KEITER, STEPHENS, HURST, GARY & SHREAVES, PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. 301 N. 9TH ST. 17TH FLOOR RICHMOND, VA 23219

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CLIENT'S COPY

KEITER 4401 DOMINION BOULEVARD GLEN ALLEN, VIRGINIA 23060

MARCH 24, 2021

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. 301 N. 9TH ST. 17TH FLOOR RICHMOND, VA 23219

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JAYME MIKA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. 301 N. 9TH ST. 17TH FLOOR RICHMOND, VA 23219

PREPARED BY:

KEITER,STEPHENS,HURST,GARY & SHREAVES,PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

IRS e-file Signature Authorization for an Exempt Organization

r calendar year 2019, or fiscal year beginning $\ _JUL\ 1$, 2019, and ending	JUN	30	, 20 Z
-------------------------------------------------------------	--------------------	-----	----	---------------

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879FO for the latest information.

Name of exempt organization	Employer identification number
RICHMOND PUBLIC SCHOOLS EDUCATION	
FOUNDATION, INC.	54-2025186
Name and title of officer	
TAYLOR N. TOEPKE	
EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only)	
	me the vertices of your about the box
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	hen leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,384,646.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶	5b
Part II Declaration and Signature Authorization of Officer	
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in process the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an el debit) entry to the financial institution account indicated in the tax preparation software for payment of the organizative return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic retrorganization's consent to electronic funds withdrawal. Officer's PIN: check one box only	lectronic funds withdrawal (direct tion's federal taxes owed on this Treasury Financial Agent at stitutions involved in the resolve issues related to the urn and, if applicable, the
	to enter my PIN 25186
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within thi is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 e	orize the aforementioned ERO to
indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charit program, I will enter my PIN on the return's disclosure consent screen.	ies as part of the IRS Fed/State
Officer's signature ▶ Date ▶	
Part III Certification and Authentication	_
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 54522423060 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) e-file Providers for Business Returns.	
ERO's signature ▶ Date ▶	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

