Т

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
				N 30, 2021					
	Check if pplicable:	C Name of organization	I	D Employer identificat	tion number				
	Address change	EAST GRAND RAPIDS SCHOOLS FOUNDATION							
Name Doing business as 38-2486451									
	Initial		m/suite I	E Telephone number					
Final 2915 HALL STREET SE 616-235-3									
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,147,725.				
	Amende return	EASI GRAND RAPIDS, MI 49500		H(a) Is this a group retu	rn				
	Applica-	F Name and address of principal officer: NICHOLAS ADAPI		for subordinates?	Yes X No				
pending SAME AS C ABOVE H(b) Are all subordinates included?									
		npt status: 🚺 501(c)(3) 📃 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," attach a lis	t. See instructions				
		x ► WWW.EGRSF.ORG		H(c) Group exemption r					
			L Year of	formation: 1983 M S	State of legal domicile: M				
Pa		Summary							
Ð		riefly describe the organization's mission or most significant activities: THE EAS							
Governance	I –	OUNDATION ENRICHES THE EDUCATIONAL EXPERIEN							
ernä		Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	of more th	1 1					
Š		lumber of voting members of the governing body (Part VI, line 1a)			19				
		lumber of independent voting members of the governing body (Part VI, line 1b)			19				
ies		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			<u> </u>				
Activities &		otal number of volunteers (estimate if necessary)			50				
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.				
		let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
				Prior Year 593,905.	Current Year 786,443.				
ue		Contributions and grants (Part VIII, line 1h)		0.	0.				
Revenue		Program service revenue (Part VIII, line 2g)		226,381.	264,791.				
Вe		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	30,428.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		820,286.	1,081,662				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		181,604.	904,701				
				0.	0.				
	45 0	enefits paid to or for members (Part IX, column (A), line 4)		204,150.	220,119				
ses	16a E	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25) 136, 982.		••					
Щ	17 C	otar randitating expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	186,369.	106,072.				
		otal expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		572,123.	1,230,892				
		levenue less expenses. Subtract line 18 from line 12		248,163.	-149,230.				
es es				nning of Current Year	End of Year				
lanc	20 T	otal assets (Part X, line 16)	1	1,959,581.	14,501,545.				
Assets or d Balances	21 ⊺	otal liabilities (Part X, line 26)		435,239.	474,625.				
-Net		let assets or fund balances. Subtract line 21 from line 20		1,524,342.	14,026,920.				
	art II	Signature Block		- 1	• •				
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to the best of my kr	owledge and belief, it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date						
Here	NICHOLAS ADAMY, TREASU	RER								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JENNIFER L. ROGELL, CPA			self-employed P01291797						
Preparer	Firm's name FUNGERFORD NICHO			Firm's EIN 38-2184825						
Use Only	Firm's address 2910 LUCERNE DR	SE								
	GRAND RAPIDS, MI 49546 Phone no.616-949-3200									
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No						
032001 12-23	LHA For Paperwork Reduction Act Not	ce, see the separate instructions.		Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) EAST GRAND RAPIDS SCHOOLS FOUNDATION	38-2486451 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PURPOSE OF THE EAST GRAND RAPIDS SCHOOLS FOUNDATION	
	THE QUALITY OF ACADEMIC LIFE BY ENHANCING OR INITIATING	
	EXCEPTIONAL PROGRAMS WHICH ARE NOT OR WILL NOT NORMALLY	
	UNDERWRITTEN BY THE EAST GRAND RAPIDS SCHOOLS SYSTEM. TO	THAT END, THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,053,366. including grants of \$ 904,701.) (Reve	
	GRANTS TO THE EAST GRAND RAPIDS PUBLIC SCHOOLS TO PROVID	
	SUPPORT FOR EDUCATIONAL ENHANCEMENTS, PROGRAMS, AND CO-C	URRICULAR
	ENHANCEMENTS. THE FOUNDATION ALSO PROVIDES SCHOLARSHIPS	FOR
	POST-SECONDARY OPPORTUNITIES FOR GRADUATES OF EAST GRAND) RAPIDS HIGH
	SCHOOL.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve)
10		/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,053,366.	
		Form 990 (2020)
032002	12-23-20 2	

