERATING SUPPORT	20,000
FIRST DAY SHOE FUND 5416 MEREDITH STREET PORTAGE MI 49002	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

FIRST DAY SHOE FUND 5416 MEREDITH STREET PORTAGE, MI 49002	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
FLORIDA WILDLIFE HOSPITAL 4560 N US HIGHWAY 1	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

5416 MEREDITH STREET PORTAGE, MI 49002		CHARITY		3,600
FLORIDA WILDLIFE HOSPITAL 4560 N US HIGHWAY 1 PALM SHORES, FL 32935	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

101(1)(02,111 15002				
FLORIDA WILDLIFE HOSPITAL 4560 N US HIGHWAY 1 PALM SHORES, FL 32935	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
Total			▶ 3a	335,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

Traine and dadress (nome or basiness)	or substantial contributor			
a Paid during the year				
GREAT LAKES BURN CAMPPO BOX 6189	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,500

JACKSON, MI 49204		CHARITY		
HIDDEN HARBOR MARINE ENVIRONMENTAL PROJECT INC 2396 US 1	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

HIDDEN HARBOR MARINE ENVIRONMENTAL PROJECT INC 2396 US 1 MARATHON, FL 33050	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
HIGH FIVES NON-PROFIT FOUNDATION PO BOX 3212	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

Total			▶ 3a	335,000
HIGH FIVES NON-PROFIT FOUNDATION PO BOX 3212 TRUCKEE, CA 96160	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
2396 US 1 MARATHON, FL 33050				

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Purpose of grant or contribution

recipient contribution

HOSPICE CARE OF SOUTHWEST MICHIGAN 7100 STADIUM DRIVE KALAMAZOO, MI 49009	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	7,500
KALAMAZOO LOAVES & FISHES 901 PORTAGE ST	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	20,000

KALAMAZOO LOAVES & FISHES 901 PORTAGE ST KALAMAZOO TOWNSHIP, MI 49001	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	20,000
LEADER DOGS FOR THE BLIND 1039 S ROCHESTER RD ROCHESTER HILLS, MI 48307	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

Total .

335,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
MACKENZIE'S ANIMAL SANCTUARY INC 8935 THOMPSON RD LAKE ODESSA, MI 48849	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000

LAKE ODESSA, MI 48849		CHARITY		
MALAMA KAUALPO BOX 1414 KILAUEA, HI 96754	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000
MEMORIAL HEALTH SYSTEM FOUNDATION	NONE	PUBLIC CHARITY	HEALTH CARE WORKER RELIEF FUND	5,000

MALAMA KAUALPO BOX 1414 KILAUEA, HI 96754	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000
MEMORIAL HEALTH SYSTEM FOUNDATION PO BOX 9530 COLORADO SPRINGS, CO 80932	NONE	PUBLIC CHARITY	HEALTH CARE WORKER RELIEF FUND	5,000

KILAUEA, HI 96754		CHARITY		
MEMORIAL HEALTH SYSTEM FOUNDATION PO BOX 9530 COLORADO SPRINGS, CO 80932	NONE	PUBLIC CHARITY	HEALTH CARE WORKER RELIEF FUND	5,000
Total				335,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
MICHIGAN INTERFAITH POWER 1950 TRUMBULL ST DETROIT, MI 48216	NONE	PUBLIC CHARITY	HOPE FOR CREATION	5,000
MOUNTAIN VIEW LAKES FOREST	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,000

			1	
MOUNTAIN VIEW LAKES FOREST PO BOX 235 OWLS HEAD, NY 12969	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
MUSK OX DEVELOPMENT CORPORATION 12850 E ARCHIE ROAD	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	2,500

▶ 3a

335,000

PO BOX 235 OWLS HEAD, NY 12969	THE NE	CHARITY	DENERVIE OF EIGHTING SOFT OICH	3,0
MUSK OX DEVELOPMENT CORPORATION 12850 E ARCHIE ROAD PALMER, AK 99645	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	2,5

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

	I .			
OCEAN BLUE PROJECT INC 922 NW CIRCLE BLVD 160-146 CORVALLIS, OR 97330	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
PENRICKTON CENTER FOR BLIND	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,000

