(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 and ending	J J C	JN 30, 202	0		
В	Check if	C Name of organization		D Employer iden		n number	
	applicable:						
	Address change	EAST GRAND RAPIDS SCHOOLS FOUNDATION					
	Name change	Doing business as		38-2486	451		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite I	E Telephone num	ber		
	Final return/	2915 HALL STREET SE		616-235	-353	5	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		820,	286.
	Amende return	EAST GRAND RAPIDS, MI 49506		H(a) Is this a group	o return		
	Applica- tion	F Name and address of principal officer: DAVID HOUNACKI		for subordina	tes?	Yes [X No
	pending	SAME AS C ABOVE		H(b) Are all subordinate	es included	? Yes	No
$\overline{\underline{L}}$	Tax-exe	mpt status: $X = 501(c)(3)$ 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attacl	n a list. (see instructio	ns)
		E: ► WWW.EGRSF.ORG		H(c) Group exemp	tion nur	nber 🕨	
<u>K</u>	Form of o	organization: X Corporation Trust Association Other 🕨 📙	Year of	formation: 1983	M Stat	e of legal domi	cile: MI
Р		Summary					
1	, 1 €	Priefly describe the organization's mission or most significant activities: THE EAST					
Governance	[<u> </u>	OUNDATION ENRICHES THE EDUCATIONAL EXPERIENC	CE (OF STUDENT	'S BY	<u> </u>	
r	2	Check this box if the organization discontinued its operations or disposed of m	nore th	nan 25% of its net	assets.		
9	3 1	lumber of voting members of the governing body (Part VI, line 1a)			3		<u>21</u>
		lumber of independent voting members of the governing body (Part VI, line 1b)			4		21
ď	5 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			5		5
ŧ	6 ⊺	otal number of volunteers (estimate if necessary)			6		50
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a		0.
_	<u>b</u> N	let unrelated business taxable income from Form 990-T, line 39	<u></u>		7b		0.
				Prior Year		Current Yea	
<u>a</u>	. 8 C	Contributions and grants (Part VIII, line 1h)		2,869,854		593,	
Į.	9 F	Program service revenue (Part VIII, line 2g)			•	226	0.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		438,352		226,	
_	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,523		0.20	0.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,340,729		820,	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		322,231		181,	
	1	Renefits paid to or for members (Part IX, column (A), line 4)		236,035	-	204	<u>0.</u>
ď	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			204,150.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 149,369.			•		<u> </u>
Ž,	1 17	-		171,336		184,	195
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		729,602		569,	
	1	Revenue less expenses. Subtract line 18 from line 12		2,611,127		250,	
		levenue less expenses. Subtract line 10 nont line 12	Regi	nning of Current Yea		End of Yea	
ets c	ii 20 T	otal assets (Part X, line 16)		1,407,553		1,961,	
Asse	20 '	otal liabilities (Part X, line 26)		447,294		435,	
Net Assets or	22 N	let assets or fund balances. Subtract line 21 from line 20	1	0,960,259		1,526,	
	art II	Signature Block		. , ,	-		
Und	der penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atemen	ts, and to the best of	my know	ledge and belie	ef, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	oarer ha	as any knowledge.			
Sig	ın	Signature of officer		Date			
Не	re	DAVID HOJNACKI, TREASURER					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Da	te Check		PTIN	
Pai	d E	JENNIFER L. ROGELL, CPA				012917	
Pre		Firm's name HUNGERFORD NICHOLS CPAS + ADVISORS		Firm's EIN	▶ 38-	218482	5
Use	Only	Firm's address ≥ 2910 LUCERNE DR SE					
_		GRAND RAPIDS, MI 49546		Phone no. 6		49-320	<u>) </u>
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes	No