08450221 400738 251385.00

Form 990 (SCHOOLS	FOUNDATION
Part IV	Checklist of	Required	Schedule	es		

1 bit the organization described in section 501(kg) or 4947(a)(1) (biter than a private bundation? 1 X 2 bit the organization require fuel or indrect political campaing activities on babel of or in opposition to candidates for public office? If ''''se,'' complete Schedule C, Part I 2 X 3 Sectors 501(c) organizations cancer to fill (biter) (bi				Yes	No
2 Is the organization engage in direct or index policital campaign activities on behalf of or inceposition to candidates for public office? If 'Yes, 'complete Schedule C, Part I 3 X 3 Did the organization engage in direct or index policital campaign activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(k) organization activities, or index or accurst for which donors have a section 501(h) election in effect 4 X 5 Is the organization activities of the organization index or accurst? If 'Yes, 'complete Schedule C, Part II 5 X 6 Did the organization index of accurst index or accurst for which donors have the right to provide advised. 5 X 7 Did the organization matchin accurst index or accurst? If 'Yes, 'complete Schedule D, Part I 6 X 7 X Bid the organization matchin accurst index organization receive or hold a conservation accurst in activities accurst inability, sorve as a custodian for amounts not listel in Part X, ine 21, for organization incredited accurst inability, sorve as a custodian for amounts not listel in Part X, ine 21, for organization incredited accurst inability, sorve as a custodian for amounts not listel in Part X, ine 21, for organization incredited accurst inability, sorve as a custodian for an accurst not listel in Part X, ine 10, Part II 11 X 10 Did the organization incredited organization, incredited reganization, in	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect policial campaign activities on bahal of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part I 3 X 4 Section 501(QI) organizations. Did the organization engage in koblying activities, or have a section 501(P) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Bit the organization assection 301(P) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 X 6 Did the organization markina and yound vision during organization that receives membership dues, assessments, or animal amount or all accentration assement, including easements to previse working hours have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 9 Did the organization requere or funds a conservation assement, including easements to previse as a custodian for amounts not label In Part X, Ine 12, for escow or custodial account liability, serve as a custodian for amounts or introgin a related organization, notid assets in donor restricted endowments or or in quasi endowments? If "Yes," complete Schedule D, Part II 9 X 10 X 10 X 10 X 11 If the organization report an amount for investments - order assets in Dart X, line 12, the tis 5% or more of its total assets reported in Part X, line 17, If "Yes," complete Schedule D, Part VI					
public officer (if ''Yes,' complete Schedule C, Part I 3 X 4 Section 501((c)(3) cognizations. Did the organization engage in lobbying activities, or have a section 501((h) election in effect 4 X 5 Is the organization a section 501((c)(d), 50	2		2	X	
4 Section 50 (Lq)3 organizations. Did the organization induces in the comparization in section 50 (Lq) election in effect 4 X 5 Is the organization is action 50 (Lq)(Lq), 50 (Lq)(Lq), or 50 (Lq), or	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 is the organization a section Schedule C, Part II 5 6 Did the organization mantain any dome advised funds or any similar funds or accounts for which domes have the right to provide advised on the distribution or investment and anounts in such funds or accounts for which domes have the right to the organization mantain any dome advised funds or any similar funds or accounts for which domes have the right to the organization mantain any dome advised funds or any similar funds or accounts for which domes have the right to the organization mantain collections of works of at, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 6 X 7 X Not the organization mantain collections of works of at, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 X Old the organization, includy or through a related organization, hold assets in donorrestricted endowments 7 X 9 Did the organization includy or through a netated organization, hold assets in donorrestricted endowments 10 X 11 If the organization report an amount for heads 's complete Schedule D, Part VI 10 X 12 Did the organization report an amount for heads 's complete Schedule D, Part VI 11 X 13 X 1			3		<u> </u>
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89197 if Yes," <i>complete Schedule C, Part II</i> 5 X D Dd the organization maintain and domra divised funds or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts on that concernent inducing easements to preserve open space, the environment, historic land areas, or historic structures? // 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization mainter collectors of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, amounts not lated in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not inducing the distribution, guestions is 'Yes,' then complete Schedule D, Part V 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowment?? // 'Yes,' complete Schedule D, Part V 11 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12; that is 5% or more of its total assets reported in Part X, line 10; // 'Yes,' complete Schedule D, Part V 1	4				37
similar amounts as defined in Revenue Procedure 99-199 // Yeg, 'complete Schedule C, Part II 5 X O Did the organization maintain any domer advised funds or any similar funds or accounts? If 'Yeg, 'complete Schedule D, Part II 6 X 7 Did the organization maintain collections of work down any similar funds or accounts? If 'Yeg, 'complete Schedule D, Part II 6 X 8 Did the organization maintain collections of work of art, historical treasures, or other similar assets? If 'Yeg, 'complete Schedule D, Part II 7 X 9 Did the organization maintain collections of work of art, historical treasures, or other similar assets? If 'Yeg, 'complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yeg, 'complete Schedule D, Part V 10 X 10 Did the organization answer to any of the following questions is 'Yeg, 'then complete Schedule D, Part V 10 X 11 The organization report an amount for investments - other securities in Part X, line 10? If 'Yeg, 'complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yeg, 'complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yeg, 'complete Schedule D, Part X 11a	_		4		<u> </u>
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VII, VII, VI, VI			٩		x
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	15				
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					Δ
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
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EAST GRAND RAPIDS SCHOOLS FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2020)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)	•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 d		- 23
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes." complete Form 4720. Schedule O.			

