Form 990. T	Exempt Organization Busi	iness Income T	ax Return	OMB No 1545-0047					
•	(and proxy tax unde		JOU	2040					
	For calendar year 2019 or other tax year beginning JUL 1,			2019					
Department of the Treasury Internal Revenue Service	► Go to www.irs gov/Form990T for ins ► Do not enter SSN numbers on this form as it may l			Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed		Name of organization (Check box if name changed and see instructions) DEM (En							
B Exempt under section	Print GRAND RAPIDS COMMUNITY	Print GRAND RAPIDS COMMUNITY FOUNDATION							
X = 501(d)(3)	or Number, street, and room or suite no. If a P.O. box,		E Un	38-2877959 related business activity code e instructions)					
408(e)220(e)									
408A530(a)			[[3000					
529(a)	GRAND RAPIDS, MI 49503 F Group exemption number (See instructions.)	<u></u>	<u>p</u> 2	3000					
C Book value of all assets at end of year 339,948,2			401(a) trust	Other trust					
	organization's unrelated trades or businesses.		the only (or first) unrelate						
trade or business here	► INVESTMENT ACTIVITIES	If only one,	complete Parts I-V. If mo	re than one,					
	blank space at the end of the previous sentence, complete Part	ts I and II, complete a Schedule	M for each additional tra	de or					
business, then complete		and a strategy of the strategy		Yes X No					
= -	s the corporation a subsidiary in an affiliated group or a parent and identifying number of the parent corporation.	-subsidiary controlled group?		Yes X No					
	f ► STAN VANDER ROEST	Teleph	one number ▶ (61	6) 454-1751					
	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net					
1 a Gross receipts or sale	les		*						
b Less returns and allo		1c	. ,						
2 Cost of goods sold (S	· · · · · ·	3							
3 Gross profit Subtrac 4 a Capital gain net incor	me (attach Schedule D)	4a 21,918.	,	21,918.					
	n 4797, Part II, line 17) (attach Form 4797)	4b 833,138.	- /	833,138.					
c Capital loss deductio	F	4c							
5 Income (loss) from a	a partnership or an S corporation (attach statement)	5 -139,261.	STMT 2	-139,261.					
Rent income (Schedi	ule C)	6		<u> </u>					
	ced income (Schedule E)	7	/						
	by altres, and rents from a controlled organization (Schedule F)	8 9		 					
	of a section 501(c)(7), (9), or (17) organization (Schedule G) tivity income (Schedule I)	10		 					
11 Advertising income (· · · · · · · · · · · · · · · · · · ·	11		 					
• ,	nstructions, attach schedule)	12	, 346 c. "						
13 Total. Combine lines		715,795.		715,795.					
	ons Not Taken Elsewhere (See instructions for s must be directly connected with the unrelated by sine								
	fficers, directors, and trustees (Schedule K)	ss income /		<u></u>					
15 Salaries and wages	inders, directors, and trustees (schedule K)	00	RECEIVER	 					
16 Repairs and mainter	nance	20	16	1/					
17 Bad debts	/ ///		NOV (23 2021)						
18 Interest (attach scho	edule) (see instructions)		18						
19 Taxes and licenses		1 - 1	OGDEN 1 19	 					
20 Depreciation (attach	2	20		-					
21 Less depreciation of 22 Depletion	laimed on Schedule A and elsewhere on return	21a	216						
•	ferred compensation plans		23						
24 Employee benefit pr			24						
25 Excess exempt expe	enses (Schedule I)		25						
26 Excess readership of	costs (Schedule J)		_ 26						
27 Other deductions (a		-	27	 					
	Add lines 14 through 27	lung 00 from time 40	28						
	taxable income before net operating loss deduction. Subtract			115,195.					
30 Deduction for net of (see instructions)	perating loss arising in tax years beginning on or after January	1, 2010	30	0.					
<i>1</i> ·	taxable income. Subtract line 30 from line 29		31	715,795.					
	or Paperwork Reduction Act Notice, see instructions.			Form 990-T (2019)					
				all					
				211					

	If "Yes,"	" see instructioi	is for other forms	the organizat	on may have to file.							
59	Enter th	ne ampunt of ta	x-exempt interest	received or ac	crued during the tax year	▶ \$						•
Sign	U	nder penalties of porrect, and comple	erjury, I declare that I e Declaration of pre	have examined parer (other than	this return, including accompan taxpayer) is based on all inform	ying schedules an ation of which pre	d statements, and to the parer has any knowled	ne best of my know ge	/ledge	and belief, it is	s true,	
Here		Signature of	officer of the second of the s		Date	CFO/T	REASURER		the pr	the IRS discust reparer shown actions)?	below (s	
-		Print/Type pr	eparer's name		Preparer's signature		Date	Check	- If	PTIN	-	
Paid	l parer	TINA M	PETERS,	CPA	TINA M PETER	RS, CPA	11/10/20	self- employe	d	P0090	045	74
	Only	Firm's name	▶ PLANTE	& MOR.	AN, PLLC			Firm's EIN	>	38-1	3579	951
030	•y		750	TRADE	CENTRE WAY,	STE. 30	00					
		Firm's addres	s > PORT	AGE, M	I 49002			Phone no.	(2	<u>69) 5</u>	<u> 57 – 4</u>	<u> 1500 </u>
923711	01-27-20									Form	990	-T (2019

