Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

lacktriangle Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For	the	2019 cale	ndar year, or tax year beginnin		, 2019,	, and endin	g JUNE	30	, 20 2	0
В	Chec	k if a	pplicable:	C Name of organization ADR	IAN SCHOOLS EDUCATION	NAL F	0			ntification nur	nber
\prod_{i}	Addre	ess c	hange	Doing business as				-	-	60130	
П	Name	chai	nge	Number and street (or P.O. box if m	nail is not delivered to street address)		Room/suite	E Telepi			
П	nitial	retui	rn	785 RIVERSIDE				5	17-2	64-6650)
П	-inal	retur	n/	City or town, state or province	e, country, and ZIP or foreign posta	al code		G Gross			
Ч.	ermi	nated	d l	ADRIAN MI 49221				receip		28	6,529
\prod_{i}	Amen	ded	return	F Name and address of prin	cipal officer:	H	(a) Isthisa	group return	for subor	dinates? Ye	s X No
Π.	Applio	catio	n pending	SEE ATTACHMENT #	:1	Н	(b) Areallsu	ubordinates	included?	\vdash	\neg
Τ.	Гах-	exer	mpt status:		◄ (insert no.) 4947(a)(1) or	527	. , If "No," a	attach a list.	(see instru	uctions)	
			•	.ADRIANSEF.COM	(Meerine)		(c) Group ex			·	
					sociation Other ▶		• •	1987		of legal domicile	=: MT
	art	_	Summ			_					
				scribe the organization's mission	or most significant activities:						
			-	NG THE EDUCATION		ADR	TAN PII	BLIC	SCHO	OLS BY	
Š					ROJECT GRANTS FOR						
9	<u> </u>	110	, v <u> </u>			7101(11111 1 0		00110	010	
3	[2	Check this	s box I if the organization dis	continued its operations or dispose	sed of mo	ore than 25°	% of its ne	t assets		
Activition 9. Concurrence	3			—	ng body (Part VI, line 1a)				3		13
o.	5				f the governing body (Part VI, line				4		13
:		5			alendar year 2019 (Part V, line 2a)	,			5		2
į	à	6			essary)				6		15
2		-			t VIII, column (C), line 12 · · · · · ·				7a		
					m Form 990-T, line 39				7b		
			NCL UIIICIA	ace business taxable moonic nor	111 01111 330 1, line 33 111111111			ior Year	75	Current Y	
		8	Contribution	one and grants (Part VIII line 1h)			-		, 366		1,640
Revenue	5)			331	7 3 0 0		
	ָבָּ !				nes 3, 4, and 7d)			174	207	1.0	3,741
Ğ					5, 6d, 8c, 9c, 10c, and 11e)			± / 1 /	586	10	465
		11 12			nust equal Part VIII, column (A), line			509	,159	28	5,846
	-				column (A), lines 1–3)				,416		6,747
				• • •	olumn (A), line 4)		-	110	7 11 0		<u> </u>
		1 4 15			enefits (Part IX, column (A), lines 5-			67	, 435	6	5,086
	ן מ			• • • •	mn (A), line 11e)	,	-	- 0 7	7 133		3,000
5	ָּבָּ '			• , ,		11,19					
Š	Í .			raising expenses (Part IX, column	11a-11d, 11f-24e)	-	_	75	,839	5	8,716
			•	, , , , , , , , , , , , , , , , , , , ,	•		-		, 690		0,549
				ess expenses. Subtract line 18 fr	ual Part IX, column (A), line 25)				, 469		5,297
		19	nevenue	ess expenses. Subtract line 18 in	om me 12 · · · · · · · · · · · · · · · · · ·					End of Ye	
Sets	gg,	20	Total asso	to (Port V. line 16)				2 , 789			6,923
Assets	auc.								, 468		4,916
Net	ະຜ∣ -				21 from line 20		+	2,695			2,007
	art	_			21 10 11 11 20		• •	2,000	, 02 0	2,50	2,007
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					urn, including accompanying scriedules a fficer) is based on all information of whic				iy knowle	age and belief, it	IS
Sig	'n		Sign	nature of officer						oate	
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116	16				PI	KESTI	7ENT				
			1	e or print name and title /Type preparer's name	Proparar's signature	Doto		·	□ □	PTIN	
Pa	id				Preparer's signature	Date		Check			40
	iu epa	rer		HARY HAHN	ONGUI DING ING					P021883	<u>4 U</u>
	e C		_		CONSULTING, INC				4/2	378381	
J		I y		s address ► 133 W MAI	N ST			hone no.	E0 2	274	
N 4 -	, 41-	JDC		ENCI MI 49256	n above2 (and incidental)			517)4			\[\frac{1}{2} \blue{\psi}
ıvı a	, the	IHS	aiscuss tr	ns return with the preparer show	n above? (see instructions)					Yes	X No

