

NOVEMBER 5, 2024

EAST GRAND RAPIDS SCHOOLS FOUNDATION 2915 HALL STREET SE EAST GRAND RAPIDS, MI 49506

EAST GRAND RAPIDS SCHOOLS FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

**HUNGERFORD CPAS + ADVISORS** 

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2024

#### PREPARED FOR:

EAST GRAND RAPIDS SCHOOLS FOUNDATION 2915 HALL STREET SE EAST GRAND RAPIDS, MI 49506

#### PREPARED BY:

HUNGERFORD CPAS + ADVISORS 2910 LUCERNE DR SE GRAND RAPIDS, MI 49546

#### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

#### RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

#### **SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

# Form 8879-TF

# IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2023, or fiscal year beginning $\underline{JUL} \ 1$ , 2023, and ending $\underline{JUN} \ 30$ , 20	calendar year 2023, or fiscal year beginning	JUL	1	, 2023, and ending	JUN	30	, 20 <b>2</b>
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4

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN EAST GRAND RAPIDS SCHOOLS FOUNDATION \*\*\_\*\*\*\* TOM BLOWER Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.  $\underline{\mathbb{K}}$  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b  $\underline{1,715,905}$ . Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ..... 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ..... b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here ..... Form 5330 check here ..... **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize HUNGERFORD CPAS + ADVISORS 49546 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 40714942638 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/05/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning $$ JUL $1,2023$ and end	nding J	UN 30, 2024					
	Check if	C Name of organization		D Employer identific	cation number				
Г	Addre	EAST GRAND RAPIDS SCHOOLS FOUNDATION							
Е	Name chang			**_****					
	Initial return Final return	2015 HATT CURRED CE	oom/suite	E Telephone number 616-235-3535					
_	termin ated			G Gross receipts \$ 1,841,848.					
	Ameno			H(a) Is this a group return					
	Application	F Name and address of principal officer: IOM BLOWER		for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
<u> 1 1</u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) ( ) (insert no.) $\overline{}}$ 4947(a)(1) or $\overline{}}$	527	If "No," attach a	list. See instructions				
	Vebsit			H(c) Group exemptio					
	orm of	organization: X Corporation Trust Association Other  Summary	L Year o	of formation: 1983  N	M State of legal domicile: MI				
4		Briefly describe the organization's mission or most significant activities: THE EA							
Governance		FOUNDATION ENRICHES THE EXPERIENCE OF ALL S							
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass					
Š	I .			3	22				
و ق		Number of independent voting members of the governing body (Part VI, line 1b)			22				
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5				
ĭ₹		Total number of volunteers (estimate if necessary)			75				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		1,705,927.	538,533.				
Revenue	1	D		0.	0.				
	I .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		337,681.	1,233,975.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-65,163.	-56,603.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,978,445.	1,715,905.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		317,861.	421,704.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		357,036.	434,388.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
<u>6</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 289,682	2.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		239,504.	220,682.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		914,401.	1,076,774.				
	19	Revenue less expenses. Subtract line 18 from line 12		1,064,044.	639,131.				
Net Assets or				ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		<u>15,607,102.</u>	17,205,970.				
et A	21	Total liabilities (Part X, line 26)		846,566.	874,806.				
Z: D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		14,760,536.	16,331,164.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd etatama	nte and to the heet of my	knowledge and helief it is				
		itles of perjury, I declare that I have examined this return, including accompanying scriedules and			kilowieuge allu bellei, it is				
ii uo	, 001100	t, and complete. Declaration of proparer (office than officer) is based on an information of which	Γρισμαισι	mas any knowledge.					
Sig	n	Signature of officer		Date					
Her		TOM BLOWER, TREASURER							
	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	oate Check	PTIN				
Paid	I	JENNIFER L. ROGELL, CPA	1	1/05/24 if self-employ	P01291797				
Prep	arer	Firm's name HUNGERFORD CPAS + ADVISORS			*-*****				
Use	Only	Firm's address 2910 LUCERNE DR SE							
		GRAND RAPIDS, MI 49546		Phone no.61	6-949-3200				
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE OF THE EAST GRAND RAPIDS SCHOOLS FOUNDATION IS TO PROVIDE
	FOR THE IMMEDIATE NEEDS OF OUR SCHOOLS BY FUNDING PROGRAMS OR
	PROJECTS, AND BY FUNDING ENHANCEMENTS TO TEACHING AND LEARNING THAT
	ARE NOT COVERED BY THE REGULAR SCHOOL BUDGET. THE FOUNDATION PROVIDES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 625,164. including grants of \$ 421,704.) (Revenue \$
	GRANTS TO THE EAST GRAND RAPIDS PUBLIC SCHOOLS TO PROVIDE FOR FINANCIAL
	SUPPORT FOR EDUCATIONAL ENHANCEMENTS, PROGRAMS, AND CO-CURRICULAR
	ENHANCEMENTS. THE FOUNDATION ALSO PROVIDES SCHOLARSHIPS FOR
	POST-SECONDARY OPPORTUNITIES FOR GRADUATES OF EAST GRAND RAPIDS HIGH
	SCHOOL.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Tu	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 625, 164.
<u>4e</u>	Form 990 (2023)
	101111 000 (2020)