PENRICKTON CENTER FOR BLIND CHILDREN 26530 EUREKA ROAD TAYLOR, MI 48180	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000
PHEASANTS FOREVER INC	NONE	PUBLIC	MI AAGAP	10,000

Total			▶ 3a	335,000
PHEASANTS FOREVER INC 1783 BUERKLE CIRCLE ST PAUL, MN 55110	NONE	PUBLIC CHARITY	MI AAGAP	10,000
TAYLOR, MI 48180				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year REEF ENVIRONMENTAL EDUCATION NONE PUBLIC GENERAL OPERATING SUPPORT 5,000

FOUNDATION 98300 OVERSEAS HWY KEY LARGO, FL 33037		CHARITY		
SEA TO SHORE ALLIANCE 4411 BEE RIDGE ROAD 490 SARASOTA, FL 34233	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000

SEA TO SHORE ALLIANCE 4411 BEE RIDGE ROAD 490 SARASOTA, FL 34233	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000
SEEDING CHANGE 1903 WEST MICHIGAN AVE 4121 SANGREN HALL KALAMAZOO, MI 49008	NONE	PUBLIC CHARITY	GREAT LAKES PEACE JAM	10,000

4411 BEE RIDGE ROAD 490 SARASOTA, FL 34233	NONE	CHARITY	GENERAL OFERATING SOFFORT	10,000
SEEDING CHANGE 1903 WEST MICHIGAN AVE 4121 SANGREN HALL KALAMAZOO, MI 49008	NONE	PUBLIC CHARITY	GREAT LAKES PEACE JAM	10,000
Total			▶ 3a	335,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEWARD ASSOCIATION FOR THE NONE **PUBLIC** GENERAL OPERATING SUPPORT 5,000

ADVANCEMENT OF MARINE SCIENCE PO BOX 1329 SEWARD, AK 99664		CHARITY		
SHE JUMPS 3434 E BENGAL BLVD STE 114 SALT LAKE CITY, UT 84121	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000

SALT LAKE CITY, UT 84121			
SOUTHWEST MICHIGAN CLASSIS 910 JENKS BOULEVARD KALAMAZOO, MI 49006	PUBLIC CHARITY	COMMUNITY STUDENT CONNECTION	30,000

Total .

335,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

				1
a Paid during the year				
SPECIAL DAYS CAMPSPO BOX 436	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,500

DIMONDALE, MI 48821		CHARITY		
SPECIAL OPERATIONS WARRIOR FOUNDATION PO BOX 89367 TAMPA FL 33689	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	20,000

DUNDATION D BOX 89367 AMPA, FL 33689		CHARITY		
AMPA GENERAL HEALTH FOUNDATION	NONE	PUBLIC CHARITY	COVID 19 SUPPORT	

or substantial contributor

Total .

PO BOX 89367 TAMPA, FL 33689				
TAMPA GENERAL HEALTH FOUNDATION PO BOX 1289	NONE	PUBLIC CHARITY	COVID 19 SUPPORT	5,00

TAMPA, FL 33689				
TAMPA GENERAL HEALTH FOUNDATION PO BOX 1289 TAMPA, FL 336011289	NONE	PUBLIC CHARITY	COVID 19 SUPPORT	5,000

335,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE OCEAN CLEANUP NORTH PACIFIC NONE PUBLIC GENERAL OPERATING SUPPORT 10,000

FOUNDATION 100 WALL STREET 10TH FLOOR NEW YORK, NY 10005		CHARITY		ŕ
WILD SHEEP FOUNDATION 412 PRONGHORN TRAIL BOZEMAN, MT 59718	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000

WILD SHEEP FOUNDATION 412 PRONGHORN TRAIL BOZEMAN, MT 59718	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000
WMU FOUNDATION 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	PUBLIC CHARITY	MESARA AIRFARE SCHOLARSHIP	45,000

BOZEMAN, MT 59718		G		
WMU FOUNDATION 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	PUBLIC CHARITY	MESARA AIRFARE SCHOLARSHIP	45,000
Total			▶ 3a	335,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
WMU FOUNDATION	NONE	PUBLIC	INTERNATIONAL STUDENT	15,000