Form **990** (2020)

Form 990	(2020)
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EAST GRAND RAPIDS SCHOOLS FOUNDATION

Check if Schedule O contains a response or note to any line in this Part VI

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Enter the number of voting members of the governing body at the end of the tax year 1a	19		es No				
Enter the number of voting members of the governing body at the end of the tax year 1a							
body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
Enter the number of voting members included on line 1a, above, who are independent 1b	19						
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
		2	x				
officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervise		-					
of officers, directors, trustees, or key employees to a management company or other person?		3	x				
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X				
Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X				
Did the organization have members or stockholders?		6	X				
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	·····	-					
more members of the governing body?	7	'a	X				
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·····						
persons other than the governing body?		'b	X				
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		~					
The governing body?		a X	ζ				
Each committee with authority to act on behalf of the governing body?		ab Σ					
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	X				
tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>.</u>						
		Ye	es N				
Did the organization have local chapters, branches, or affiliates?	10	0a	X				
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates							
and branches to ensure their operations are consistent with the organization's exempt purposes?							
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th		1a 2	<u>د</u>				
Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
Did the organization have a written conflict of interest policy? If "No," go to line 13	12	2a X	ζ 🗌				
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b Ž	ζ 📃				
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
in Schedule O how this was done		2c X	ζ 📃				
Did the organization have a written whistleblower policy?	1	3	X				
Did the organization have a written document retention and destruction policy?	1	4 X	٢				
Did the process for determining compensation of the following persons include a review and approval by independent	nt						
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
The organization's CEO, Executive Director, or top management official	<u>1</u> १	5a 🛛					
Other officers or key employees of the organization		5b	<u> </u>				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
taxable entity during the year?		6a	<u> </u>				
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	on						
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
exempt status with respect to such arrangements?	16	ôb					
tion C. Disclosure							
List the states with which a copy of this Form 990 is required to be filed	on 501(c)(3)s or	ıly) ava	ailable				
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section							
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.	1						
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.	,	ancial					
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explain on Schedule C)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	,						
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule C Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year.	f policy, and fin						
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule C Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	f policy, and fin						
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule C Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ROSANNE MACK - 616-235-3535	f policy, and fin						
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule C Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	ť poli	•					

<u>Form 990 (2</u>		38-2486451	Page 1							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the organization's	s tax year.							

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per weak finances met at metors and below Depotition and related organization Reportable compension from organization Reportable compension from organization Estimated and organization (1) Average and organization Image and and related Image and and related Image and and related Image and and related Image and and related Image and and related (1) Average and and related 40.00 X X 0. 0. (2) DEFH STAGES 6.00 X X 0. 0. 0. (3) RAD LAACKANN 4.00 X X 0. 0. 0. (4) BEAN SCHWARTZ 6.00 X X 0. 0. 0. (5) DAND DAACKANN 4.00 X 0. 0. 0. 0. (6) DR REDIX KATTULA 4.000 X 0. 0. 0. (7) JENNIFZER BRUCE 4.000 X 0. 0. 0. (10) KERTURA 0.0 0.	(A)	(B)	(C)					(D)	(E)	(F)	
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032007 12-23-20

Form 990 (2020)

