r₄

			NDED TO NOVI				_	_ 191	2.		
Frm 990-T		Exempt Organ					ax	Return	۱	OMB No 1	1545-0047
			nd proxy tax und							20	19
	Force	tlendar year 2019 or other tax yea	irs gov/Form990T for in		ne and tha late		ation	<u> </u>	-	ZU	13
Department of the Treasury Internal Revenue Service	I	Do not enter SSN numbe	•							Open to Public 50 1(c)(3) Orga	c Inspection for nizations Only
A Check box if		Name of organization (Check box if name o						D Empl	oyer identificat	ion number
address change	ed			-		•				uctions)	
B Exempt under section		THE MEIJER								8-657	
X 501(c)(3 0		Number, street, and room							(See i	ated business instructions)	activity code
408(e) 220	(6)	80 OTTAWA A				•			1		
408A 530 529(a)		GRAND RAPID	S, MI 4950		ii postai code				523	000	
C Book value of all assets at end of year		F Group exemption numb G Check organization type	per (See instructions)	>							
103,370,	170.	G Check organization type	e ► 501(c) corp		X 501	(c) trust		401(a)			Other trust
	•	ation's unrelated trades or b	········ <u> </u>	1				only (or first) un			
		VESTING ACTIV		rto I on				iplete Parts I-V.			
_business, then comple		ace at the end of the previou	is sentence, complete Pa	ırıs ı an	u II, complete a	a Scriedule	; IVI IC	or each additions	ai iraue	OI .	
		poration a subsidiary in an a	affiliated group or a parer	nt-subsi	diary controlle	d aroup?			Υe	es X I	No
		tifying number of the paren				- g. cop					
		QUAN H. GERV				Teleph	one r	number 🕨 6	16-	888-33	350
Part I Unrela	ted Trac	de or Business Inc	ome	,	(A) Inco	me		(B) Expenses		(C)	Net
1a Gross receipts or	sales										/
b Less returns and a			c Balance	1c			_				
2 Cost of goods sold	-			2							
3 Gross profit. Subti				3							
4a Capital gain net inc b Net gain (loss) (Fo	•	Part II, line 17) (attach Form	4797)	4a 4b					<u>/</u>		
c Capital loss deduc			14131)	4c		-22.					-22.
		ship or an S corporation (at	tach statement)	5	-3,	346.		STMT 1	. 3	-:	3,346.
√ 6 Rent income (Schi	•		•	6	_			<i></i>			
7 Unrelated debt-fin	anced incor	me (Schedule E)		7) -
8 Interest, annurties,	royaltıes, a	nd rents from a controlled o	organization (Schedule F)	8		$/\!\!-$	<u>L</u>	RECE		- C	
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9			M			ာပ္တ	
10 Exploited exempt a	•	, ,		10	/_		B052	DEC 0	4 20		
11 Advertising incom		e J) ns; attach schedule)		11	/		۳			N S	
12 Other income (See		•		13	-3.	368.		OGDE	N		3,368.
10 10 10 11		ot Taken Elsewher	e (See instructions to	, ,,				<u> </u>			-,
		e directly connected wi				·					
14 Compensation of	officers, di	rectors, and trustees (Sche	dule K)						14		
15 Salaries and wag					•				15		
16 Repairs and main	tenance								16		
17 Bad debts	م) دادیاه مط	tt			CPP	CWAT	איםי	ENT 14	17		519.
18 Interest (attach se19 Taxes and license		ee instructions)			SEE	DIMI	. EH	ENI 14	18 19	· · · · · · · · · · · · · · · · · · ·	313.
20 Depreciation (atta		562)			1	20			19		
·		n Schedule A and elsewhere	on return			21a			21b		
22 Depletion					-				22		
23 Contributions to	deferred co	mpensation plans							23		
24 Employee benefit									24		
25 Excess exempt ex									25		
26 Excess readership					OPP	CM3 M	1572	TO 1 C	26		1,013.
27 Other deductions28 Total deductions	-				See	DIAL	c M	ENT 15	27 28		1,532.
		ncome before net operating	loss deduction. Subtract	line 28	from line 13				29		7,900.