# 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	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u>X</u>
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
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?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
		446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
IJ		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
.,	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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		<u> </u>
		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
		19		х
20a	complete Schedule G, Part III	20a		X
	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	

Form <b>Pa</b>	n 990 (2023) EAST GRAND RAPIDS SCHOOLS FOUNDATION **-***  rt IV   Checklist of Required Schedules (continued)	***	P	age <b>4</b>
	(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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2023) EAST GRAND RAPIDS SCHOOLS FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 5   Section 1						Yes	No				
the for the calendary year ending with or within the year covered by this return  b if all east on its reported on line 22, did the organization file all required idearal employment tax returns?  3	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR).  5ch Was the organization appropriate on that It was or is a party to a prohibitote tax sheller transaction?  5ch Did any taxolization from 900-T for my 8886 7?  5c Use the organization appropriate that was or is a party to a prohibitote tax sheller transaction?  5ch Did was the organization appropriate that was or is a party to a prohibitote tax sheller transaction?  5ch Did was the organization shell contribution in the same propriate that was or is a party to a prohibitote tax sheller transaction?  5ch Did was the organization shell contribution and party (greater than \$100,000, and did the organization solicit any contributions was propriated to the organization shell contribution and party large goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8ch If Yes, "did the organization necessal spring and party is a contribution and party large goods and services provided?  7c Did the organization selection and party is a contribution of a party and the goods or services provided?  7c Did the organization selection and party is a contribution of a party i			2a	5							
3a   X   X   1   1   1   1   1   1   1   1	b				_	х					
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a		D. I					х				
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Form **990** (2023) 332005 12-21-23

EAST GRAND RAPIDS SCHOOLS FOUNDATION Page 6 Form 990 (2023) 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

Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22	4							
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	_1b_	22	-							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•	_		37					
_	officer, director, trustee, or key employee?			2		_X_					
3	Did the organization delegate control over management duties customarily performed by or under the					v					
				4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization's ass			5		X					
5 6				6		X					
_	6 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
ra	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?										
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			7a		X					
-	persons other than the governing body?			7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.0							
а	The governing body?	-	-	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)								
	· · · ·		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X						
11a											
b											
12a	, , , , , , , , , , , , , , , , , , ,										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	, -			37						
40	on Schedule O how this was done			12c	Х	Х					
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Λ						
15	Did the process for determining compensation of the following persons include a review and approvation persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by in	aepenaent								
_	The organization's CEO, Executive Director, or top management official			15a	Х						
	Other officers or key employees of the organization			15b		X					
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MI										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	-T (section 501(c)(3):	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	n on Sc	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	d financ	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's book	oks an	d records								
	ROSANNE MACK - 616-235-3535										
	2915 HALL ST SE, GRAND RAPIDS, MI 49506										