	1 990 (2019) EAST GRAND RAPIDS SCHOOLS FOUNDATION	38-2486451	Page 2
Pa	rt 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	IS TO PROMOT	E
	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		HE
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		Yes	X No
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.		110
2	• • • • • • • • • • • • • • • • • • • •	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	· tes	_2 <u>1</u> NO
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a		enue \$)
	GRANTS TO THE EAST GRAND RAPIDS PUBLIC SCHOOLS TO PROVI		<u> IAL</u>
	SUPPORT FOR EDUCATIONAL ENHANCEMENTS, PROGRAMS, AND CO-C		
	ENHANCEMENTS. THE FOUNDATION ALSO PROVIDES SCHOLARSHIPS		
	COLLEGE-BOUND GRADUATES OF EAST GRAND RAPIDS HIGH SCHOOL	J •	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	anue \$	
	/ (Expended to		
4c	(Code:) (Expenses \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 380,656.		000
		Form 🕏	90 (2019)

Form 990 (2019) EAST GRAND R Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	

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Form	990 (2019) EAST GRAND RAPIDS SCHOOLS FOUNDATION 38-2486	451	Р	age 4
Par	T 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	000		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	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		
	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		
	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		Х
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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			. v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	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		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	00		
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
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	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 10	X	I

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Form **990** (2019)

Form 990 (2019) EAST GRAND RAPIDS SCHOOLS FOUNDATION

Part 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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
				3a		_X_					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		_X_					
b	If "Yes," enter the name of the foreign country		(FD 4 D)								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					X					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X					
	 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c							
ou	any contributions that were not tax deductible as charitable contributions?	o orga	anzation sonoit	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r aifts								
	were not tax deductible?		3	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 ser	vices p	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	as req	uired								
	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 co		t?	7e		_ <u>X</u> _					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior department of the contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	•		8							
9	Sponsoring organizations maintaining donor advised funds.			-							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
	Did the energy experience make a distribution to a dense dense devices as related nevern			9b							
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:		1								
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.)	11b		1							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120							
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a							
h	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	I								
С	Enter the amount of reserves on hand	13c									
	Diddle and in the second of th			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		_X_					
	If "Yes," complete Form 4720, Schedule O.				000	(0010)					

EAST GRAND RAPIDS SCHOOLS FOUNDATION Form 990 (2019) 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х 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 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	►MI

exempt status with respect to such arrangements?

2915 HALL ST SE, GRAND RAPIDS,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

ΜI

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records AMY STUURSMA - 616-235-3535

Form **990** (2019)

Х

16a

49506

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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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.

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

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

(A) Name and title	(B) Average	(do	(C) Position (do not check more than					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	eek officer and a director/trustee) from from related		compensation from related organizations	amount of other compensation					
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ABBY SOROTA DEVELOPMENT COMMITTEE CHAIR	6.00	Х						0.	0.	0.
(2) BETH SKAGGS	6.00									
SECRETARY		Х		х				0.	0.	0.
(3) BRIAN SCHWARTZ	6.00								-	
VICE PRESIDENT		Х		х				0.	0.	0.
(4) DAVID HALL	4.00									
DIRECTOR		Х						0.	0.	0.
(5) DAVID HOJNACKI	6.00									
TREASURER		Х		Х				0.	0.	0.
(6) JENNIFER BRUCE	4.00									
DIRECTOR		Х						0.	0.	0.
(7) JENNY MCMAHON	4.00									
DIRECTOR		Х						0.	0.	0.
(8) JILL MILLER	6.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) JOEL IAKIRI	6.00									
GRANTS COMMITTEE CO-CHAIR		Х						0.	0.	0.
(10) KELLI SMITH	4.00									
DIRECTOR		Х						0.	0.	0.
(11) MEG ZERFAS	4.00									
DIRECTOR		Х						0.	0.	0.
(12) MEGAN MILLER	4.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) MELISSA MARSH	6.00	l								
GRANTS COMMITTEE CO-CHAIR		Х						0.	0.	0.
(14) NICK ADAMY	6.00	ļ								
DIRECTOR		Х						0.	0.	0.
(15) RAENAH LINDSAY	4.00									_
DIRECTOR	4 00	Х	\vdash		_	_		0.	0.	0.
(16) ROB KOWALEWSKI	4.00								_	^
DIRECTOR	4 00	Х				_		0.	0.	0.
(17) SARA IRWIN	4.00	3,7								^
DIRECTOR 932007 01-20-20		X		l	l			0.	0.	0 • Form 990 (2019)