Form	990 (2019) ADRIAN SCHOOLS EDUCATIONAL 38-2760130	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	📙
1	Briefly describe the organization's mission:	,
	SUPPORTING THE EDUCATIONAL EXCELLENCE OF ADRIAN PUBLIC SCHOOLS BY	
	PROVIDING CLASSROOM AND PROJECT GRANTS FOR ADRIAN PUBLIC SCHOOLS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990–EZ?	⊠N
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X N∈
	If "Yes," describe these changes on Schedule O.	
	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 \$)
	SEE ATTACHMENT #2	
4b	(Code:) (Expenses \$) (Revenue \$))
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other many and for / Departure on Calculute O	
4d	Other program services (Describe on Schedule O.)	
A -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 92.107	

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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			21
3	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III $\dots \mathbb{N} / \mathbb{A}$	5		
_		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		7.7
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted			
	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
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,"			
<u> </u>	complete Schedule D, Part VI	11a		Χ
h	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more	11a		- /\
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_		110	Λ	
C	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		- /\
''		47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	3.7	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	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		Χ
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d or-	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	05-		57
L	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	056		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
	complete Schedule L, Pan IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			5.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
D-	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			·
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a h				
b	Enter the number of Forms W–2G included in line 1a. Enter –0– if not applicable [1b] Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	10		Х
FDA		1c Form	990 (

19) ADRIAN SCHOOLS EDUCATIONAL 38-2760130

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990–T for this year? If "No" to line 3b, provide an explanation on Schedule O $\dots N$./ A	3b		
4a	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		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?\N./.A.	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots N$. A .	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.7
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	0		Λ
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	0.0		21
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Χ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Χ
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\dots N$./ A	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			

Yes No

Χ

Χ

Χ

Yes No

	90 (2019) ADRIAN SCHOOLS EDUCATIONAL 38-2760130				Р
art	Governance, Management, and Disclosure For each "Yes" response to lin	nes 2 t	hrough 7b below, an	d for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				
ectio	on A. Governing Body and Management				
			ı		Yes
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
	any other officer, director, trustee, or key employee?			2	
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other			3	
4	Did the organization make any significant changes to its governing documents since the prior Fo			4	
5	Did the organization become aware during the year of a significant diversion of the organization's			5	
6	Did the organization have members or stockholders?			6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	one or more members of the governing body?			7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member				
	stockholders, or persons other than the governing body?			7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	en du	ıring		
	the year by the following:				
а	The governing body?			8a	X
b	Each committee with authority to act on behalf of the governing body?			8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O \cdot			9	

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 chapters,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A.	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		
	rise to conflicts?	12b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		
	describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	Х
14	Did the organization have a written document retention and destruction policy?	14	Х
15	Did the process for determining compensation of the following persons include a review and approval by		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	Х
b	Other officers or key employees of the organization	15b	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
	with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
	organization's exempt status with respect to such arrangements? $\dots N$. A	16b	

Section	7	Diec	locura
SECHOL		DISG	

17	List the states with which a copy of this Form 990 is required to be filled ▶ M⊥
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(cr
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT #3