Form **990** (2023)

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AMY STUURSMA	40.00			7.7				110 640	0	0
EXECUTIVE DIRECTOR	6.00			Х				119,640.	0.	0.
(2) NICK ADAMY	6.00	Х		х					_	0
PRESIDENT (3) TOM BLOWER	4.00	Λ		Δ				0.	0.	0.
TREASURER	4.00	Х		х				0.	0.	0.
(4) DAVID HALL	4.00	Λ		Λ				0.	0.	<u> </u>
GRANTS CO-CHAIR	4.00	Х						0.	0.	0.
(5) DR. HEIDI S. KATTULA	4.00	Λ						0.	0.	<u> </u>
EX-OFFICIO MEMEBER	4.00	Х						0.	0.	0.
(6) MICHELLE KIRK	4.00							•	•	•
DIRECTOR	1.00	х						0.	0.	0.
(7) AMY KNAPE	4.00							•	•	
SECRETARY	1100	х		х				0.	0.	0.
(8) ROB KOWALESKI	4.00								•	
DIRECTOR		Х						0.	0.	0.
(9) LISA LOVELL	4.00							-	-	
DIRECTOR		Х						0.	0.	0.
(10) TRISH REID	4.00									
GRANTS CO-CHAIR		Х						0.	0.	0.
(11) JENNY MCMAHON	4.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(12) JIM SEUFERT	4.00									
DIRECTOR		Х						0.	0.	0.
(13) TAMMY SHREINER	4.00									
DIRECTOR		Х						0.	0.	0.
(14) CARRIE WALTON	4.00									
DIRECTOR		Х						0.	0.	0.
(15) WILL ALLEN	4.00	_							_	_
DIRECTOR		Х						0.	0.	0.
(16) BETH CHAPPUS	4.00									_
DIRECTOR	4 22	Х						0.	0.	0.
(17) JENA LACKS	4.00	,,							_	•
DEVELOPMENT CHAIR		X						0.	0.	0 • Eorm <b>990</b> (2023)

332007 12-21-23 Form **990** (2023)

Form	990 (2023) EAST GRAI	ND RAPII	S	SC	HO	OL	ıS	FO	UNDATION	**_***	***	Pá	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A) (B)					C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for related organizations	tee or director ox	, unle	ss pei	more rson i irecto	Highest compensated than control Highest c	an	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	com fr org	stimate nount of other npensation rom the ganization d relate	of tion e ion ed
		below line)	dividu	stitutic	Officer	Key employee	ghest	Former			orga	anizatio	วทร
(18)	AMANDA ROGALSKI	4.00	드	드	5	- Ā	포늄	3					
DIRE		4.00	х						0.	0.			0.
	AMY TURNER- THOLE	4.00											
EX-O	FFICIO MEMBER		Х						0.	0.			0.
(20)	LAURIE DUTHIE	4.00											
DIRE	CTOR		Х						0.	0.			0.
(21)	ROBERT HUFF	4.00											
DIRE	CTOR		Х						0.	0.			0.
(22)	LAUREN JACOBY	4.00											
DIRE	CTOR		Х						0.	0.			0.
(23)	AUDREY KRAJEWSKI	4.00								_			
DIRE			Х						0.	0.			0.
	ALISSANDRA KRUER	4.00											_
DIRE		1	Х						0.	0.			0.
	MICHAEL TERHORST	4.00								•			•
DIRE	CTOR		Х						0.	0.			0.
	Outstand								119,640.	0.			0.
	Subtotal								0.	0.			0.
	Total (add lines the and 16)								119,640.	0.			0.
2	Total (add lines 1b and 1c)								•				<u> </u>
2	compensation from the organization	iot illilited to til	036	IISLE	u al	ove	) vvii	016	ceived more than \$100,	ooo or reportable			1
	compensation from the organization											Yes	No
3	Did the organization list any <b>former</b> officer	. director, trusto	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	lovee on			
-	line 1a? If "Yes," complete Schedule J for s			-	-	-		-	•	•	3		Х
4	For any individual listed on line 1a, is the su												
-	and related organizations greater than \$150	-		-					•	-	4		Х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ıch ı	oers	on .		-		5		Х