Form **990** (2019)

Form 990 (2019) EAST GRAN	ND RAPII	າຣ	SC	HO:	OL	S	FC	UNDATION	38-2486	451 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		Cer ai	iu a uii	recto	i/irus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		ee.	mpen		(***2/1033*****100)		and related
	below	Individual trustee or director	Institutional trustee	_	m ploy	st co	ы			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			3
(18) STEPHANIE DOUBLESTEIN	4.00									
DIRECTOR		Х						0.	0.	0.
(19) TOM BLOWER	4.00									
DIRECTOR		Х						0.	0.	0.
(20) TRISHA REID	4.00									
DIRECTOR		Х						0.	0.	0.
(21) XIANGYU CHEN	4.00									
DIRECTOR		Х						0.	0.	0.
(22) DR. HEIDI S. KATTULA	4.00									
EX-OFFICIO MEMBER		Х						0.	0.	0.
(23) BRAD LAACKMAN	4.00									
EX-OFFICIO MEMBER		Х						0.	0.	0.
(24) AMY STUURSMA	35.00									
EXECUTIVE DIRECTOR				Х				98,415.	0.	0.
									_	
1b Subtotal							ightharpoons	98,415.	0.	0.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	98,415.	0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,									-	77
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su									-	77
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										_ \
rendered to the organization? If "Yes." com	plete Schedul	e J fo	or sı	ıch p	erso	on .				5 X
Section B. Independent Contractors			_			_			100.000 (
1 Complete this table for your five highest co	•	-							•	tion from
the organization. Report compensation for	ine calendar ye	ear e	enair	ig wi	tn o	or wi	tnin		ear.	(0)
(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices C	(C) compensation
		11/)INI				\dashv	2 333р		
							\dashv			
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	d to t	hos	e lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organization	•			-	0		-	,		
										Form 990 (2019)

932008 01-20-20

						AND	RA:	PIDS SCH	OOLS	FOUNDA	ATION	38-2486	451 F	⊃age 9
Pa	rt V	<u> </u>	Statement of Re	vei	nue									
			Check if Schedule O	cont	tains a	a respo	nse d	or note to any lin	e in this	Part VIII				
										(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue ex	cluded
									Total	revenue	function revenue	business revenue	from tax u	under
													sections 51	2 - 514
ıts	1	а	Federated campaigns			1a								
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b								
s, G		С	Fundraising events			1c								
Sift. lar /		d	Related organizations			1d								
s, (imil		е	Government grants (contri	ibut	tions)	1e								
ion		f	All other contributions, gifts,	grar	nts, an	d								
but			similar amounts not included	abo	ve	1f		<u>593,905.</u>						
n d Oiri		g	Noncash contributions included in	lines	1a-1f	1g \$;	31,950.						
a C		h	Total. Add lines 1a-1f)	59	3,905.				
								Business Code						
ė	2	а												
r Si G		b												
Program Service Revenue		С												
am		d												
ogr B		е												
Ā		f	All other program service	reve	enue									
		g	Total. Add lines 2a-2f					>						
	3		Investment income (include	ling	divid	ends, ir	ntere	st, and						
			other similar amounts)						22	<u>6,381.</u>			226,3	<u> 81.</u>
	4		Income from investment of	of ta	x-exe	mpt bo	nd pı	roceeds						
	5		Royalties	. <u></u>										
						(i) Real		(ii) Personal						
	6	а	Gross rents	6a	1									
		b	Less: rental expenses	6b	<u> </u>									
		С	Rental income or (loss)	60	<u>: </u>									
		d	Net rental income or (loss)		<u></u>									
	7	а	Gross amount from sales of		(i)	Securiti	ies	(ii) Other						
			assets other than inventory	7a	1									
		b	Less: cost or other basis											
ne			and sales expenses	7b	_									
evenue		С	Gain or (loss)	70	<u>: </u>									
Re		d	Net gain or (loss)				. <u></u>	>						
Other Re	8	а	Gross income from fundraising	ng e	vents	(not								
₽			including \$											
			contributions reported on		•									
			Part IV, line 18											
			Less: direct expenses				8b							
			Net income or (loss) from					>						
	9	а	Gross income from gamin	-			1							
			Part IV, line 19				9a							
			Less: direct expenses				9b							
			Net income or (loss) from				·							
	10	а	Gross sales of inventory, l											
		L	and allowances				10a 10b							
			Less: cost of goods sold											
		Ü	Net income or (loss) from	odle	55 UT I	inventor	у	Business Code						
s _n	11	2												
neo	••	a b												
iscellaneous Revenue		C					_							
isc			All other revenue				_							