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099–MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A)	(B)			(C Pos)			(D)	(E)	(F)
Name and title	Average hours per week		(do not box, ur officer	t check Iless pe and a di	more th rson is	nan one both an trustee)		Reportable compensation	Reportable compensation from related	Estimated amount of
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAY VANBUREN	2.00	Х		X				0	0	(
PRESIDENT						1				
MICHAEL BUKU	2.00	Х		X				0	0	1
VICE-PRESIDENT			\mathcal{A}							
BEN NEAL	2.00	X	€.	×				0	0	
TREASURER		v		V						
ASHLEY GONZALEZ	1.00			X			- 4	0	0	
SECRETARY	0 50	X					V		^	
ROBERT BEHNKE	0.50					- 4		0	0	ı
BOARD MEMBER MICHELLE FORCE	0.50	х					- 1	0	0	
BOARD MEMBER	0.30				- 4	$\rho \lambda$			0	'
GREG HOOVER	0.50	Х		- 2				0	0	
BOARD MEMBER	0.00		_		C					
JULIE KOEHN	0.50	Х				-		0	0	
BOARD MEMBER		Ì						-		
ABI NOE	0.50	Х	A	-				0	0	
BOARD MEMBER		4	4							
MIKE OLSAVER	0.50	X						0	0	
BOARD MEMBER										
	110									

Form **990** (2019)

FDA

Part VIII Statement of Revenue

Form 990 (2019)

		Check if Schedule O co	ntains	a respor	nse or	note to any line in the	nis Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ္ လ	1a	Federated campaigns		1	а			Tevende		012 014
in an		Membership dues			b	1,073	3			
שַֿבַּ		•		—	-	47,110				
fts, Ar		Fundraising events		_	c	17,110	_			
<u>a</u> igi		Related organizations		_	d					
ns,		Government grants (contri		· —	е					
er S	f	All other contributions, gifts	_			100 455				
ğ.		similar amounts not includ	ed abo	ove 1	f	133,457				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	d in line	s 1a-1f 1	g \$					
a C	h	Total. Add lines 1a-1f				<u></u>	181,640			
						Business Code				
ø,	2a									
vic	b									
Program Service Revenue	С									
Mer.	d									
gra	е									
Pro	f	All other program service r	revenu	e						
_		Total. Add lines 2a-2f								
	3	Investment income (includ								
	٠	other similar amounts)	-				103,741			
	4	Income from investment or					,			
	4	Royalties								
	5	Hoyalles								
	_			(i) Real		(ii) Personal	-			
	6a	Gross rents	6a				-			
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss))		• • • • •	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from sales	(i)) Securiti	ies	(ii) Other				
		of assets other than								
		inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	С	Gain or (loss)	7c							
	d	Net gain or (loss)			<u></u>	▶				
	8a	Gross income from fundra	ising e	vents						
e e		(not including \$		47,13	10					
nu		of contributions reported of	n line	1c).						
eve		See Part IV, line 18			. 8a					
Ē.	b	Less: direct expenses			8b					
Other Revenue		Net income or (loss) from								
0		Gross income from gaming		-						
		See Part IV, line 19	_		9a					
	h	Less: direct expenses					-			
		Net income or (loss) from				<u> </u>				
		Gross sales of inventory, le	-	g activitie	,3					
	IUa				100	776				
	L	returns and allowances								
		Less: cost of goods sold .					93			
	С	Net income or (loss) from	sales C	n invento	лу		1			
sn	44-		,			Business Code 923110	372			
ရှိ		OTHER REVENUE					3/2			
Miscellaneous Revenue	b									
Sce	С	All sales sur								
ΞŒ		All other revenue					372			
		Total. Add lines 11a-11d					285,846			
	12	Total revenue. See instru	ctions				203,040			

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part	IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	86,747	86,747		
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				
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	60,000		60,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	395		395	
10	Payroll taxes	4,691		4,691	
11	Fees for services (nonemployees):				
а	Management	24,282		24,282	
b	Legal·····				
С	Accounting	4,087		4,087	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	65		65	
12	Advertising and promotion	9,431		1,791	7,640
13	Office expenses	6,168		6,168	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	183		183	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33		33	
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 O.)				
а	POSTAGE	1,976		1,100	876
b	SUPPLIES	793			793
c	FUNDRAISING COSTS	1,885			1,885
d	BANK FEES	793		793	
e	All other expenses	9,020	5,360	3,660	
25	Total functional expenses. Add lines 1 through 24e	210,549	92,107	107,248	11,194
26	Joint costs. Complete this line only if the organization				
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ if following SOP 98–2 (ASC 958–720)				
	5.155K 11515 F 11 15115Willig 501 55-2 (A00 350-720) + 1	l .			