	· ·							
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on							
	line 1a? If "Yes," complete Schedule J for such individual	3		X				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization							
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х				
Section R. Independent Contractors								

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)		(B)	(C)
Name and business address	NONE	Description of services	Compensation
Total number of independent contractors (including but	not limited to those	listed above) who received more than	

Form **990** (2023)

Form 990 (2023) EAST GR
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
<b>ω</b> ω		_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g			Membership dues	1c	170,426.				
fts, Ar			Fundraising events	1d	170,420.				
ig ig			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (		Ť	All other contributions, gifts, grants, and	1 1	260 107				
5 된			similar amounts not included above	1f	368,107.				
ont od (		_	Noncash contributions included in lines 1a-1f	1g  \$	30,309.	F20 F22			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			538,533.			
					Business Code				
Ce	2	а							
e vi		b							
Se		С							
eve		d							
Program Service Revenue		е							
<u>P</u>		f	All other program service revenue .						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			1,233,975.			1233975.
	4		Income from investment of tax-exen						
	5		Royalties	-					
			,	(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·	Securities	(ii) Other				
	•	u	assets other than inventory <b>7a</b>		( )				
		h	Less: cost or other basis						
ø		D							
her Revenue		_	and sales expenses 7b						
eve			Gain or (loss) 7c						
ᇤ			Net gain or (loss)						
	8	а	,	· I					
Ö			including \$ 170,426.	- 1					
			contributions reported on line 1c). S		69,340.				
			Part IV, line 18						
			Less: direct expenses		125,943.	F.C. C.O.2			F.C. 602
			Net income or (loss) from fundraisin	-		-56,603.			-56,603.
	9	а	Gross income from gaming activitie						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return						
			and allowances						
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of in	ventory					
S					Business Code				
on e	11	а							
Miscellaneous Revenue		b							
eve		С							
Λisc B		d	All other revenue						
_			Total. Add lines 11a-11d						
	12	_	Total revenue. See instructions			1,715,905.	0.	0.	1177372.

\*\*\_\*\*\*\*

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

D :	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations	401 504	401 504		
	and domestic governments. See Part IV, line 21	421,704.	421,704.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,				
	trustees, and key employees	127,625.	44,669.	6,381.	76,575
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	249,361.	109,936.	33,610.	105,815
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,700.	12,180.	3,151.	14,369
10	Payroll taxes	27,702.	11,361.	2,939.	13,402
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	17,193.		17,193.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	86,264.		86,264.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	6,237.		289.	5,948
12	Advertising and promotion				
13	Office expenses	58,912.	1,653.	1,279.	55,980
14	Information technology				
15	Royalties				
16	Occupancy	28,800.	11,811.	3,056.	13,933
17	Travel	6,396.	2,721.	3,451.	224
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				
23	Insurance				
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	15,352.	9,129.	4,315.	1,908
b	EVENTS	1,049.			1,049
c	STEWARDSHIP	479.			479
d	All other expenses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,076,774.	625,164.	161,928.	289,682
<u>25</u> 26	Joint costs. Complete this line only if the organization	±, ∪, ∪, , , , 1 ± •	023,104.	101,720•	200,002
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoational campaign and fundraising solicitation.				