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Form 990 (2020) EAST GRAN									38-24	864	451	Pa	.ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,		<u>d Hi</u> g C)	ghes	st C	ompensated Employee	s (continued)				
(A)						_		(D)	(E)			(F)	
Name and title	Average	(do not check more than one hop of table hop of table					Reportable		Est	imate	d		
	hours per	box	, unle	ss pe	rson i	is both pr/trus	n an	compensation	compensation	ו ר		ount d	of
	week					T	lee)	from	from related			other	
	(list any hours for	recto						the	organizations			ensat	
	related	or di	ee			ated		organization	(W-2/1099-MIS	C)		om the	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC)			•	nizati relate	
	below	ual tr	tional		ploy	vee /ee	_					nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orgu	nzanc	/10
(18) STEPHANIE DOUBLESTEIN	4.00	_	_		¥	1	-						
DIRECTOR		Х						0.		0.			0.
(19) TAMMY SHREINER	4.00												
DIRECTOR		Х						0.		0.			0.
(20) TOM BLOWER	4.00												
DIRECTOR		Х						0.		0.			0.
(21) TRISH REID	4.00												
DIRECTOR		X						0.		0.			Ο.
(22) XIANGYU CHEN	4.00												
DIRECTOR		х						0.		0.			Ο.
		1											
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		1											
1b Subtotal	1					-		89,365.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								89,365.		0.			0.
2 Total number of individuals (including but n							o re	,	000 of reportable	•••			
compensation from the organization		030	11310	u ai	5000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010						0
												Yes	No
3 Did the organization list any former officer,	director trust	ا مم		mn			hia	hest compensated emp		ſ			
	-			•	•		Ŭ	• • •			2		Х
line 1a? If "Yes," complete Schedule J for s											3	_	<u></u>
4 For any individual listed on line 1a, is the su													х
and related organizations greater than \$150										····	4	_	<u></u>
5 Did any person listed on line 1a receive or a	•							•			-		х
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fe	or sl	ich i	bers	ion .					5		Λ
									100.000 of comm		: .		
1 Complete this table for your five highest co	•	•							•	ensat	ion tro	m	
the organization. Report compensation for	ne calendar ye	ear e	enair	ig w	nth C	or wi	<u>tnin</u>		ear.		(0)		
(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	С	(C) ompen		
		INC		<u> </u>							ompon	oution	
2 Total number of independent contractors (ii	ncluding but p	ot lin	niter	d to	thos	se lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				()							
											_	200	

Form **990** (2020)

	n 990 (PIDS SCHO	OOLS FOUNDA	ATION	38-2486	451 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	(-)	(B)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
an our	b	Membership dues 1b					
s, A	с	Fundraising events 1c	60,646.				
ar Gift	d	Related organizations 1d					
ini,	е	Government grants (contributions) 1e					
rtior S	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	725,797.				
dut	g	Noncash contributions included in lines 1a-1f					
<u>о</u> Е	h	Total. Add lines 1a-1f		786,443.			
			Business Code				
e	2 a						
ervi	b						
S n	с						
ran Sev	d						
Program Service Revenue	е						
ā	f	All other program service revenue	-				
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		0.64 7.01			
		other similar amounts)		264,791.	264,791.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	_		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a						
	h	assets other than inventory 7a Less: cost or other basis					
Ð	5	and sales expenses					
venue	· ·	Gain or (loss)					
0		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
đ		including \$ 60,646. of					
•		contributions reported on line 1c). See					
			96,491.				
	b		66,063.				
		Net income or (loss) from fundraising events	►	30,428.			30,428.
		Gross income from gaming activities. See					
		Part IV, line 19 9a	1				
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10	а				
	b	Less: cost of goods sold 10	b				
	с	Net income or (loss) from sales of inventory					
s			Business Code				
e.	11 a						
Miscellaneous Revenue	b						
Sev	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d	····· •	1 001 000			20 400
	12	Total revenue. See instructions	►	1,081,662.	264,791.	0.	30,428.
03200	9 12-23	-20					Form 990 (2020)

EAST GRAND RAPIDS SCHOOLS FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	904,701.	904,701.		
	Grants and other assistance to domestic	•			
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	99,657.	49,829.		49,828
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	120,462.	61,797.	20,989.	37,676
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
)	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	9,850.	8,501.	315.	1,034
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	14,501.	2,985.	10,105.	1,411
2	Advertising and promotion				
3	Office expenses	32,635.	5,664.	677.	26,294
	Information technology				
5	Royalties				
	Occupancy	28,800.	14,604.	2,748.	11,448
7	Travel	2,359.	373.	1,829.	157
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
D	Interest				
1	Payments to affiliates				
	Depreciation, depletion, and amortization	407.	351.	13.	43
	Insurance	2,174.	1,876.	70.	228
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	MISCELLANEOUS	15,346.	2,685.	3,798.	8,863
b					
с					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,230,892.	1,053,366.	40,544.	136,982
	Joint costs. Complete this line only if the organization	-	-	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure 1 if following SOP 98-2 (ASC 958-720)				