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	1,599	1	22,270
	2	Savings and temporary cash investments	134,026	2	164,572
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use	2,503	8	1,820
Assets	9	Prepaid expenses and deferred charges		9	
•	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11	2,650,966	12	2,468,261
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,789,094	16	2,656,923
	17	Accounts payable and accrued expenses	93,468	17	94,916
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia;		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	93,468	26	94,916
		Organizations that follow FASB ASC 958, check here ▶ 🏻 🖂			
ces		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	680,435	27	622,427
Ba	28	Net assets with donor restrictions	2,015,191	28	1,939,580
멑		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
၇	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0.605.653	31	0.500.00
Nei	32	Total net assets or fund balances	2,695,626	32	2,562,007
	33	Total liabilities and net assets/fund balances	2,789,094	33	2,656,923
FDA	19	99011 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc.			Form 990 (2019)

Par	t XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)		285,			
2	Total expenses (must equal Part IX, column (A), line 25)		210,			
3	Revenue less expenses. Subtract line 2 from line 1		75 ,	297		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	_	208,	916		
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	2,	562,	007		
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ		
	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	Χ			
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A–133?	3a		Χ		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- Ju		2.5		
.,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits $\dots N/A$	3b				
-DA	19 99012 RWE 990 Form Software Convigint 1996 – 2020 HRB Tax Group Inc.	Form	990 <i>(</i>	2010)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number ADRIAN SCHOOLS EDUCATIONAL FOUNDATION 38-2760130 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than $33^{1/3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than $33\frac{1}{3}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (vi) Amount of other (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1–10 listed in your governing document? organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2019

Total

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.)

	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	366,637	643,467	346,309	334 , 366	181,640	1,872,419
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3	366,637	643,467	346,309	334,366	181,640	1,872,419
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)						
6	Public support. Subtract line 5 from line 4.						1,872,419
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	366,637	643,467	346,309	334,366	181,640	1,872,419
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	156,964	131,222	51,001	174 , 207	103,741	617,135
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,405	1,179	2 , 755	586	465	7,390
11	Total support. Add lines 7 through 10						2,496,944
12	Gross receipts from related activities, etc. (see	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, for	urth, or fifth tax y	ear as a section	501(c)(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	_					
14	Public support percentage for 2019 (line 6, c		•			14	74.99%
15	Public support percentage from 2018 Sched					15	<u>%</u>
16a	33 ¹ /3% support test 2019. If the organization qualified box and stop here. The organization qualified					re, check this	▶ 🏋
b	33 ¹ /3% support test 2018. If the organiz this box and stop here. The organization qu						▶ 🗌
17a	10%-facts-and-circumstances test 20 10% or more, and if the organization meets to Part VI how the organization meets the "facts"	he "facts-and-circ	cumstances" tes	t, check this box	and stop here.	Explain in	ization 🕨 🗌
b	10%-facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more and circumstances test 20 more and circumstan	s-and-circumstan	ces" test, check	this box and sto	op here. Exp l ain	in Part VI how th	
1Ω	organization meets the "facts-and-circumsta		•				:
18 FDA	Private foundation. If the organization did r 19 990A2 BWF 990 Form Software C	opyright 1996 - 2020				A (Form 990 or	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

ADRIAN SCHOOLS EDUCATIONAL FOUNDATION 38-2760130 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Employer identification number

ADRIAN SCHOOLS EDUCATIONAL FOUNDATION

3<u>8-2760130</u>

Part I	Contributors	(see instructions). U	se duplicate copies	of Part I if additional	space is needed.
--------	--------------	-----------------------	---------------------	-------------------------	------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	WYNN FAMILY GRANT 9 WILLIAMS ROAD HAVERFORD, PA 19041	\$\$ <u>47,500</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 38-2760130