WMU FOUNDATION	NONE	PUBLIC	INTERNATIONAL STUDENT	15
1903 W MICHIGAN AVENUE		CHARITY	RELIEF FUND	
KALAMAZOO MI 49008				

Name and address (home or husiness)

Total			▶ 3a	335,000
MMU FOUNDATION 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	CHARITY	RELIEF FUND	15,0
I WOULL ECHINICALICIN	I NICINIE	LPHRIII	I INTERNATIONAL STITLENT	15.19

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Name: MESARA FAMILY FOUNDATION EIN: 47-3197993					
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

3,249

6,497

TAX PREP FEES

# **TY 2020 Investments Corporate Stock Schedule**

Name: MESARA FAMILY FOUNDATION

**EIN:** 47-3197993

**Investments Corporation Stock Schedule** 

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC COM	49,770	64,290
ADOBE INC	24,878	47,511
ALIBABA GROUP HOLDING	130,367	189,675
ALPHABET INC CL	353,631	525,792
AMAZON	192,314	234,499
AON PLC SHS	150,114	211,270
APPLE INC	221,539	600,555
BANK OF AMERICA	16,209	15,913
BECTON DICKINSON & CO	535,967	525,462
CHARLES SCHWAB	163,248	172,380
CITIGROUP INC	104,792	92,367
COLGATE PALMOLIVE	106,786	136,303
DELTA AIRLINES	92,227	87,135
EATON CORP PLC	97,161	144,168
ELI LILLY & CO	182,110	210,206
GENERAL ELECTRIC CO	92,295	94,133
INTUIT INC	91,990	94,962
JPMORGAN CHASE & CO	17,139	19,061
LOCKHEED MARTIN CORP	137,708	133,827
MARRIOTT INTL INC	11,381	11,873
MASTERCARD INC	345,902	582,526
MERK & CO INC NEW	183,905	184,786
MICROSOFT CORP	278,599	571,175
PEPSICO INC	256,791	337,234
PFIZER INC	206,616	199,142
PROCTER & GAMBLE	226,194	382,774
RAYTHEON CO	135,765	133,080
S&P GLOBAL INC	91,625	90,072
SALESFORCE.COM, INC.	175,962	230,319
SERVICENOW INC	99,850	205,861

Name of Stock End of Year Book Value End of Year Fair Market Value

SOUTHWEST AIRLINES 91,964 89,864

400,139

13,303

45,945

11,778

574,864

17,534

45,738 12,575

**Investments Corporation Stock Schedule** 

STRYKER CORP

VEEVA SYS INC

VIATRIS INC

UNITEDHEALTH GP INC

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TY 2020 Investments - Other S	chedule	

Name: MESARA FAMILY FOUNDATION

<b>EIN:</b> 47-3	3197993		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ANGEL OAK MULTI STRAT INC I	AT COST	235,808	221,348
HARTFORD BALANCED INC	AT COST	46,430	50,675
LORD ABBETT SHT DURATION INC	AT COST	354,323	359,422
PIMCO SHORT ASSET INVEST	AT COST	884,372	881,077
PRINCIPAL GLB DIVERS INC INST	AT COST	238,018	237,659
VANECK FALLEN ANGEL HIGH YLD	AT COST	50,768	56,175

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TY 2020 Other Expenses Schedule						
Name:	MESARA FAMIL	Y FOUNDATION				
EIN:	47-3197993					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
OFFICE SUPPLIES	2.117	0		2.117		

PO BOX RENTAL

WEBSITE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491124016601	
TY 2020 Other Liabilities Schedule					
Name:	MESARA FAMI	LY FOUNDAT	TON		
EIN:	47-3197993				
Description	n		Beginning of Year - Book Value	End of Year - Book Value	
PAYROLL TAXES			1,298	320	

<b>EIN:</b> 47-3197993						
TY 2020 Other Professional Fees Schedule  Name: MESARA FAMILY FOUNDATION						
efile GRAPHIC print - DO NOT PROCESS			DLN	l: 93491124016601		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

67,622

INVESTMENT MANAGEMENT

67,622

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TY 2020 Taxes Schedule				
N Taxes Schedule	Name: MESARA FA	AMILY FOUNDATION 3	N	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	1,25	8 0		0