08450221 400738 251385.00

EAST GRAND RAPIDS SCHOOLS FOUNDATION

38-2486451 Page 11

		Check if Schedule O contains a response or no	te to any	ine in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			246,280.	1	109,192.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,493,318.	3	709,464.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se perso	s		5	
	6	Loans and other receivables from other disqual	ified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in secti	n 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— · · · · · · · · · · · · · · · · · · ·			22,591.	9	15,418.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,514.			
	b	Less: accumulated depreciation		15,514.	407.	10c	0.
	11	Investments - publicly traded securities			10,196,985.	11	13,667,471.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	Г		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	11,959,581.	16	14,501,545.		
	17	Accounts payable and accrued expenses			34,583.	17	5,461.
	18	Grants payable		235,514.	18	449,903.	
	19	Deferred revenue			165,142.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
pili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel		F		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on line					
		- f O - h h - h - B			0.	25	19,261.
	26	Total liabilities. Add lines 17 through 25			435,239.		474,625.
		Organizations that follow FASB ASC 958, cho	eck here				,
es		and complete lines 27, 28, 32, and 33.					
nc	27				445,876.	27	581,016.
3ala	28	Net assets with donor restrictions			11,078,466.	28	13,445,904.
E		Organizations that do not follow FASB ASC 9					
۳.		and complete lines 29 through 33.					
ъ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
SS	31	Retained earnings, endowment, accumulated ir				31	
	01	notanicu carnings, chuowinent, accumulateu il	come, o				1.4. 0.0.5. 0.0.0
Net Assets or Fund Balances	32	Total net assets or fund balances		I	11,524,342.	32	14,026,920.

Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

	990 (2020) EAST GRAND RAPIDS SCHOOLS FOUNDATION	38-2	486451	Pa	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,23		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,52		
5	Net unrealized gains (losses) on investments	5	2,58	<u>7,6</u>	<u>35.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7	6	4,1	<u>73.</u>
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,02	<u>6,9</u>	20.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>	L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.	Inspection
Nam	e of t	the organizati		de le mininelge					er identification numbe
		3		GRAND RAP	IDS SCHOOLS 1	TOUND	ATION		38-2486451
Pa	rt I	Reason			(All organizations must o				
The	organ				For lines 1 through 12, c				
1	Ŭ.		-		on of churches described	•		I)(A)(i).	
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3					anization described in se			ii).	
4		A medical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Ente	r the hospital's name,
		city, and state							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental unit descrit	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organizati	on that norma	lly receives a substa	intial part of its support fi	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gran	t college
		or university of	or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:							
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, ar	nd gross receipts from
		activities rela	ted to its exem	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its support	from gross investment
					(less section 511 tax) fro	m busines	sses acqui	red by the organization	after June 30, 1975.
				mplete Part III.)					
11		-	-	-	ively to test for public sa	•			
12		-	-	-	ively for the benefit of, to	-		· ·	
				-	ed in section 509(a)(1) o				Check the box in
		7	-		of supporting organization		-	· · ·	
а					supervised, or controlled	• • • •	-		
			•		gularly appoint or elect a	majority c	of the direc	tors or trustees of the s	supporting
	_	¬ -		complete Part IV, S					
b				-	d or controlled in connect				-
			-		anization vested in the sa	ame perso	ns that co	ntroi or manage the sup	ропеа
-		¬ -		t complete Part IV,		in connoct	tion with a	and functionally integrat	
С			-		ng organization operated				.ed with,
d			-		S). You must complete I porting organization oper				ization(a)
u			-	• •	zation generally must sat				()
					mplete Part IV, Sections				10011033
е		7			written determination fro				
Ũ			•		nally integrated supporti				
f	Ente	er the number							
q			••	about the supporte					
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions
Tet									
Tota	I							1	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION 38-2486451 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sei	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1662164.	2648898.	2869854.	593,905.	725,797.	8500618.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots	28,800.	28,800.	28,800.	28,800.		144,000.
4	Total. Add lines 1 through 3	1690964.	2677698.	2898654.	622,705.	754,597.	8644618.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						480,576.
6	Public support. Subtract line 5 from line 4.						8164042.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1690964.	2677698.	2898654.	622,705.	754,597.	8644618.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	104,753.	132,370.	189,848.	226,381.	264,791.	918,143.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			157,848.			157,848.
11	Total support. Add lines 7 through 10						9720609.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stor	-		•			
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	83.99 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	84.97 %
16 a	33 1/3% support test - 2020. If the c					ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		►
		0010 If the even	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is -	10% or
k	10% -facts-and-circumstances test	- 2019. If the org				,	
k	10% -facts-and-circumstances test more, and if the organization meets th	•			op here. Explain i	-	
t		ne facts-and-circum	nstances test, cheo	ck this box and st	• •	n Part VI how the	

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	-					-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
70	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here	~			•		
Sec	tion C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8. column (f). d	livided by line 13.	column (f))		15	%
	Public support percentage from 2019	, (),	,			16	%
	tion D. Computation of Inves					1 1	
	Investment income percentage for 20			ine 13. column (f))	1	17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-25-21	an all not oncort a	<u></u>	a, or 100, 0100K (D or 990-EZ) 2020
55202			15	5	001		