	RIAN SCHOOLS EDUCATIONAL FOUNDATION	30-2/00130
Pa	Organizations Maintaining Donor Advised Funds or Other Simila	ar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	
	funds are the organization's property, subject to the organization's exclusive legal control? \dots	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	conferring impermissible private benefit?	Yes No
Par	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1		
		servation of a historically important land area
	——————————————————————————————————————	servation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		
b	,	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	
3	, , , , , , , , , , , , , , , , , , , ,	I by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	enservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	xpense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial s	statements that describes the
	organization's accounting for conservation easements.	
Par	rt III Organizations Maintaining Collections of Art, Historical Treasure	es, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state	
	of art, historical treasures, or other similar assets held for public exhibition, education, or resear service, provide in Part XIII the text of the footnote to its financial statements that describes these	•
	•	
D	 If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemer art, historical treasures, or other similar assets held for public exhibition, education, or research 	
	provide the following amounts relating to these items:	·
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for f	inancial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

Par	UII Organizations Maintain	ing Collec	tions of Art, F	Historical Treasu	ıres,	or Other Simila	r Asset	S (conti	inued)
3	Using the organization's acquisition, acc	cession, and o	other records, che	ck any of the following	g that i	make significant use o	of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan or exchange	e prog	rams			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization	n's collections	and explain how	they further the organ	izatior	n's exempt purpose ir	n Part		
	XIII.								
5	During the year, did the organization so								
	assets to be sold to raise funds rather the			the organization's col	lection	?	<u></u> ∨	es	∐ No
Par	t IV Escrow and Custodial	_							
	Complete if the organization an						Part X, line) 21.	
1a	Is the organization an agent, trustee, cu		-				П.,		П
	included on Form 990, Part X?						∐ Y	es	∐ No
b	If "Yes," explain the arrangement in Par	t XIII and com	plete the following	g table:		1 .			
							mount		
C	Beginning balance								
d	Additions during the year				10				
e	Distributions during the year				—				
f	Ending balance						П.,		п
2a	Did the organization include an amount							es	No
b	If "Yes," explain the arrangement in Par	XIII. Check h	nere if the explanat	ion has been provide	d on F	art XIII		• • • • •	Щ
Pai		owered "Vee"	on Form 000 Por	+ IV line 40					
	Complete if the organization an	urrent year			n n n l	(d) Three years heek	(e) Fou		hook
10		irrent year	(b) Prior year	(c) Two years t	Jack	(d) Three years back	(e) rou	years	Dack
1a _	Beginning of year balance								
b	Contributions								
С	Net investment earnings,								
	gains, and losses								
d	Grants or scholarships								
е	Other expenditures for								
	facilities and programs								
f	Administrative expenses								
g	End of year balance	aurrant vaar	and balance (line	1a solumn (a)) hold					
2	Provide the estimated percentage of the Board designated or quasi-endowment	-	,	rg, column (a)) neid	as.				
a	Permanent endowment	. • <u> </u>	%						
b		^°							
С	Term endowment ▶ The percentages on lines 2a, 2b, and 2		al 100%						
За	Are there endowment funds not in the p	•		act are hold and admi	niotoro	od for the			
Ja	organization by:	0556551011 01	the organization ti	ial are neid and admi	HISTELE	ed for the		Yes	No
	(i) Unrelated organizations						3a(i		110
	(ii) Related organizations							-	+
b	If "Yes" on line 3a(ii), are the related org								+
4	Describe in Part XIII the intended uses of						35		
	rt VI Land, Buildings, and			rianas.					
ıα	Complete if the organization			art IV. line 11a. See F	orm 9	90. Part X. line 10.			
	Description of property		st or other basis	(b) Cost or other		(c) Accumulated	(d) Bo	ok va l ue	
	2 cost. pilot. o. proporty	1 ' '	nvestment)	basis (other)		depreciation	(4) 20		
1a	Land	<u> </u>		. ,					
b	Buildings								
c	Leasehold improvements								
d	Equipment								
e	Other								
	I. Add lines 1a through 1e. (Column (d) n		rm 990. Part X. col	lumn (B). line 10c.)					