820,286.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	7.5.		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	101 604	101 604		
•	and domestic governments. See Part IV, line 21	181,604.	181,604.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	86,248.	43,124.		43,124.
6	Compensation not included above to disqualified	00,240.	13,1210		15,121.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	102,951.	51,978.	19,683.	31,290.
7	Other salaries and wages	102,551.	31,3700	13,003.	31,230.
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,951.	7,476.	1,495.	5,980.
11	Fees for services (nonemployees):	22,5521	7,1700	2,1330	3,3001
	Management				
	Legal				
	Accounting	7,000.	5,880.	770.	350.
	Lobbying	.,,,,,,	2,000	7.00	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	55,241.	46,402.	6,077.	2,762.
	Other. (If line 11g amount exceeds 10% of line 25,	00,1111			
9	column (A) amount, list line 11g expenses on Sch 0.)	8,356.	6,878.	762.	716.
12	Advertising and promotion	1,785.	625.	125.	716. 1,035.
13	Office expenses	20,822.	1,731.	951.	18,140.
14	Information technology	,	,		•
15	Royalties				
16	Occupancy	28,800.	14,472.	2,987.	11,341.
17	Travel	4,215.	59.	2,870.	1,286.
18	Payments of travel or entertainment expenses	,		,	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,219.	427.	85.	707.
23	Insurance	1,981.	693.	139.	1,149.
24	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.)				
а	MISCELLANEOUS	54,776.	19,307.	3,980.	31,489.
b		•	,		•
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	569,949.	380,656.	39,924.	149,369.
26	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 if following SOP 98-2 (ASC 958-720)				5 990 (2212)

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			43,316.	1	246,280.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,324,698.	3	1,493,318.
	4	Accounts receivable, net			2,150.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ		6			
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			3,850.	9	24,765
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		•	1,626. 9,031,913.	10c	407. 10,196,985.
	11	Investments - publicly traded securities	9,031,913.	11	10,196,985		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			11 400 550	15	11 061 855
	16	Total assets. Add lines 1 through 15 (must e			11,407,553.	16	11,961,755
	17	Accounts payable and accrued expenses			46,029.	17	34,583
	18	Grants payable	401,265.	18	235,514.		
	19	Deferred revenue			19	165,142.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
Lia	00	controlled entity or family member of any of t	-			22	
	23 24	Secured mortgages and notes payable to unrelative units and loans payable to units and loans pay				24	
	2 4 25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		(0				25	
	26	Total liabilities. Add lines 17 through 25			447,294.	26	435,239.
		Organizations that follow FASB ASC 958, or	heck h	re 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
S	27				386,523.	27	448,050.
3al	28				10,573,736.	28	11,078,466.
<u>و</u> ا		Organizations that do not follow FASB ASG			, ,		, ,
F		and complete lines 29 through 33.	, -	· · · · · · · · · · · · · · · · · · ·			
<u>p</u>	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				10,960,259.	32	11,526,516.
_	33	Total liabilities and net assets/fund balances			11,407,553.	33	11,961,755.