/		loss arising in tax years beg							Ť		,,,,,,,
(see instructions)	-			, ., _0	SEE	STAT	EM	ENT 16	30		0.
<i>,</i> '		ncome Subtract line 30 froi	n line 29			Fa	M	4	3/1		7,900.
923701 01-27-20 LHA	For Paper	work Reduction Act Notice	, see instructions.						•	Form 99	0-T (2019)

Form !	990 <u>-</u> † (26	19) THE MEIJER FOUNDATION			38	-6575227 Page 2
Pa	rt Jii	Total Unrelated Business Taxable Income	art 1	-		
32	Tota	l of unrelated business taxable income computed from all unrelated trades or businesses (see in	structions)		32	-7,900.
33		unts paid for disallowed fringes	,		33	•
34		· · · · · · · · · · · · · · · · · · ·	'МТ 18		34	0.
35		I unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 3		lines 32 and 33	-	-7,900.
36		uction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction		imas se and ssp	36	
37		l of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	,,,,,	7	37	-7,900.
38		offic deduction (Generally \$1,000, but see line 38 instructions for exceptions)		8	} 3 / ₃₈	1,000.
39		plated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		ď	' 1° 	1,0001
33		Indicated dusiness taxable income. Subtract line 30 from line 37. If line 30 is greater than line 37, if the smaller of zero or line 37			1 39	-7,900.
Pa	rt IV	Tax Computation			11 52 1	7,5001
40		inizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40	
41	-	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on li	ina 20 fram:		1	· · · · · · · · · · · · · · · · · · ·
41	_	Tax rate schedule or Schedule D (Form 1041)	iiie 39 ii 0iii.		1 41	0.
40		- · · · · · · · · · · · · · · · · · · ·			41	<u> </u>
42		y tax See instructions			42	
43		native minimum tax (trusts only)			43	
44		on Noncompliant Facility Income. See Instructions			44	0.
45 Da	rt 🗸	I. Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	•		45	<u> </u>
			<u>-</u>			
		ign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		- 1	
l		r credits (see instructions)	46b		-	
	-	eral business credit. Attach Form 3800	46c		-	
(it for prior year minimum tax (attach Form 8801 or 8827)	46d		- - 	
		l credits. Add lines 46a through 46d			46e	
47		ract line 46e from line 45	. — .		47	0.
48		r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 L Other (ettach schedule)	48	
49		I tax. Add lines 47 and 48 (see instructions)			49	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 1		50	0.
51	a Payn	nents: A 2018 overpayment credited to 2019	51a	5,000	4 ∣	
	b 2019	estimated tax payments	5 jb		1 1	
		• •			-1 I	
		deposited with Form 8868	5/1c		1	
	c Tax o	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (see instructions)	51c 51d		- - -	
	c Tax o d Forei e Back	gn organizations; Tax paid or withheld at source (see instructions) up withholding (see instructions)				
	c Tax o d Forei e Back	gn organizations: Tax paid or withheld at source (see instructions)	51d			
	c Tax of Foreing Back f Cred	gn organizations; Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments; Form 2439	51d 51e			,
	c Tax of Foreing Back f Cred g Other	gn organizations: Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total	51d 51e			,
	c Tax of Foreing Back f Cred g Other	gn organizations; Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments; Form 2439	51d 51e 51f		52	5,000.
	c Tax of Foreing Back fored gother	gn organizations: Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total	51d 51e 51f		52/ 53	5,000.
52	d Forei e Back f Cred g Othei Total Estin	up withholding (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g payments at a payment of the permitted of the payment of	51d 51e 51f	I.a. Þ	53 54	
52 53 54 55	c Tax of d Forei e Back f Cred g Other Total Estim Tax of Over	up withholding (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	51d 51e 51f 51g	to 💺	53 54 55	5,000.