<u>A</u>	For th	e 2019 calendar year, or tax year beginning 001 1, 2019 and	enaing J	UN 30, 2020	
В	Check if applicab	KICHMOND PUBLIC SCHOOLS EDUCATION		D Employer identific	cation number
	Addre				
	Name	pe Doing business as		54-20251	86
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	301 N. 9TH ST. 17TH FLOOR		804-780-	8623
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,384,646.
	Amer returr	ided DICHMOND 177 22210		H(a) Is this a group re	
	Appli			for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		te: WWW.RPSEDUCATIONFOUNDATION.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year		State of legal domicile: VA
	art I	Summary	1 = 100.		e state of logar dominone.
	1	Briefly describe the organization's mission or most significant activities: TO IN	ICREAS	E PRIVATE PE	HILANTHROPY
õ	-	COMING INTO THE SCHOOL SYSTEM TO SUPPORT			
nan	2	Check this box if the organization discontinued its operations or dispos			
Veri	3	- · · · · · · · · · · · · · · · · · · ·		3	8
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
∞	5	Total number of individuals employed in calendar year 2019 (Part V, line 18)			14
ţį	6	Total number of volunteers (estimate if necessary)			9
Activities & Governance	7.	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	'a	Net unrelated business taxable income from Form 990-T, line 39			0.
_	 	Thet difference business taxable income from Form 990-1, fille 39		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)		1,366,676.	1,384,534.
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		36.	112.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,366,712.	1,384,646.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		82,987.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			17,770.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 515,399.	<u>0.</u>
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			513,369.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ω X	b	Total fundraising expenses (Part IX, column (D), line 25)		F00 240	1 450 015
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		599,240.	1,452,915.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,197,626.	1,984,054.
	19	Revenue less expenses. Subtract line 18 from line 12		169,086.	-599,408.
Net Assets or	<u> </u>		Be	ginning of Current Year	End of Year
sset	ਰੂ 20	Total assets (Part X, line 16)		1,463,382.	995,623.
F. A.	21	Total liabilities (Part X, line 26)		30,238.	161,887.
		Net assets or fund balances. Subtract line 21 from line 20		1,433,144.	833,736.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Circulture of officer		Data	
Sig	n	Signature of officer		Date	
Hei	re	TAYLOR N. TOEPKE, EXECUTIVE DIRECTOR			
		Type or print name and title		5.4. T =	
		Print/Type preparer's name Preparer's signature	ا	Date Check C	PTIN
Pai		JAYME MIKA		self-employ	
	parer	Firm's name KEITER, STEPHENS, HURST, GARY & SHR	EAVES	, PC Firm's EIN ▶	54-1631262
Use	Only	Firm's address ► 4401 DOMINION BLVD			
		GLEN ALLEN, VA 23060		Phone no. (8	04)747-0000
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2019) FOUNDATION, INC.	54-2025186	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: RPSEF SUPPORTS TEACHING AND LEARNING INSIDE RICHMOND P	IIRI.TC SCHOOLS	
	THAT ARE NOT ALREADY COVERED BY EXISTING PUBLIC FUNDIN		
	FOUNDATION FOCUSES IN THREE AREAS; STUDENT SUCCESS, TE		
	INNOVATION AND COLLEGE AND CAREER READINESS.	ACIIING	
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		▼
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the amount of grants and allocations are compared to the grants and allocations are compared to the grants and allocations are compared to the grant and alloca	others, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	Revenue \$)
	RVA FUTURE CENTERS ARE HOUSED IN THE FIVE COMPREHENSIV		
	AND STAFFED BY DEDICATED PROFESSIONALS WORKING TO CREA	TE, ORGANIZE A	ND
	IMPLEMENT CAREER/COLLEGE ACTIVITIES FOCUSED ON STUDENT	<u> </u>	
	HIGH SCHOOL. CENTER DIRECTORS WORK IN PARTNERSHIP WITH		
	COUNSELING DEPARTMENT AND EXISTING COMMUNITY PARTNERS.	RVA FUTURE	
	CENTERS WORK WITH EACH STUDENT TO HELP THEM DEVELOP A		
		ET COLLEGE AND	
	BUSINESS RECRUITERS, TOUR AREA COLLEGES AND BUSINESSES	-	T.C.
	SCHOLARSHIPS, COMPLETE APPLICATIONS, AND LEARN ABOUT T	HE OPPORTUNITI	ES
	THEY HAVE AVAILABLE AFTER HIGH SCHOOL.		
	T.15.000		
4b			<u>000.</u>)
	COVID-19 - IN RESPONSE TO THE COVID-19 OUTBREAK, RICHM		
	SCHOOLS CLOSED ALL SCHOOLS ON MARCH 15, 2020 AND TRANS	ITIONED TO A	
	VIRTUAL LEARNING FORMAT. VIRTUAL LEARNING WAS AN ESPE		
	SIGNIFICANT CHALLENGE FOR THE STUDENTS AND FAMILIES OF	RPS, MANY OF	
	WHOM DID NOT HAVE HOME COMPUTERS OR INTERNET ACCESS NE	EDED FOR ONLIN	E
	SCHOOL. THE FOUNDATION RESPONDED TO THIS CHALLENGE BY	RAISING \$775,	000
	FOR THE PURCHASE OF CHROMEBOOKS AND INTERNET HOTSPOTS.	IN ADDITION,	
	THE FOUNDATION RAISED FUNDS TO PROVIDE FOOD FOR STUDEN	TS AND THEIR	
	FAMILIES.		
4c	(Code:) (Expenses \$	Revenue \$	١
	IN ADDITION TO THE PROGRAMS ON PAGE 2, RPSEF RAISES MO		ES
	SUPPORT TO RICHMOND PUBLIC SCHOOLS FOR VOLUNTEER COORD		
	PROGRAMMING, SCHOOL EQUIPMENT SUCH AS SOFTWARE, MUSICA	-	
		E FOUNDATION	11112
	SUPPORTS BOTH THE RICHMOND PUBLIC SCHOOLS DIRECTLY AS		<u></u>
	VARIOUS OTHER ORGANIZATIONS PROVIDING SERVICES AND SUP	PORT TO THE	
	RICHMOND PUBLIC SCHOOLS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 237, 195. including grants of \$ 16,704.) (Revenue \$)	
4e	Total program service expenses ▶ 1,821,290.		