Schedule A (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION 38

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Vac	No

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent	of each o	f its supported	organizations.	Complete line 3 b	elow.
---	--	------------------	---------------	-----------	-----------------	----------------	-------------------	-------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Yes No

2a

2b

3a

3b

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	dule A (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOL	S FC	OUNDATION	38-2486451 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			<i>in</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Fai	i v Type in Non-Functionally integrated 509	allo supporting Orga	continu	ued)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A Part VI	line 1; Part IV, Section A, lines 1	mation. , 2, 3b, 3c, lines 2 and	Provide the 4b, 4c, 5a, I 3; Part IV,	e explanations 6, 9a, 9b, 9c, Section E, line	required by Part 11a, 11b, and 1 ⁻ s 1c, 2a, 2b, 3a,	II, line 10; Part II, line Ic; Part IV, Section B, and 3b; Part V, line 1	38-2486451 17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Part diditional information	ıC,
	Section D, lines 5, 6, and (See instructions.)	8; and Par	t V, Section	E, lines 2, 5, a	and 6. Also comp	blete this part for any a	additional information.	
032029 01 05 2	21					e	chedule A (Form 990 or 990-	EZ) 2020
032028 01-25-2	- 1				20	5	CHEQUIE A (FUTTI 330 01 390-	-2) 2020

Schedule A

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Identification of Excess Contributions Included on Part II, Line 5

38-2486451

2020

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LACKS, KURT AND LAURIE	250,000.	55,588
BYAM, GEORGE & MARY ANN	619,400.	424,988
otal Excess Contributions to Schedule A, Part II, Line 5		480,576

Department of the Treasury

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. to to www.irs.gov/Form990 for instructions and the latest information

at information



Interna	Go to www.irs.gov/Forms	90 for instructions and the latest inform	lation.	mepeeaen	
Nam	e of the organization			Employer identification nu	
D -	EAST GRAND RAPIDS			38-2486451	<u>L</u>
Par			or Acco	DUNTS. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		ed funds		
	are the organization's property, subject to the organization's	-		Yes	No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	I	
	impermissible private benefit?			Yes	No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, lin	ie 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	f a historic	ally important land area	
	Protection of natural habitat	Preservation of	f a certifie	d historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conse		
	day of the tax year.			Held at the End of the Ta	ax Year
a				2a	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	usturs included in (s)	·····	2b 2c	
c d	Number of conservation easements included in (c) acquired a			20	
u	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel				
Ū	year >		organiza	lion danng the tax	
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it	t holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation e	easements during the year	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easer	ments during the year	
	►\$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)		
				Yes	No
9	In Part XIII, describe how the organization reports conservati	•			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that o	describes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures, or Ot	her Sim	nilar Assets	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95		nd balanc	e sheet works	
	of art, historical treasures, or other similar assets held for put				
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95			neet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
				\$	
2	If the organization received or held works of art, historical tre			vide	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			▶ \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2020

		AND RAPIDS				38-24			.ge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		51 5					
c	Preservation for future generations	•							
4	Provide a description of the organization's co	llections and explain	how they further th	organization's ex	omnt nurne	se in Part	YIII		
5	During the year, did the organization solicit or	•		•			7.III.		
5	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								NU
	reported an amount on Form 990, Par		te il the organizatio	in answered Tes (511 - 0111 - 99	J, Fait IV, I	in le 9, 01		
10			on for contribution	a ar athar accata na	tipoludod				
Ia	Is the organization an agent, trustee, custodia								
	on Form 990, Part X?					∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amount		
	Beginning balance					<u> </u>			
	Additions during the year					<u> </u>			
е	Distributions during the year				<u>1e</u>	<u> </u>			
f	Ending balance				1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account lial	oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			I
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years b	Jack
1a	Beginning of year balance	11,454,790.	10,955,349.	7,806,802	. 5,	320,617.	З,	848,1	.22.
b	Contributions	60,362.	407,775.	2,789,733	. 2,	053,322.	1,	190,6	550.
	Net investment earnings, gains, and losses	2,914,490.	542,301.	1,019,914		682,108.		488,6	510.
d	Grants or scholarships	502,611.	450,635.	661,100		249,238.		206,7	/65.
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	13,927,031.	11,454,790.	10,955,349	. 7,	806,809.	5,	320,6	517.
2	Provide the estimated percentage of the curr	ent vear end balance			, ,	,	,		
	Board designated or quasi-endowment	3.2900	%						
	Permanent endowment ► 92.6300	%							
	Term endowment \blacktriangleright 4.0800								
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-							
20	Are there endowment funds not in the posses	-	tion that are hold ar	ad administered for	the organiz	ration			
Ja		ssion of the organiza	lion that are new ar	la autimisterea lor	the organiz	auon	F	Vaa	
	by:							Yes X	No
	(i) Unrelated organizations						3a(i)	^	X
	(ii) Related organizations						3a(ii)		<u> </u>
	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the total Land, Buildings, and Equipm		vment funds.						
Fai									
	Complete if the organization answered								
	Description of property	(a) Cost or o	• •		Accumulat		(d) Book	value	1
		basis (investm	Dasis	(other) c	depreciation				
	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment		1	5,514.	15,5	14.			0.
	Other								
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990, Part 2	K. column (B), line 1	0c.)		. 🕨 🗌			0.
						Schedule	D (Form	990)	2020