52 53 54 55 11 <u>56</u>	d Forei e Back f Cred g Other Total Estin Tax o Over Enter	up withholding (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax	51d 51e 51f 51g 51g	unded	53 54	
52 53 54 55 11 <u>56</u>	c Tax of d Forei e Back f Cred g Other Total Estim Tax of Over	up withholding (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax	51d 51e 51f 51g 51g	unded	53 54 55	5,000.
52 53 54 55 11 <u>56</u>	d Forei e Back f Cred g Othei Total Estin Tax (Over Enter	up withholding (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax	51d 51e 51f 51g 500 • Rel	unded	53 54 55	5,000.
52 53 54 55 11 \S6	c Tax of d Forei e Back f Cred g Other Total Estin Tax of Over Enter rt VI	up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid of the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or of a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	51d 51e 51f 51g 000 Ref (see instruction authority) y have to file	unded	53 54 55	5,000.
52 53 54 55 11 \S6	c Tax of d Forei e Back f Cred g Other Total Estin Tax of Over Enter rt VI	up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or	51d 51e 51f 51g 000 Ref (see instruction authority) y have to file	unded	53 54 55	5,000. 0. Yes No
52 53 54 55 11 \S6	c Tax of d Forei e Back f Cred g Other Total Estin Tax of Over Enter rt VI	up withholding (see instructions) up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	51d 51e 51f 51g 000 Ref (see instruction authority) y have to file	unded	53 54 55	5,000. 0. Yes No
52 53 54 55 11 \S6	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter rt VI At an over FinCE here	up withholding (see instructions) up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mae EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	51d 51e 51f 51g 500 Ref (see instruction authority by have to file	etions)	53 54 55	5,000. 0. Yes No
52 53 54 55 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	d Forei e Back f Cred g Othei Total Estin Tax c Over Enter Fince here Durin	up withholding (see instructions) up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	51d 51e 51f 51g 500 Ref (see instruction authority by have to file	etions)	53 54 55	5,000. 0. Yes No
52 53 54 55 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	c Tax c d Forei e Back f Cred g Other Total Estin Tax c Over Enter Fince here Durin If "Ye"	up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) recredits, adjustments, and payments: Form 2439 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mae EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transfits," see instructions for other forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year \$\$\frac{1}{2}\$\$	51d 51e 51f 51g 500 • Rel 5 (see instruction (see instruction authority) The relation country Feror to, a foreign	etions)	53 54 55 56	5,000. 0. Yes No X X
52 53 54 55 \$6. Par 57	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCl here Durin If "Ye Enter	up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) it redits, adjustments, and payments: Form 2439 Form 4136 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or of a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization maen in the foreign than the tax year, did the organization from, or was it the grantor of, or transfers, see instructions for other forms the organization may have to file. The depending of payury, I declare that I have examined this return, including accompanying schedules and state.	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file right country feror to, a foreignments, and to the	unded bitions)	53 54 55 56	5,000. 0. Yes No X X
52 53 54 55 \$6 Pau 57	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCl here Durin If "Ye Enter	up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) recredits, adjustments, and payments: Form 2439 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mae EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transfits," see instructions for other forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year \$\$\frac{1}{2}\$\$	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file right country feror to, a foreignments, and to the	unded bitions)	53 54 55 56 V	5 , 000 . 0 . Yes No X X
52 53 54 55 \$6. Par 57	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCl here Durin If "Ye Enter	up withholding (see instructions) up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) recredits, adjustments, and payments: Form 2439 Form 4136 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid rethe amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mae EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore In the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer have a supplied to the preparer of the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer have a supplied to the preparer of the correct of the correct of the preparer	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file right country feror to, a foreignments, and to the	unded bations)	53 54 55 56 V	Yes No Yes No X X Ax discuss this return with shown below (see