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			62,943.	1	38,724.
	2	Savings and temporary cash investments	19,780.	2	31,520		
	3	Pledges and grants receivable, net	418,000.	3	343,507		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqua	ified per				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9				8,216.	9	10,149
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	15,514.	0.	10c	0 .
	11	Investments - publicly traded securities			15,098,163.	11	16,782,070
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15				15		
	16	Total assets. Add lines 1 through 15 (must equ			15,607,102.	16	17,205,970
	17	Accounts payable and accrued expenses			8,583.	17	10,221
	18	Grants payable			804,252.	18	832,137
	19	Deferred revenue			8,214.	19	1,282
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or for	ner offic	er, director,			
i <u>≝</u> ∣		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrel	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D		1	25,517.	25	31,166.
	26	Total liabilities. Add lines 17 through 25			846,566.	26	874,806
,		Organizations that follow FASB ASC 958, ch	eck her	e X			
Š		and complete lines 27, 28, 32, and 33.			502 440		F00 000
lan	27	Net assets without donor restrictions			523,448.	27	582,922.
B	28	Net assets with donor restrictions			14,237,088.	28	15,748,242.
ŭ		Organizations that do not follow FASB ASC	958, che	eck here			
ᄪ		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			14 860 506	31	16 221 16:
Se l	32	Total net assets or fund balances			14,760,536.	32	16,331,164.
	33	Total liabilities and net assets/fund balances			15,607,102.	33	17,205,970. Form <b>990</b> (2023

Form **990** (2023)

	1990 (2023) EADT GRAND RAITED SCHOOLS FOUNDATION			Pa	ge ·-
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		·····		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,07		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,76		
5	Net unrealized gains (losses) on investments	5		2,6	
6	Donated services and use of facilities	6	2	8,8	00.
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	16,33	1,1	<u>64.</u>
Pa	rt 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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

**ZUZ**3

OMB No. 1545-0047

Open to Public Inspection

EAST GRAND RAPIDS SCHOOLS FOUNDATION

Employer identification number

Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.			
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	$\Box$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ħ		•					the hospital's name.		
		city, and state:	arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in		
Ŭ		section 170(b)(1)(A)(iv). (C		iogo or armorony orinio	. с. сро.а.					
6		A federal, state, or local gov		ontal unit described in	soction 17	70/h\/.1\/.A\/	(v)			
-	X	An organization that norma	-				•	aublic described in		
′	21	•	•	iliai part oi ils support ii	om a gove	emmeman	unit or from the general p	Jublic described in		
		section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Don	<b>.</b> II \					
8	H	A community trust describe			-					
9		An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of the college	or		
40		university:	II	U 00 4 /00/ - 5 'l				d annual and a final final and		
10		An organization that norma								
		activities related to its exem		•	٠,		• •	· ·		
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor								
11	H	An organization organized a	•	•	•					
12		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·			
		more publicly supported or	-					Check the box on		
		lines 12a through 12d that o	• •			-				
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	-				
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting		
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by have	ving		
		control or management o	f the supporting orga	inization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte					• •	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	rintegrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness		
		requirement (see instructi	•	-						
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		ride the following information  Name of supported	about the supported (ii) EIN	d organization(s).  (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other		
	(	organization	(11) (11)	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No				
Γota										

332021 12-21-23

# 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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	593,905.	725,797.	933,043.	1720007.	607,873.	4580625.	
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.	28,800.	144,000.	
4	Total. Add lines 1 through 3	622,705.	754,597.	961,843.	1748807.	636,673.	4724625.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1319265.	
6	Public support. Subtract line 5 from line 4.						3405360.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	622,705.	754,597.	961,843.	1748807.	636,673.	4724625.	
	Gross income from interest,	0	,	001,010				
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	226,381.	264 791.	312 733.	-107,470.	1233975.	1930410.	
۵	Net income from unrelated business	220,301.	204,751.	312,733.	107,470.	1233373.	1330410.	
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
44	assets (Explain in Part VI.)						6655035.	
	<b>Total support.</b> Add lines 7 through 10					12	0033033.	
	Gross receipts from related activities,	-		Court College				
13	First 5 years. If the Form 990 is for the							
800	organization, check this box and storetion C. Computation of Publi							
	•			l (f)		44	51.17 %	
	Public support percentage for 2023 (li					14	6.6. = 0	
	Public support percentage from 2022					15		
16a	33 1/3% support test - 2023. If the c							
	stop here. The organization qualifies as a publicly supported organization X							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts			-	•	VI how the organiz	ation	
	meets the facts-and-circumstances te	_	•	• • •	-			
b	10% -facts-and-circumstances test	_					10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023	