Form **990** (2019)

Pai	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			0,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,9				
3	Revenue less expenses. Subtract line 2 from line 1	3				37.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	, 96	0,2	59.			
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
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	11	,52	6,5	16.			
Pa	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 O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	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?		L	2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	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 Sche	edule O.							
За	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?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Γ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b					
				Form	990	(2019)			

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

38-2486451

Name of the organization

EAST GRAND RAPIDS SCHOOLS FOUNDATION

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic 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 Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support f	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting
		organization. You must c	complete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by hav	ring
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally into		• ,	•		•	veness .
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		r the number of supported o	-					
g		ide the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	(1)	organization	(11) [11]	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	,	
_								
_								
—								
ots								

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	625,227.	1662164.	2648898.	2869854.	593,905.	8400048.
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	28,800.	28,800.	28,800.	28,800.		144,000.
4	Total. Add lines 1 through 3	654,027.	1690964.	2677698.	2898654.	622,705.	8544048.
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,						400 556
	column (f)						498,556.
	Public support. Subtract line 5 from line 4.						8045492.
	• •		# N = 2 + 2	()	() 22/2		(2)
	ndar year (or fiscal year beginning in)	(a) 2015 654, 027.	(b) 2016 1690964.	(c) 2017 2677698.	(d) 2018 2898654.	(e) 2019 622,705.	(f) Total 8544048.
	Amounts from line 4	034,027.	1090904.	20//090.	2090034.	022,703.	0344040.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	113,356.	104 753	132 370	189,848.	226 381	766,708.
•	and income from similar sources	113,330.	104,755.	132,370.	109,040.	220,301.	700,700.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				157,848.		157,848.
11	Total support. Add lines 7 through 10				20770100		9468604.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	<u> </u>
	First five years. If the Form 990 is for	,	,	d. fourth. or fifth ta			
	organization, check this box and stor	-			-		
Sec	ction C. Computation of Publi	c Support Per	centage				,
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	84.97 %
	Public support percentage from 2018					15	91.51 %
	33 1/3% support test - 2019. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	iere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
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						
c Add lines 10a and 10b						
11 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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV 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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(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 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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			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 (2), 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	·g
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	lv integrat	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

	rt V Type III Non-Functionally	Integrated 509(a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	tion D - Distributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(commuca)	Current Year
1	Amounts paid to supported organization	ns to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that di	rectly furthers exemp	t purposes of supported		
	organizations, in excess of income from	activity			
3	Administrative expenses paid to accomp	olish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use as	sets			
5	Qualified set-aside amounts (prior IRS a	oproval required)			
6	Other distributions (describe in Part VI).	See instructions.			
7	Total annual distributions. Add lines 1	through 6.			
8	Distributions to attentive supported orga	anizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructi	ons.			
9	Distributable amount for 2019 from Sec	tion C, line 6			
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see ins	tructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Sec	tion C, line 6			
2	Underdistributions, if any, for years prior	to 2019 (reason-			
	able cause required- explain in Part VI).	See instructions.			
3	Excess distributions carryover, if any, to	2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior ye	ars			
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see in:	structions)			
j	Remainder. Subtract lines 3g, 3h, and 3	i from 3f.			
4	Distributions for 2019 from Section D,				
	line 7:				
а	Applied to underdistributions of prior ye	ars			
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b fro	m 4.			
5	, ,				
	any. Subtract lines 3g and 4a from line 2	2. For result greater			
	than zero, explain in Part VI. See instruc				
6	Remaining underdistributions for 2019.	Subtract lines 3h			
	and 4b from line 1. For result greater that	an zero, explain in			
	Part VI. See instructions.				
7	Excess distributions carryover to 2020). Add lines 3j			
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
С	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EAST GRAND RAPIDS SCHOOLS FOUNDATION