52 53 54 55 N S6. Pan 57	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCl here Durin If "Ye Enter	up withholding (see instructions) It for small employer health insurance premiums (attach Form 8941) It credits, adjustments, and payments: Form 2439 Form 4136 Other Total Design attached I payments. Add lines 51a through 51g Inated tax penalty (see instructions). Check if Form 2220 is attached I payment. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed I payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid I the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information I time during the 2019 calendar year, did the organization have an interest in or a signature or of a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mater form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore In the amount of tax-exempt interest received or accrued during the tax year Signature of officer Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer in Signature of officer Signature of officer Total Total	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file right country feror to, a foreignments, and to the	unded bations)	53 54 55 56 56 Way the IRS	Yes No Yes No X X X discuss this return with shown below (see
52 53 54 55 \$6 Pau 57	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCl here Durin If "Ye Enter	up withholding (see instructions) up withholding (see instructions) ut for small employer health insurance premiums (attach Form 8941) recredits, adjustments, and payments: Form 2439 Form 4136 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid rethe amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mae EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore In the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer have a supplied to the preparer of the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer have a supplied to the preparer of the correct of the correct of the preparer	51d 51e 51f 51g	unded bitions)	53 54 55 56 V	Yes No Yes No X X X Sidiscuss this return with shown below (see 1) X Yes No
52 53 54 55 \$6 Pau 57	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCi here Durin If "Ye Enter	up withholding (see instructions) int for small employer health insurance premiums (attach Form 8941) in credits, adjustments, and payments: Form 2439 Other Total I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid in the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mae. Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore In the amount of tax-exempt interest received or accrued during the tax year Signature of officer Interest received or accrued during the tax year Signature of officer Other forms the organization may have to file. Title Other Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file eight country feror to, a foreignments, and to the last any knowledge	n trust?	53 54 55 56 Way the IRS he preparer instructions;	Yes No Yes No X X X Yas X X Yas X X X X X X X X X X X X X
52 53 54 55 S6 Par 57 58 59 Sigr Here	c Tax c d Forei e Back f Cred g Other Total Estim Tax c Over Enter FinCi here Durin If "Ye Enter	up withholding (see instructions) int for small employer health insurance premiums (attach Form 8941) in credits, adjustments, and payments: Form 2439 Form 4136 Other Total Description Total Descript	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file aign country feror to, a foreignments, and to the as any knowledge	unded bitions) In trust? best of my knowled Check self- employed	53 54 55 56 58 Any the IRS he preparer astructions; if PTIN	Yes No Yes No X X X X Sidiscuss this return with shown below (see P) X Yes No N 00227729
52 53 54 55 56 Pai 57 58 59 Sigr Here	c Tax of foreing Foreing Tax of the foreing Tax of	gn organizations: Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) it credits, adjustments, and payments: Form 2439 Form 4136 Other Total Dayments. Add lines 51a through 51g insted tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid if the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or of a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore Date Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer in Signature of officer Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file eight country feror to, a foreignments, and to the last any knowledge	unded bitions)	53 54 55 56 58 Any the IRS he preparer astructions; if PTIN	Yes No Yes No X X X Yas X X Yas X X X X X X X X X X X X X
52 53 54 55 56 Pai 57 58 59 Sigr Here	c Tax of foreign for foreign forei	gn organizations: Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) recredits, adjustments, and payments: Form 2439 Form 4136 Other Total Dayments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form 2220 is attached Dayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid rethe amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore Date Different 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore Under penalties of paymy, I declare that I have exemined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer in Signature of officer Print/Type preparer's name Preparer's signature Preparer's signature Date LAURA LYNN PISTRO Firm's name DELOITTE TAX LLP 38 COMMERCE AVE SW	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file eight country feror to, a foreignments, and to the last any knowledge	check self- employed	53 54 55 56 56 May the IRS he preparer instructions; If PTIM	Yes No Yes No X X X A X Gliscuss this return with shown below (see pr X Yes No) 00227729 6-1065772