	Complete if the organization answered "Yes" o	n Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Fir	ancial derivatives			
(2) Clo	osely held equity interests			
(3) Ot	her			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part	IX Other Assets.			
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. Part	(Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	<u>15.)</u>		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	. ,		(b) Book value
(1)	Federal income taxes			
(2)	ALUMNI FUNDS HELD			19,261.
(3)				·
(4)				
(5)				
(6)				
(7)				

► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

19,261.

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(8) (9) 38-2486451 Page 3

Schedule D (Form 990) 2020 Part VII Investments - Other Securities.

EAST GRAND RAPIDS SCHOOLS FOUNDATION

_	edule D (Form 990) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION		2486451 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	3,733,470.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	,808.					
b	Donated services and use of facilities 2b						
с							
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	2e	2,651,808.				
3	Subtract line 2e from line 1	3	1,081,662.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b	4c	0.				
-							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		1,081,662.				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense						
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		n.				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Retur					
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	es per Retur	n.				
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	es per Retur	n.				
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	es per Retur	n.				
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Prior year adjustments	es per Retur	n.				
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Prior year adjustments	es per Retur	n.				
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	es per Retur	n. <u>1,230,892</u> . 0.				
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	2e	n. <u>1,230,892</u> .				
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	2e	n. <u>1,230,892</u> . 0.				
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	2e	n. <u>1,230,892</u> . 0.				
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a	2e	n. <u>1,230,892</u> . 0.				
Pa 1 2 b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	2e 3	n. <u>1,230,892</u> . <u>0.</u> 1,230,892. 0.				
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2a Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a	2e 3	n. <u>1,230,892</u> . <u>0.</u> 1,230,892.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION EVALUATES TAX POSITIONS TAKEN ON ITS FEDERAL EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURNS IN ACCORDANCE WITH GENERALLY
ACCEPTED ACCOUNTING PRINCIPLES WHICH REQUIRE THAT TAX POSITIONS TAKEN BE
MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT BELIEVES THAT THE
FOUNDATION HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS UNDER THAT
CRITERIA. PENALTIES AND INTEREST, IF ANY, ASSESSED BY INCOME TAXING
AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. THE FOUNDATION'S FEDERAL
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE GENERALLY SUBJECT TO
EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.

25

032054 12-01-20

checked D (Form 200) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION 38-2486451 Page 5 Part XIII Supplemental Information (continued)
Schedule D (Form 990) 2020

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SCHEDULE G	Suppleme	ntal Information Regarding	ities	OMB No. 1545-0047					
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 1 organization entered more than \$15,000 on Form 990-EZ, line 6a.								2020	
Department of the Treasury		Attach to Form 990	-		-			Open to Public	
Internal Revenue Service	•	o to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection	
Name of the organization		AND RAPIDS SCHOOLS	FO	JND	ATION		Employer ide	er identification number	
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not	
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
GOLF OUTING #2 - 29			Yes	No	-				
STREET SE, EAST GRA GOLF OUTING #1 - 29		GOLF OUTING		X	52,890.		0.	52,890.	
STREET SE, EAST GRAND RAPIDS,		GOLF OUTING		x	41,606.		0.	41,606.	
Total				►	94,496.			94,496.	
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