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\*\*\_\*\*\*\*\*

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b	1		
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b			
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c	3a		
3c			
3c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b	3с		
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a 10b	5a		
5c 6 7 8 9a 9b 9c 10a 10b	Eh		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a	50		
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a			
9c 10a 10b	9a		
9c 10a 10b			
10a	9b		
10a			
10b	9с		
10b			
10b			
	10a		
			<u> </u>

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	ement the box hox to the method that the enganization does to eatily the meghan art host during the year t	,			
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 governmental entity	y (see instru	ıction	s).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in				
	these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" 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		
32025	12-21-23 S	chedule A	(Form	1 990)	2023

	dule A (Form 990) 2023 EAST GRAND RAPIDS SCHOOL		NDATION	**_****** Page <b>6</b>
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
_	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	<del>                                     </del>		
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
J	emergency temporary reduction (see instructions).	6		
7			Type III supporting area	I Inization (see
,	Check here if the current year is the organization's first as a non-functional	any integrated	a type in supporting orga	unzauun (See
	instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	\$	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>d</u>	Excess from 2022				
6	Evenes from 2023				

Schedule A (Form 990) 2023

# **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 Inspection

Name of the organization

EAST GRAND RAPIDS SCHOOLS FOUNDATION

**Employer identification number** \*\*\_\*\*\*\*

Pai			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts				
2	Total number at end of 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	writing that the assets held in donor advi	sed funds				
_	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic str		2c				
d	Number of conservation easements included on line 2c acqu						
_	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax				
	year	and the land of					
4	Number of states where property subject to conservation eas	•					
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	3, 1 3,	3	3				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tre		al gain, provide				
	the following amounts required to be reported under FASB A		•				
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023				

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

Description of property	(d) Book value							
1a Land								
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment		15,514.	15,514.	0.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))								

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 EAST GRAND	RAPIDS	SCHOOLS	FOUNDATION **	-***** Page
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990	, Part IV, line 11	lb. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	<b>(b)</b> Boo	ok value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	_			
(a) Description of investment	( <b>b</b> ) Boo	ok value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	-			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	F 655	5 . N. E		
Complete if the organization answered "Yes"		, Part IV, line 11	Id. See Form 990, Part X, line 15.	T (1) D
	Description			(b) Book value
<u>(1)</u>				

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
<b></b>	

# Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ALUMNI FUNDS HELD	31,166.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	31,166.

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

Schedule D (Form 990) 2023

Pa	rt XI Reconciliation of Revenue per Audited Finan	cial Statements With Rev	enue per Ret	urn	<u> </u>
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial state	ments		1	2,561,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	:			
а	Net unrealized gains (losses) on investments	2a	902,697.		
b	Donated services and use of facilities	2b	28,800.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	931,497.
3	Subtract line 2e from line 1			3	1,629,641.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	86,264.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	86,264.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Par	t I, line 12.)		5	1,715,905.
Pa	rt XII Reconciliation of Expenses per Audited Fina		penses per R	eturr	1
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.			
	· · · · · · · · · · · · · · · · · · ·				
1	Total expenses and losses per audited financial statements			1	990,510.
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		1	990,510.
-	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		1	990,510.
2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities			1	990,510.
2 a	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	2a 2b		1	990,510.
2 a b	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c		1	
2 a b c	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d		1 2e	0.
2 a b c	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2d			
2 a b c d	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a   2b   2c   2d		2e	0.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d		2e	0.
2 a b c d e 3	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d		2e	0. 990,510.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a   2b   2c   2d   4a   4b	86,264.	2e	0. 990,510. 86,264.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a   2b   2c   2d   4a   4b	86,264.	2e 3	0. 990,510.