Schedule A - Cost of Goods	Sold. Enter	method of inver	tory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6	
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6		
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,		
4 a Additional section 263A costs			1	line 2			7	<u> </u>
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		1	the organization?				
Schedule C - Rent Income	From Real	Property and	Per	sonal Property L	_ease	d With Real Prop	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			<u></u>			
` rent for personal property is more than \ ' of rent for ρ				onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in attach schedule)
(1)								
(2)						1		
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
			,	. Gross income from		3. Deductions directly con to debt-finance	nected v	vith or allocable erty
1 Description of debt-fin			'	or allocable to debt-	(a)	Straight line depreciation	700 6706	(b) Other deductions
i Description of debt-tin	anceo property			financed property	` '	(attach schedule)		(attach schedule)
(1)					<u> </u>			
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to need property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%			T	
(2)			1	%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Takala				_	·	0		
Totals	cluded in column	. 0		•	Щ_		+-	0.
Total dividends-received deductions in	ուսոբը ա օրիալ	10						

Schedule F - Interest, F	T	,			Controlled O				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tructions	-,
1. Name of controlled organizati	on	2. Emidentification	cation	3. Net unre (loss) (see	elated income instructions)	4. Tot payr	al of specified nents made	includ	5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
_(1)				 				 			
(2)						·					
(3)											
(4)	-		-								
Nonexempt Controlled Organiz	zations			'		<u> </u>		' -			
7. Taxable Income	8. Net ur	nrelated incomee instructions		9. Total	of specified payr made	nents	10. Part of colu in the controll gros	mn 9 tha ing organ s income	nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)				 							-
Totals			. <u>-</u> .	<u>-</u>		•	Add colur Enter here and line 8, 6		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Schedule G - Investmer (see instr		ne of a S	Section	501(c)(7), (9), or (⁻	17) Org	anization				
1 Descr	ption of incon	me			2 Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals						0.			Р		0.
Schedule I - Exploited I (see instru	•	Activity	Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gr unrelated to income trade or b	business from	directly of with pro of un	penses connected oduction related s income	4. Net Incomfrom unrelated business (cominus column gain, compute through	trade or fumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											_
(3)										_	
(4)											
	Enter here page 1, line 10, c	Part I, col (A)	page 1	re and on I, Part I, . col (B)	•					-	Enter here and on page 1, Part II, line 25
Schedule J - Advertisin	a Incom	0.	natr	0.	<u> </u>					_	0.
Part I Income From F					olidated	Basis					
Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)					-						
(3)		 :							-		
(4)					<u> </u>	<u>. </u>					
Totals (carry to Part II, line (5))	•	().	0	•						0.
											Form 990-T (2019

Form 990-T (2019) GRAND RAPIDS COMMUNITY FOUNDATION

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodic	al	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					 .		
(2)							
(3)				<u> </u>			
(4)							
Totals from Part I	•	0.	0.			•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,	•	• •	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.	Truckers			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FOOTNOTES

STATEMENT 1

IN FISCAL YEAR 06/30/2019, THE ORGANIZATION REPORTED AN ADDITION TO ITS UNRELATED BUSINESS INCOME, PURSUANT TO IRC SEC. 512(A)(7), OF \$31,080. ON DECEMBER 20, 2019, SEC. 512(A)(7) WAS REPEALED RETROACTIVELY TO ITS ORIGINAL EFFECTIVE DATE. AS A RESULT, THE \$31,080 ADDITION TO UBI IS NOW INCORRECT. AS THE ONLY IMPACT ON THE FORM 990-T IS TO ADJUST THE AMOUNT OF THE NET OPERATING LOSS CARRYOVER, THIS CARRYOVER HAS BEEN ADJUSTED ON THIS 06/30/20 TAX RETURN, FROM \$1,819,517 TO \$1,850,497.

THE CARRYOVER NOW CONSISTS OF THE FOLLOWING:

6/30/09: \$490,497 6/30/10: \$524,434 6/30/12: \$21,265 6/30/14: \$97,211 6/30/15: \$320,927 6/30/16: \$159,645 6/30/18: \$236,518

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
TIFF PRIVATE EQUITY PARTNERS 2007, LLC - ORDINARY BUSINESS INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS	-12,491.
INCOME (LOSS) CROSSHARBOR INSTITUTIONAL PARTNERS II L.P ORDINARY	-4,138.
BUSINESS INCOME (LOSS) MONTAUK TRIGUARD FUND VI LP - ORDINARY BUSINESS INCOME	-91,687.
(LOSS) SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP -	-23,675.
ORDINARY BUSINESS INCOM HARVEST MLP INCOME FUND II LLC - ORDINARY BUSINESS INCOME	-6.
(LOSS) VISTA EQUITY PARTNERS FUND VII, LP - NET RENTAL REAL	43.
ESTATE INCOME RIDGEWOOD WATER - ORDINARY BUSINESS INCOME (LOSS)	-1,693. -5,614.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-139,261.