 Schedule G (Form 990 or 990-EZ) 2020
 EAST
 GRAND
 RAPIDS
 SCHOOLS
 FOUNDATION
 38-2486451
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF OUTING GOLF OUTING 1 col. (c)) (event type) (event type) (total number) Revenue 41,606. 52,890. 62,641. 157,137. Gross receipts 1 26,558. 34,088. 60,646. 2 Less: Contributions 15,048. 62,641 96,491. Gross income (line 1 minus line 2) 18,802. 3 4,982. 3,263. 8,245. 4 Cash prizes 5 Noncash prizes Direct Expenses 9,754. Rent/facility costs 11,274. 21,028. 6 7,679. 11,702. 4,023. 7 Food and beverages 300. 400. 700. 8 Entertainment 7, 748. 9,100. 7,540. 24,388. 9 Other direct expenses 66,063. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 30,428. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION 38-2	2486451	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b) Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v); and Pa		01 401
F a	TEND Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	π III, lines 9, s	90, 100,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:	
		<u> </u>	
<u>(I</u>) NAME OF FUNDRAISER: GOLF OUTING #2		
(I) ADDRESS OF FUNDRAISER:		
20	15 HALL CHREEM CE EACH CRAND DADIDC MI 40546		
<u> </u>	15 HALL STREET SE, EAST GRAND RAPIDS, MI 49546		
(I) NAME OF FUNDRAISER: GOLF OUTING #1		
<u>.</u>			
<u>(1</u> 29) ADDRESS OF FUNDRAISER: 15 HALL STREET SE, EAST GRAND RAPIDS, MI 49546		
-	83 11-25-20 Schedule G (Forr	n 990 or 990	-EZ) 2020
	29		

Schedule G	(Form 990 or 990-EZ) Supplemental Inform	EAST GRANI	RAPIDS	SCHOOLS	FOUNDATION	38-2486451	Page 4
Part IV	Supplemental Inform	mation (continued))				
						Schedule G (Form 990 or	⁻ 990-EZ)

SCHEDULE I (Form 990)	Governments, and Individuals in the United States						
	Compl	ete if the organization			rt IV, line 21 or 22.		2020
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization EAST GRAN	ND RAPIDS	SCHOOLS FOU					Employer identification number 38-2486451
Part I General Information on Grants							
1 Does the organization maintain records criteria used to award the grants or ass	istance?	-			-		ion 🔀 Yes 🗌 No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to							
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EAST GRAND RAPIDS SCHOOLS 2915 HALL ST SE GRAND RAPIDS, MI 49506			904,701.	0.			PROGRAM SUPPORT
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 							↓

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020 EAST GRAND RAPIDS SCHOOLS FOUNDATION

38-2486451

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART 1 LINE 2

THE ORGANIZATION SENDS THE SCHOLARSHIPS TO EAST GRAND RAPIDS PUBLIC

SCHOOL WHO THEN PASSES THEM OUT ACCORDINGLY. THE FOUNDATION MONITORS TO

ENSURE THE FUNDS ARE SPENT CORRECTLY.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2020

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Name of the organization

loyei	iue		cau	on	nun	inc
3	8 –	24	86	4 5	51	

	EAST GRAND R	APIDS	SCHOOLS FO	DUNDATION	38	<u>3-24864</u>	<u>451</u>	
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determini ntribution an	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	X	1	28,800.	OFFICE SE	ACE		
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MISCELLANEOUS)	X	14	0.	FAIR MARE	ET VAI	JUE	
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contributi	ons?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2020

032141 11-23-20

describe in Part II.

Schedule M	(Form 990) 2020	EAST	GRAND	RAPIDS	SCHOOLS	FOUNDAT	ION	38-2486451	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informa I, column Iditional in	ation. Pro (b), the nur oformation.	wide the inforr nber of contrik	mation required loutions, the num	by Part I, lines 3 ber of items rec	00b, 32b, and 33, beived, or a comb	and whether the organiza ination of both. Also comp	tion plete
032142 11-23-2	20							Schedule M (Form	990) 2020
					34				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



Employer identification number 38-2486451

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUNDING EXCELLENCE IN TEACHING AND LEARNING THAT REQUIRES FINANCIAL

EAST GRAND RAPIDS SCHOOLS FOUNDATION

SUPPORT BEYOND THAT OF THE EAST GRAND RAPIDS PUBLIC SCHOOLS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION WILL ENCOURAGE EXCELLENCE IN TEACHING AT ALL EDUCATIONAL

LEVELS FOR ALL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 TO

REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY

AND DISCLOSURES ANNUALLY WITH ITS MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

MEMBERS OF THE EXECUTIVE BOARD OF DIRECTORS ESTABLISH THE COMPENSATION OF

THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION WILL MAKE AVAILABLE, UPON REQUEST, COPIES OF THE FORM 990

AND RELATED SCHEDULES AND ANY GOVERNING DOCUMENTS REQUESTED AND REQUIRED TO

35

BE DISCLOSED PUBLICLY.

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Schedule O (Form 990 or 990-EZ) 2020