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) 2023

Schedule D	(Form 990) 2023	EAST (	RAND	RAPIDS	SCHOOLS	FOUNDATION	**_****	Page 5
Part XIII	(Form 990) 2023 Supplemental In	formation /aa	ntinuod)					<u> </u>
	Galphanian in	(00	nunueu)					

# **SCHEDULE G** (Form 990)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

nternal Revenue Service Go t	to www.irs.gov/Form990 for instruc	tions	and th	ne latest information	<u> 1.</u>		inspection
Name of the organization  EAST GR	AND RAPIDS SCHOOLS	FOU	JNDA	ATION		nployer ide * _ * * * *	ntification number * * *
	- Complete if the organization answer				ne 17. Fo	orm 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	sed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual of the following  cart VII) or entity in connection with providuals or entities (fundraisers) pursual	ion of ion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Yes</b> Yes iser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or refund	ount paid tained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exen	npt from req	gistration

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

Schedule G (Form 990) 2023

Sched	ule G (Form 990) 2023	EAST	GRAND	RAPIDS	SCHOOLS	FOUNDA	MOITA	**_	*****	Page
Part	II Fundraising Events.	- Complete	e if the orga	nization answe	ered "Yes" on Fo	orm 990, Par	t IV, line 18, o	or reported r	more than \$15,	000
	of fundraising event contr	ibutions ar	nd gross inc	ome on Form 9	990-EZ, lines 1 a	ınd 6b. List e	vents with g	ross receipts	s greater than	\$5,000.
				(a) Event #1	(b) Ev	ent #2	(c) Other	events	(d) Total e	vents

				vents with gross receipt	
		(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
		HURRAH 2024	CEDKEN ODEN	1	(add col. (a) through
		(event type)	GERKEN OPEN (event type)	total number)	col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
ani iavau	1 Gross receipts	126,006.	63,388.	50,372.	239,766
	· Gross recorpts		00,0001	00/01=0	
	2 Less: Contributions	100,306.	40,898.	29,222.	170,426
╛	3 Gross income (line 1 minus line 2)	25,700.	22,490.	21,150.	69,340
			2 505		2 505
	4 Cash prizes		3,595.		3,595
	E. Namanah miran				
ارر	5 Noncash prizes				
lse lse	6 Rent/facility costs	280.			280
칡	C rising reside				
Direct Expenses	7 Food and beverages	21,663.	12,218.	19,188.	53,069
킭					
	8 Entertainment	1,950.	500.	100.	2,550
	9 Other direct expenses		21,816.	15,462.	66,449
	10 Direct expense summary. Add lines 4 through				125,943
	11 Net income summary. Subtract line 10 from rt III Gaming. Complete if the organization		- 000 D-+ N/ P 40		-56,603
a	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	Tanswered Yes on Form	n 990, Part IV, line 19, or re	eported more than	
Т	ψ13,000 0111 01111 330 L2, line σα.	1	(b) Pull tabs/instant		(d) Total gaming (ad
ani la ca		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
D					
	1 Gross revenue				
2	2 Cash prizes				
읽	3 Noncash prizes				
41	4 Rent/facility costs				
	4 Heritziacinty costs				
Ulrect t	5 Other direct expenses				
Direct E		Yes %	Yes%	Yes %	
חובנונ					
חופנונ	6 Volunteer labor	No No	No	No No	
Direct		No No	No	No	
Direct E	<ul><li>6 Volunteer labor</li><li>7 Direct expense summary. Add lines 2 through</li></ul>	No No	No		
Direct	7 Direct expense summary. Add lines 2 through	gh 5 in column (d)			
Direct		gh 5 in column (d)			
	<ul> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Subtract line</li> </ul>	gh 5 in column (d)			
	7 Direct expense summary. Add lines 2 throug  8 Net gaming income summary. Subtract line  Enter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:			Ves N
) a	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conclusions the organization licensed to conduct gaming a	ph 5 in column (d)			☐ Yes ☐ N
) a	7 Direct expense summary. Add lines 2 throug  8 Net gaming income summary. Subtract line  Enter the state(s) in which the organization cond	ph 5 in column (d)			Yes N
a	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conclusions the organization licensed to conduct gaming a	ph 5 in column (d)			Yes N