FDA

Part VII Investments Other Securities Complete if the organization answered "Ye		1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other MARKET SECURITY-FOUNDATIO		D-OF-YEAR MARKET VALUE
(A) MARKET SECURITY-ARTS ENDOW		D-OF-YEAR MARKET VALUE
(B) MARKET SECURITY-WYNN	70,750EN	D-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G) (H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	2,468,261	
Part VIII Investments — Program Relate		
Complete if the organization answered "Ye		I.c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
(a) 2 3331 p 13 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) 2001. 1000	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	F 000 D. 4 b/ b 4	41 O. F 202 Bull V. P 45
Complete if the organization answered "Ye	s on Form 990, Part IV, line 1	
	<i>Jeschption</i>	(b) Book value
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	
Part X Other Liabilities. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	le or 11f. See Form 990, Part X, line 25.
1. (a) [Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

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

Schedu	ule D (Form 990) 2019 ADRIAN SCHOOLS EDUCATIONAL 38-2	2760130	Page 4
Part	· · · · · · · · · · · · · · · · · · ·	Revenue per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 T	otal revenue, gains, and other support per audited financial statements		77,613
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
a N	let unrealized gains (losses) on investments		
b D	Oonated services and use of facilities		
c R	Recoveries of prior year grants		
d C	Other (Describe in Part XIII.)		
	dd lines 2a through 2d		
3 S	Subtract line 2e from line 1	3	77,613
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b		
b C	Other (Describe in Part XIII.)		
сА	dd lines 4a and 4b	4c	
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	77,613
Part	XII Reconciliation of Expenses per Audited Financial Statements With	h Expenses per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 T	otal expenses and losses per audited financial statements		211,232
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:		
a D	Oonated services and use of facilities		
b P	rior year adjustments		
c C	Other losses		
d C	Other (Describe in Part XIII.)		
e A	.dd lines 2a through 2d	2e	
3 S	Subtract line 2e from line 1	3	211,232
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b		
b C	Other (Describe in Part XIII.)		
сА	.dd lines 4a and 4b	4c	
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	211,232
Part 3	XIII Supplemental Information.	<u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		line

FDA

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

varne of the organization				Employer laer	iuncation number				
ADRIAN SCHOOLS EDUCATIONAL	FOUNDA	TION		38-2	760130				
Fundraising Activities. Complete Form 990–EZ filers are not required to	te if the organi	zation ar	swered "Yes" on Form 9	990, Part IV, line 17.					
1 Indicate whether the organization raised funds	through any of	the follo	wing activities. Check al	l that app l y.					
a Mail solicitations	е	Solici	tation of non-governme	nt grants					
b Internet and email solicitations	and email solicitations f Solicitation of government grants								
c Phone solicitations	g	Spec	ial fundraising events						
d n-person solicitations		_							
2a Did the organization have a written or oral agre	ement with an	y individu	ual (including officers, di	rectors, trustees,					
or key employees listed in Form 990, Part VII) o	or entity in con	nection v	vith professiona l fundrais	sing services?	···· Yes X No				
b If "Yes," list the 10 highest paid individuals or e compensated at least \$5,000 by the organization		sers) pur	suant to agreements un	der which the fundraiser	is to be				
(i) Name and address of individual or entity (fundraiser) (ii) Activity	(iii) Did fu have cu or cont contribu	stody rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
	Yes	No			-				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Fotal									

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990–EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 MAPLE BLUE	(b) Event #2 MUSICAL	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	46,341	500	269	47,110
Re	2					
		line 2)	46,341	500	269	47,110
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	7,640		3 , 554	11,194
	10 11	'	• , ,			11,194 35,916
Pa	ırt	Gaming. Complete if the organizat	ion answered "Yes" on F	orm 990, Part IV, line 19,	or reported more	
		than \$15,000 on Form 990-EZ, line 6	ia.	1		I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			_	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, column	(d)	>	
9 a b	ls	inter the state(s) in which the organization cost the organization licensed to conduct gamin "No," explain:		ese states?		···· Yes No
10a b		Vere any of the organization's gaming license "Yes," explain:	es revoked, suspended,	_	tax year?	···· Yes No