Employer identification number 38-2486451

Schedule D (Form 990) 2019

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
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 w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assats
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			L .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

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

	t III Organizations Maintaining C	ollections of Art						S (continu		age ∠
3	Using the organization's acquisition, accession			-				- (COIIIIII	<u>ieu)</u>	
Ü	collection items (check all that apply):	ori, and other records	s, check any or the i	ollowing that	make sigi	imoani	asc or its			
а	Public exhibition	d	Loan or evo	hange progra	m					
b	Scholarly research	e		nange progra	2111					
	Preservation for future generations	•								
C		llastions and avalain	bout thou firsthouth	o organizatio	n'a avanan	at n	aa in Dart	VIII		
4	Provide a description of the organization's co						se in Part	AIII.		
5	During the year, did the organization solicit of		*	-				Yes		l Na
Par	to be sold to raise funds rather than to be ma									No
ı uı	reported an amount on Form 990, Par		ete ii trie organizatio	n answered	res on F	om 990	, Part IV,	lifte 9, or		
10	Is the organization an agent, trustee, custodia		on for contribution	or other see	oto not in	aludad				
ıa								Yes		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							_ res] NO
b	ii res, explain the arrangement in Part Alli a	and complete the ion	lowing table.					Amaunt		
_	Designing belongs					10		Amount		
	Additions during the year					1c 1d				
	Additions during the year									
_	Distributions during the year					1e				
f O-	Ending balance					1f		7 ٧	$\overline{}$	1
	Did the organization include an amount on Fo		•		•	/ · · · · · ·		_ Yes	\vdash	∫ No ∃
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in					<u></u>				
. u.	2 Indevinent and Complete	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	voore	haok
4.	Designing of year belongs	10,955,349.	7,806,802.),617.		48,122.			412.
	Beginning of year balance	407,775.	2,789,733.		3,322.		90,650.	<u> </u>		834.
	Contributions	542,301.	1,019,914.		2,108.		88,610.	<u> </u>		537.
	Net investment earnings, gains, and losses	450,635.	661,100.		9,238.		06,765.			661.
	Grants or scholarships	430,033.	001,100.	242	7,230.		100,703.		134,	
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	11,454,790.	10,955,349.	7 904	5,809.	5 2	20,617.	2	848,	122
	End of year balance	· · · · · · · · · · · · · · · · · · ·	· · ·	,	, 809.	3,3	20,017.	,	040,	122.
2	Provide the estimated percentage of the curr	ent year end balance 3 . 29) neid as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment ► 92.63 Term endowment ► 4.08	%								
С	· · · · · · · · · · · · · · · · · · ·									
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec			. al . a al.a. : a : a t a			- 4 :			
Sa	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	ia administer	ed for the	organiza	ation	Г	/	
	by:								Yes X	<u>No</u>
	(i) Unrelated organizations							3a(i)	^	X
	(ii) Related organizations							3a(ii)		
_	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent lunds.							
	Complete if the organization answered		Part IV line 11a S	00 Form 000	Dart V lir	20.10				
	-						-d	(d) Pools	volus	
	Description of property	(a) Cost or of basis (investm	, ,	or other (other)		cumulate reciation		(d) Book	value	=
1-	Land	<u> </u>	101.19	(521101)	асрі	Joiation				
	Land									
	Buildings						-			
	Leasehold improvements		1	5,514.		15,1	0.7		11	7.
	Equipment Other			J,J14.		1J, 1	· / •		4(<i>.</i> , ,