Schedule G (Form 990) 2023 332082 09-13-23

**b** If "Yes," explain: \_

Sch	edule G (Form 990) 2023 EAST GRAND RAPIDS SCHOOLS FOUNDATION **-	****	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
•	The first the half and address of the person who propares the organization o garning special events been and records.		
	Name		
	- Name		
	Address		
	Address		
45.	Poss the examination have a contract with a third party from whom the examination receives reming revenue?	Yes	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	NO
C	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ī	retain the state gaming license?	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ar III, III ICS S	, 55, 165,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	G (Form 990)	EAST	GRAND	RAPIDS	SCHOOLS	FOUNDATION	**_****	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation	(continued)					<u> </u>
			(continuca)					
		_						

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

Employer identification number

EAST GRAN	D RAPIDS	SCHOOLS FOU	NDATION				**-*****
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?				-		on X Yes No
Part II Grants and Other Assistance to					anization answered "\	/es" on Form 990 Part	IV line 21 for any
recipient that received more than 9					anization answered	res offrom 550, rait	TV, lifte 21, for arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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			421,704.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a  3 Enter total number of other organizations	•		e line 1 table				1.

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

Part III G	T ago					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			-			
Part IV S	supplemental Information. Provide the information req	uired in Part I lin	e 2: Part III. column	(b): and any other ac	Iditional information	
Tuitiv C	appointment information. Thorace the information req	anca ii i are i, iii	0 2, 1 art III, 00IaIIII	r (b), and any other de	antona information.	

# **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.

EAST GRAND RAPIDS SCHOOLS FOUNDATION

Employer identification number \*\*\_\*\*\*

Par	rt 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	<b>(d)</b> Method of de noncash contribu	•	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
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 Other ( SPECIAL EVENT F )	X	343	16 320	FAIR MARKET	773 T.TTE	
25 26		X	343	13 980	FAIR MARKET	VALUE	
20 27			343	13,500.	PAIN MARKET	VALOE	
28	Other ( ) Other ( )						
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions			
	for which the organization completed Form 828	•					
		, , -	g			Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period?			•		30a	Х
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?						Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, 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	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

# SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EAST GRAND RAPIDS SCHOOLS FOUNDATION

Employer identification number \*\*\_ \*\* \* \* \* \*

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS AND EDUCATIONAL ENHANCEMENTS THAT SUPPORT THE WHOLE CHILD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUNDS FOR BOTH IMMEDIATE NEEDS AND LONG TERM ENHANCEMENTS WITHIN OUR
DISTRICT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 TO
REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY
AND DISCLOSURES ANNUALLY WITH ITS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15A:
MEMBERS OF THE EXECUTIVE BOARD OF DIRECTORS ESTABLISH THE COMPENSATION OF
THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION WILL MAKE AVAILABLE, UPON REQUEST, COPIES OF THE FORM 990
AND RELATED SCHEDULES AND ANY GOVERNING DOCUMENTS REQUESTED AND REQUIRED TO
BE DISCLOSED PUBLICLY.

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

Schedule O (Form 990) 2023