Sched	dule G (Form 990 or 990-EZ) 2019 ADRIAN SCHOOLS EDUCATIONAL 38-2760130	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	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:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	П №
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{=}\$ and the amount	
	of gaming revenue retained by the third party > \$	
С	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:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	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 ▶\$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines	9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

BWF 990

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ADRIAN SCHOOLS EDUCATIONAL FOUNDATION

38-2760130

LINE 11-B - FORM 990 WILL BE REVIEWED AT A REGULAR BOARD MEETING

PART VI, LINE 19 - ALL FORMS ARE MADE AVAILIABLE ON A PER REQUEST BASIS

PART III LINE 4 - ARTS, PROGRAMS, GRANTS, AND ASSISTANCE

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2019 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

<u>ATTACHMENT</u>	1: FORM 990 PAGE 1, LI	NE F	
OPEN TO PUBLIC			
INSPECTION	For calendar year 2019, or tax period beginnin	07 - 01 - 2019, and ending	06-30-2020.
Name of Organization	n		Employer Identification Number
ADRIAN SCH	OOLS EDUCATIONAL FOUNDA'	TION	38-2760130
990, Page 1, Line F			
Principal officer nam or Business Name:	е	JAY VANBUREN	
Street Address			
U.S. Address:			
Zip code or	49221 City <u>ADRIAN</u>	Sta	te <u>MI</u>
Foreign Address			
City			
Province or	State		
Country			·····
Postal code			

2019 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT OPEN TO PUBLIC	<u> 2:</u>	FOR	M 99	90 PA	.GE 2	, PA	ART II	I			
NSPECTION		For	<u>calenda</u>	ar year 20	19, or ta	x perio	d beginning	<u>07-01-201</u>	19, and e		
ame of Organization		יחם י	тт 🔿 7) П	1 T () N T 7	T EO	TINITY	л ш т Олт			Employer Identification N	umber
ADRIAN SCHOOLS EDUCATIONAL FOUNDATION 38-2760130 Part III - Statement of Program Service Accomplishments											
Code:			penses			,10	7 includ	ing Grants of:		Revenue:	
			<u>,, , , , , , , , , , , , , , , , , , ,</u>		<u> </u>			ose Achievements	 S		
LASSROOM	GRAN	ITS .	AND	SUPP	ORT					INITIATIVES	

2019 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI,	SECTION C, LINE 20
OPEN TO PUBLIC	
INSPECTION For calendar year 2019, or tax period beginning	g 07-01-2019, and ending 06-30-2020
Name of Organization	Employer Identification Number
ADRIAN SCHOOLS EDUCATIONAL FOUNDATION	38-2760130
Part VI - Line 20	
Individual Name	
or	
Business Name:	
DEMPSEY & DEMPSEY	
	1001 H MALIMED GERRER
Street Address	1881 W MAUMEE STREET
U.S. Address:	
0.0.7 (dd1000).	
Zin code 19221 City ADRIAN	Chata MT
Zip code 49221 City ADRIAN	State <u>MI</u>
or	State MI
	State MI
or Foreign Address	
or	
or Foreign Address City	
or Foreign Address	
or Foreign Address City	

2019 FORM 990 PAGE 10, All OTHER EXPENSES ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC

Name of Organization

INSPECTION For calendar year 2018 or tax period beginning 0.7 - 0.1 - 2.0.19, and ending 0.6 - 3.0 - 2.0.20. Employer Identification Number

ADRIAN SCHOOLS EDUCATIONAL FOUNDATION 38-2760130

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CONTRACTED SERVICES	3,310		3,310	
DUES/SUBSCRIPTIONS	350		350	
PRINTING/PUBLICATIONS	5,360	5,360		
Total:	9,020	5 , 360	3,660	