Schedule D (Form 990) 2019

407.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D	O (Form 990) 2019 EAST GRAND I	RAPIDS SCHOOL	S FOUNDATION	38-2486451 Page 3
Part VII				y
	Complete if the organization answered "Yes"			
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
•	ial derivatives			
2) Closely	/ held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			+	
(F)				
(G)				
(H)	(h) must squal Form 000 Port V sol (P) line 10)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
· art viii	Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Cas Farm 000 Bart V line	. 10
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	(a) Description of missessine.	(2) 2001. Taliao	(c) meaned or randament of	y cor or or a cryour marror value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	e 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		>
FaitA	J	F 000 D-+ N/ E	44 446 O F 000 D	V Page 05
	Complete if the organization answered "Yes" (on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1. (1) For	(a) Description of liability			(b) Book value
	deral income taxes			-
(2)				+
(3)				
(4)				
(5)				

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 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 ... X

Schedule D (Form 990) 2019

(6) (7) (8)

GRAND RAPIDS SCHOOLS FOUNDATION 38-2486451 Page	4
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Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,136,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 3	15,920.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	315,920.
3	Subtract line 2e from line 1		3	820,286.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	Other (Describe in Part XIII.)	4b		
С	7.43493 12 4			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	<u>)</u>	5	820,286.
Ра	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li		enses per Returi	1.
1	Total expenses and losses per audited financial statements		1	569,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	000 / 0 20 1
– a		2a		
b				
С	Other losses			
d				
е	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1			569,949.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b		4c	0.
				569,949.

| Part XIII| Supplemental Information.

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.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	EAST	GRAND	RAPIDS	SCHOOLS	FOUNDATION	38-2486451	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation	(continued)					
							
-							
-							
-							
							
		· ·					
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization	טחדם גם חו	SCHOOLS FOU	MD A TT OM				Employer identification number $38-2486451$
Part I General Information on Grants a		aciioona rooi	NDATION				30-2400431
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pri	to substantiate the						₩
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990 Part	IV line 21 for any
recipient that received more than	_						, = .,,
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			181,604.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in the	e line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, Fivry, appraisal, other)	
art IV Supplemental Information. Provide the information	required in Part Lline	e 2: Part III. columr	(b): and any other ad	ditional information	
	rrequired iirr art i, iirr	c z, r art III, colum	T(b), and any other ad	ational information.	
ART I LINE 2					
IE ORGANIZATION SENDS THE SCHOL	ARSHIPS TO	EAST GRAN	D RAPIDS PU	BLIC	
CHOOL WHO THEN PASSES THEM OUT	ACCORDINGLY	. THE FOU	NDATION MON	ITORS TO	
SURE THE FUNDS ARE SPENT CORRE	CTLY.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number

	EAST GRAND R	APIDS	SCHOOLS FO	DUNDATION	38-2	4864	51	
Pai	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	(d) Method of de noncash contribu	eterminin	•	5
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	1 00 000 0000 000					E		
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	3,150.	FAIR MARKET	VAL	UE	
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation durino	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29				
						`	⁄es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a	\perp	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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Schedule M	(Form 990) 2019	EAST	GRAND	RAPIDS	SCHOOLS	S FOUND	ATTON	38-2486451	Page 2
Part II	(Form 990) 2019 Supplemental	Informa	ation. Pro	vide the inforr	mation required	d by Part I. line	es 30b. 32b. ar	nd 33, and whether the organi combination of both. Also co	zation
	is reporting in Part	I, column	(b), the nun	nber of contril	outions, the nu	mber of items	received, or a	combination of both. Also co	mplete
	this part for any ac	dditional in	formation.		•		,		•
-									
i									
			_						

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization

EAST GRAND RAPIDS SCHOOLS FOUNDATION

Employer identification number 38-2486451

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUNDING EXCELLENCE IN TEACHING AND LEARNING THAT REQUIRES FINANCIAL
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:
THE FOUNDATION FINANCE COMMITTEE AND ULTIMATELY THE BOARD OF DIRECTORS
ESTABLISHED 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
BE DISCLOSED PUBLICLY.

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

Schedule O (Form 990 or 990-EZ) (2019)