52 53 54 55 56 Pai 57 58 59 Sigr Here	c Tax of foreign for foreign forei	gn organizations: Tax paid or withheld at source (see instructions) up withholding (see instructions) it for small employer health insurance premiums (attach Form 8941) it credits, adjustments, and payments: Form 2439 Form 4136 Other Total Dayments. Add lines 51a through 51g insted tax penalty (see instructions). Check if Form 2220 is attached due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid if the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information by time during the 2019 calendar year, did the organization have an interest in or a signature or of a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore Date Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer in Signature of officer Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature	51d 51e 51f 51g 500 Ref (see instruction of the authority by have to file eight country feror to, a foreignments, and to the last any knowledge	check self- employed	53 54 55 56 56 May the IRS he preparer instructions; If PTIM	Yes No Yes No X X X X Sidiscuss this return with shown below (see P) X Yes No N 00227729

Schedule A - Cost of Good	ls Sold. Ente	r method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year			$\overline{}$	Inventory at end of year			6		
2 Purchases	2] 7	Cost of goods sold Si	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,	l		
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b			property produced or a	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pers	sonal Property L	ease	d With Real Prop	erty)		
Description of property									
(1)									
(2)									
(3)							,		
(4)									
		red or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	oersonal	nal property (if the percentago property exceeds 50% or if id on profit or income)	ge	3(a) Deductions directly columns 2(a) ai		led with the income in ittach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns	п (А)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	ctions)					
						3. Deductions directly con-			
1 0				Gross income from or allocable to debt-	(a)	to debt-finance	ва ргоре	(b) Other deductions	
Description of debt-fi	nanced property			financed property	(-/	(attach schedule)		(attach schedule)	5
(1)			\vdash				+		
(2)							+-		
(3)			+				+-		
(4)						-	+		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduction of the state of the s	
(1)	_			%			+		
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, lart I, line 7, column (A)		nter here and on page Part I, line 7, column (E	
Totals				_		0.	.]		0.
Total dividends-received deductions u	aludad ia aaluma	. 0			_		+		~

Schedule F - Interest,	Annuities, R	loyalties, a	and Rents	From Co	ntrolle	d Organiza	itions	(see in:	structio	ns)
			Exempt	Controlled O	rganızatı	ons				
Name of controlled organization	tion	2 Employer identification number		related income e instructions)	4 Tot payr	tal of specified ments made	include	t of column 4 ad in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
_(1)										
(2)		<u> </u>								
(3)	-		<u> </u>						o	
(4)							<u> </u>		+	
Nonexempt Controlled Organi	zations				·					
7 Taxable Income	T	ed income (loss)	9 Total	of specified payr	monto I	10 Part of colur	nn O that	in included	44 0	Deductions directly connected
, razade modilo	(see ins	tructions)	g rola	made	Henris	in the controlli	ng organi s income	ization's		th income in column 10
(1)										
(2)										
(3)										
(4)										
A4.						Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme	nt Incomo c	of a Santia	n F01/a)/7	r) (0) or (17) Oro	onization		0.		
(see insti		oi a Sectio	11 30 1(0)(7	7, (9), or (i/) Org	janization				
(See IIISI	ructions)				Т	0 0-4	Т			T F
1 . Desc	ription of income			2 Amount of	income	Deduction directly connect	cted	4. Set-	asides ichedule)	 Total deductions and set-asides
				<u> </u>		(attach sched	ule)	(attach s	criedule)	(col 3 plus col 4)
(1)							\rightarrow			
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited	-	ivity Incon	ne, Other	Than Adv	ertisin	g Income				
(see instru	I Clions)	1		T						T
1 Description of exploited activity	2 Gross unrelated busine income from trade or busines	directl with	Expenses ly connected production unrelated less income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 13) If a cols 5	5 Gross incor from activity the is not unrelated business incor	nat ed	6. Exp attributs colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				ĺ	1					
(2)		- 				•			•	
(3)					1					
(4)										
	Enter here and o page 1, Part I, line 10, col (A)	pag	here and on e 1, Part I, 10, col (B)		. .					Enter here and on page 1, Part II, line 25
Schedule J - Advertisir	na Income			1						0.