FORM 990-T	NET	OPERATING LOSS D	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	631,412.	140,915.	490,497.	490,497.
06/30/10	524,434.	0.	524,434.	524,434.
06/30/12	21,265.	0.	21,265.	21,265.
06/30/14	97,211.	0.	97,211.	97,211.
06/30/15	320,927.	0.	320,927.	320,927.
06/30/16	159,645.	0.	159,645.	159,645.
06/30/18	236,518.	0.	236,518.	236,518.
NOL CARRYO	ER AVAILABLE THIS	YEAR	1,850,497.	1,850,497.

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

GRAND RAPIDS COMMUI	NITY FOUNDATIO	ON		38-	2877959
Did the corporation dispose of any investmen	nt(s) in a qualified opportur	nity fund during the tax yea	ar?		Yes X No
If "Yes," attach Form 8949 and see its instru-	ctions for additional require	ements for reporting your	gain or loss.		
Part I Short-Term Capital Gai	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	9.	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g))	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		·	•		
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked	. <u>-</u> .				
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	15,166.				15,166.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 33	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	<u>h</u>		7	15,166.
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(0) Adjustments to gain	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)) }	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			-		
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	6,752.				6,752.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9			_	11_	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7	-	12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions			-	14	
Part III Summary of Parts I and		n h		15	6,752.
16 Enter excess of net short-term capital gain (lin		l loss (line 15)		16	15,166.
			7)		6,752.
17 Net capital gain Enter excess of net long-term18 Add lines 16 and 17. Enter here and on Form			′′	17 18	21,918.
	•	Specialis on onici iciums	L	10	1 21,510.
Note: If losses exceed gains, see Capital Los	SA2 me mannemma				

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

GRAND RAPIDS C	OMMUNITY	FOUNDAT:	ION			38-2	877959
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B Either will :	/ Form(s) 1099-B c show whether you	r substitute statem basis (usually you	nent(s) fron r cost) was	n your broker A su s reported to the IF	ibstitute RS by your
Part I Short-Term. Transacti	ions involving capit	al assets you held	1 year or less are ger	nerally short term (see	nstruction	is). For long-term	
transactions, see page 2 Note: You may aggregate all codes are required Enter the	short term transac	tions reported on l	Form(s) 1099-B show	ino basis was reporte	ed to the IRS	S and for which no ac	ljustments or ictions)
You must check Box A, B, or C below. Of you have more short-term transactions than will	Check only one bo	x. If more than one b	ox applies for your short	-term transactions, comp	lete a separa	te Form 8949, page 1, for	
(A) Short-term transactions rep	• •		· ·		·=		
X (B) Short-term transactions rep	oorted on Form(s) 1099-B showin	g basis wasn't re	ported to the IRS			
(C) Short-term transactions no	t reported to you	on Form 1099-l	В				
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of (Mo., day, yr)	(54.55 p.155)	Note below and	<u> </u>). See instructions.	from column (d) &
		(IVIO., day, yr)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
TIFF PRIVATE							
EQUITY PARTNERS							
2008, LLC			2.				2.
MONTAUK TRIGUARD			15 164				15 164
FUND VI LP			15,164.				15,164.
-							
		- "					
					_		
-							
2 Totals. Add the amounts in colun	one (d) (a) (d) a:	nd (b) (subtract					
negative amounts). Enter each tol							
Schedule D, line 1b (If Box A abo		-					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

15,166.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer ide	entification no.
GRAND RAPIDS C	YTINUMMO:	FOUNDAT	ION			38-2	877959
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 10			r substitute statem r basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transact see page 1 Note: You may aggregate a	ions involving capita						
codes are required Enter th	e totals directly on	<u>Schedule D, line 8a</u>	ı, yoù aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ictions)
You must check Box D, E, or F below. If you have more long-term transactions than will							each applicable box
(D) Long-term transactions re	, •				-		
X (E) Long-term transactions re		•	-			. •,	
(F) Long-term transactions no	•		-	ported to the mo			
	T				Adjustment	t, if any, to gain or	
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other		u enter an amount	(h)
Description of property	Date acquired	Date sold or	(sales price)	basis. See the	in column ((g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(00.00 p00)	Note below and	column (f).	See instructions	from column (d) &
		(Mo., day, yr)		see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
TIFF PRIVATE							
EQUITY PARTNERS	†						
2008, LLC	+		6,752.	1			6,752.
2006, LLC			0,752.				0,734.
	 			ļ		. .	
	1						
			· · · · · · · · · · · · · · · · · · ·				
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<u> </u>				 -			<u></u>
	<u> </u>						
			-				-
2 Totals. Add the amounts in colu	mns (d) (e) (a) a:	nd (h) (subtract			-		
negative amounts) Enter each to		•					
Schedule D, line 8b (if Box D ab			C 850				6 550
above is checked), or line 10 (if I	Box F above is ch	necked)	6,752.				6,752.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.