Part I Income From F				olidated	Basis					
	oriodiodio i	перопеч	on a cons	Jonatica	Dusis					
1 Name of periodical		tieina	3. Direct dvertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati income	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more then column 4)
(1)							T			
(2)				7					-]
(3)				7] .
(4)				7			•			1 !
Totals (carry to Part II, line (5))	•	0.	0							0.
										Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019) THE MEIJE	R FOUNDAT.	LON			_38-	<u>65/522</u>	/ Page :
Part II Income From Period Columns 2 through 7 on a	-		rate Basis (For each	ch period	dical listed in Pa	ırt II, fill in	
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		cutation 6	Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_					
(2)							
(3)							
(4)							
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)					Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensatio	n of Officers, D	Directors, and	Trustees (see in	struction	ıs)		
1. Name			2. Title		3. Percent of time devoted to business		ensation attributable related business
(1)				-	%		
(2)		İ			%		
(3)	-				%		
(4)					%		

Form **990-T** (2019)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs.gov/F1041 for instructions and the latest information

OMB No 1545-0092

2019

Name	of estate or trust				mployer	identification number
тнı	E MEIJER FOUNDATION				38-	6575227
	ou dispose of any investment(s) in a qualified opportunity fund during the t	tax vear?			$\overline{}$	es X No
	s," attach Form 8949 and see its instructions for additional requirements fo		or loss.			
	Form 5227 filers need to complete only Parts I and II.	. roporting your gain	,			
	art I Short-Term Capital Gains and Losses-General	erally Assets H	eld One Year or	Less (se	e instr	uctions)
	orm may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustm to gain or lo Form(s) 894	ss from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
				line 2, colu	mn (g)	with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all	ļ				
	these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949 with					
	Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with					
-	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with				-	
٠	Box C checked					
	BUX O CHECKED			.!.	1	
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1			4	
•	Short-term capital gain of (1033) from 1 offis 4004, 0232, 0707, and 0024				 ' -	
	Net short-term gain or (loss) from partnerships, S corporations, and othe	ir actates or trijets			5	
5	Short-term capital loss carryover. Enter the amount, if any, from line 9 of				 	
6		the 2010 Gapital Loss	1		ء ا	l,
_	Carryover Worksheet	(b) Fater bare as	d an line 47		6	<u> </u>
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in colu	umn (n). Enter nere an	id on line 17,		۱.	
D:	column (3) on page 2 Irt II Long-Term Capital Gains and Losses-Gene	erally Assets H	eld More Than C	ne Year	(see in	structions)
		1	···	1	(300 11	<u></u>
See II	nstructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustm	ents	(h) Gain or (loss) Subtract column (e)
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or lo Form(s) 8949 line 2, colu	, Part II,	from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 8b					,
8 b	Totals for all transactions reported on Form(s) 8949 with			1		
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
•	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	1 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other		SEE STATE	MENT 19	12	-22.
13	Capital gain distributions	00111100 01 11 1010	-		13	-
	Gain from Form 4797, Part I				14	
14		f the 2018 Capital Lac	e		17	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	i die zo io Capitai LOS	•		15],
40	Carryover Worksheet	umn /h) Entar harr	ad on line 19a		13	
16	Net long-term capital gain or (loss) Combine lines 8a through 15 in column (0) and seed 0	umn (n). Enter nere al	io on line 18a,	_	40	-22.
	column (3) on page 2			₽	16	

Schedule D (Form 1041) 2019 THE MEIJER FO	UNDATION				38-	657	5227 Page 2
Part III Summary of Parts I and II			(1) Beneficiaries'	(2)	Estate'	s	(3) Total
Caution: Read the instructions before con	npleting this part		` ′	or	trust's		
17 Net short-term gain or (loss)		17					
18 Net long-term gain or (loss):							
a Total for year		18a			_	22.	-22.
b Unrecaptured section 1250 gain (see line 18 of the work	(sheet)	18b	.,,,				
c 28% rate gain		18c					
19 Total net gain or (loss). Combine lines 17 and 18a	•	19	-		_	22.	-22.
Note: If line 19, column (3), is a net gain, enter the gain of	on Form 1041 line 4 (or Form (Part I line 4a) If lines	18a an			(2) are net gains.
go to Part V, and don't complete Part IV If line 19, colur	mn (3), is a net loss, complete F	Part IV	and the Capital Loss	Carryove	r Work	sheet,	as necessary
Part IV Capital Loss Limitation						-	
20 Enter here and enter as a (loss) on Form 1041, line 4 (or	r Form 990-T. Part I. line 4c. if a tr	ust), the	smaller of:				
a The loss on line 19, column (3) or b \$3,000		,,			20	Ι.	22.)
Note: If the loss on line 19, column (3), is more than \$3,	000 0 f if Form 1041 page 1 li	ne 23 (or Form 990-T. line 3	89) is a l		omolet	e the Capital
Loss Carryover Worksheet in the instructions to figure you	ur capital loss carryover	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 1 01111 000 1, 11110 0	,0,, 10 u .	000, 0	J,DG.	
Part V Tax Computation Using Maxir	num Capital Gains Rate	es					
Form 1041 filers Complete this part only if both lines 18a an	id 19 in column (2) are gains, or ar	n amou	nt is entered in Part I or	r Part II a	nd ther	e is an	entry on Form 1041,
line 2b(2), and Form 1041, line 23, is more than zero							
Caution: Skip this part and complete the Schedule D Tax	Worksheet in the instructions if	•					
• Either line 18b, col (2) or line 18c, col (2) is more than							
 Both Form 1041, line 2b(1), and Form 4952, line 4g a 	are more than zero						
Form 990-T trusts Complete this part only if both lines 18a a	and 19 are gains, or qualified divide	ends are	e included in income in	Part I of	Form 9	90-T, a	nd Form 990-T, line
39, is more than zero. Skip this part and complete the Schedi	ule D Tax Worksheet in the instru	ctions i	f either line 18b, <u>col</u> (2) or line 1	18c, co	l. (2) ıs	more than zero
21 Enter taxable income from Form 1041, line 23 (or Form 9	990-T, line 39)	21					
22 Enter the smaller of line 18a or 19 in column (2)							
but not less than zero	22						
23 Enter the estate's or trust's qualified dividends from							
Form 1041, line 2b(2) (or enter the qualified dividends	'						
included in income in Part I of Form 990-T)	23						
24 Add lines 22 and 23	24						
25 If the estate or trust is filing Form 4952, enter the							
amount from line 4g; otherwise, enter -0-	25		_				
26 Subtract line 25 from line 24 If zero or less, enter -0-		26	_		ŀ		
27 Subtract line 26 from line 21. If zero or less, enter -0-		27			.		
28 Enter the smaller of the amount on line 21 or \$2,650		28					
29 Enter the smaller of the amount on line 27 or line 28		29			 		
30 Subtract line 29 from line 28. If zero or less, enter -0- Th	is amount is taxed at 0%			>	30		
31 Enter the smaller of line 21 or line 26		31					
32 Subtract line 30 from line 26		32	: .				
33 Enter the smaller of line 21 or \$12,950		33					
34 Add lines 27 and 30		34					
35 Subtract line 34 from line 33 If zero or less, enter -0-		35					
36 Enter the smaller of line 32 or line 35		36			<u> </u>		
37 Multiply line 36 by 15% (0.15)				>	37		
38 Enter the amount from line 31		38					
39 Add lines 30 and 36		39	<u> </u>				
40 Subtract line 39 from line 38 If zero or less, enter -0-		40	1				
41 Multiply line 40 by 20% (0 20)		,			41		
42 Figure the tax on the amount on line 27 Use the 2019 Tax	x Rate Schedule for Estates						
and Trusts (see the Schedule G instructions in the instruc	ctions for Form 1041)	42					
43 Add lines 37, 41, and 42		43					
44 Figure the tax on the amount on line 21. Use the 2019 Tax	x Rate Schedule for Estates						
and Trusts (see the Schedule G instructions in the instruc		44					
45 Tax on all taxable income Enter the smaller of line 43 of	or line 44 here and on Form 1041,	Schedu	le				
G, Part I, line 1a (or Form 990-T, line 41)					45		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 18
CARRYOVER OF PRIOR YEAR	S UNUSED CONTRIBUTIONS - 6	0% LIMIT	
FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 60%	CONTRIBUTIONS		
TOTAL CONTRIBUTIONS AVA TAXABLE INCOME LIMITATI		0	
EXCESS 60% CONTRIBUTION TOTAL EXCESS CONTRIBUTI		0 0	
ALLOWABLE CONTRIBUTIONS	DEDUCTION		0
TAXABLE INCOME FOR LIMI	TATION AFTER 60% CONTRIBUT	IONS	-8,663
CARRYOVER OF PRIOR YEAR	S UNUSED CONTRIBUTIONS - 5	50% LIMIT	
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	4,017,416	•	
TOTAL CARRYOVER TOTAL CURRENT YEAR 50%	CONTRIBUTIONS	4,017,416 35,288,617	
TOTAL CONTRIBUTIONS AVA TAXABLE INCOME LIMITATION		39,306,033	_
EXCESS 50% CONTRIBUTION TOTAL EXCESS CONTRIBUTION		39,306,033 39,306,033	_
ALLOWABLE CONTRIBUTIONS	DEDUCTION		0
TOTAL CONTRIBUTION DEDUC	CTION		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	763.	0.	763.	763.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	763.	763.

FORM 990-T	CONTRIBUTIONS	STATEMENT 17
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FROM FORM 990-PF FROM K-1 - PERENNIAL REAL ESTATE PARTNERS	N/A N/A	35,288,614.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	35,288,617.

FORM 990-T INCOME (LOSS)	FROM PARTNERSHIPS STATEMENT 13
DESCRIPTION	NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND, LP - ORDIN (LOSS) PERENNIAL REAL ESTATE FUND, LP - NET R INCOME PERENNIAL REAL ESTATE FUND, LP - INTER PERENNIAL REAL ESTATE FUND, LP - DISAL BUSINESS INCOME (PERENNIAL REAL ESTATE FUND, LP - DISAL RENTAL REAL ESTATE FUND, LP - DISAL RENTAL REAL ESTATE INC BDT CAPITAL PARTNERS FUND I-A, LP - DI BDT CAPITAL PARTNERS FUND I-A, LP - DI BDT CAPITAL PARTNERS FUND I-A, LP - OT TOTAL INCLUDED ON FORM 990-T, PAGE 1,	TENTAL REAL ESTATE CREST INCOME LLOWED PAL - ORDINARY LLOWED PAL - NET 1,233 104 CVIDEND INCOME CHER INCOME (LOSS) 5,274 1,233 5,274 1,233 5,274 1,233 1,233 1,233 1,233
FORM 990-T INTER	EST PAID STATEMENT 14
DESCRIPTION	AMOUNT
INVESTMENT INTEREST EXPENSE - FROM FOR	M 4952 519
TOTAL TO FORM 990-T, PAGE 1, LINE 18	519
FORM 990-T OTHER	DEDUCTIONS STATEMENT 15
DESCRIPTION	AMOUNT
TAX PREPARATION FEES	4,013
TOTAL TO FORM 990-T, PAGE 1, LINE 27	4,013