Form **990** (2019)

Page 3

RICHMOND PUBLIC SCHOOLS EDUCATION

Form 990 (2019)

FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	, , ,	8		X
9	Schedule D, Part III	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV	9		
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		₹.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		₹.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		A
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

932003 01-20-20

Form **990** (2019)

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Form 990 (2019)

Part IV	Checklist	of Requ	ired Sched	ules (continued)	
C1 C . V	OHOUNIOU	OI IICHI	in ca conca	urco icontiniiea).	

			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	<u> </u>	<u> </u>
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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\Delta}{\vdash}$
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?	200		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes." complete</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

932004 01-20-20

Form 990 (2019) FOUNDATION, INC.

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

	o d d d d d d d d d d d d d d d d d d d				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100	110
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - $file$ (see instructions					
За	5111			За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		_X_
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 Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the state of the state	ons or	gifts	OI:		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vione n	rovided to the payor?	70		X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices p	novided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as real	uired	7.5		
_	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	ı			
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
 а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	ı			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		140		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			. 70		
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Form	990	(2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٦,
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the conscinction have lead about the business of affiliates?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α.
D	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?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ĭ	in Schedule O how this was done	12c		x
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
	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD KANNAN, CPA - WARREN WHITNEY - 804-282-9566			
	7231 FOREST AVENUE, SUITE 203, RICHMOND, VA 23226			

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) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	(list any hours for related organizations below hours for thintinal trustee		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TY TOEPKE	40.00			37				106 024	0	F 474
EXECUTIVE DIRECTOR	2.00			Х				106,834.	0.	5,474
(2) JASON KAMRAS TRUSTEE	2.00	х						0.	0.	0
(3) BRENDAN MCCORMICK	2.00	^						0.	0.	U
TRUSTEE	2.00	Х						0.	0.	0 .
(4) LINDA OWEN	2.00	25						•	0.	0
TRUSTEE	2.00	х						0.	0.	0 .
(5) CHERYL BURKE	2.00									
TRUSTEE		Х						0.	0.	0
(6) DAVID MILLS	2.00							-	-	-
TRUSTEE		Х						0.	0.	0 .
(7) SANDRA TORMOEN	2.00									
TRUSTEE		Х						0.	0.	0 .
(8) THAD WILLIAMSON	2.00									
TRUSTEE		Х						0.	0.	0
(9) WENDY P. LEWIS	2.00									
TRUSTEE		Х						0.	0.	0
(10) T. J. EDLICH, IV	5.00	ļ								
CHAIRPERSON		Х		X				0.	0.	0
(11) SARAH GROSS	5.00	ļ							•	•
VICE CHAIRPERSON	2 00	Х		X				0.	0.	0
(12) DONALD COWLES	3.00	·		37					0	0
TREASURER (13) CORLISS ARCHER	3.00	Х		Х				0.	0.	0
SECRETARY	3.00	Х		х				0.	0.	0
SECRETARI		^						0.	0.	U ,
		1								
		1								
		1								

	990 (2019) FOUNDATIO									54-2	025	186	Р	age 8
Par	T VII Section A. Officers, Directors, Trus (A) Name and title	Average Position Reportable Report of compensation compensions both an efficiency description and compensation compensions between the compensation							(E) Reportable compensatio	on		(F)		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ns	fr org an	other upensarom th uanizat d relat anizati	e ion ed
									106.004				- 4	
	Subtotal Total from continuation sheets to Part VI							>	106,834.		0.		5,4	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re	106,834. eceived more than \$100,	000 of reportable	0. e		5,4	74.
	compensation from the organization									•			Yes	1 No
3	Did the organization list any former officer,	•	,	,		,	,	_	, , ,	•		3		Х
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		4		Х
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or su	ıch ı	pers	on .				<u></u>	5		X
1	Complete this table for your five highest conthe organization. Report compensation for	•	•							•	oensat	ion fro	om	
	(A) Name and business	address	NC	NI	3				(B) Description of s	ervices	С	ompe	C) nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than				
-	+ · · · · · · · · · · · · · · · · · · ·											Form	990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
ठ ठ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
⊋ 5		Fundraising events 1c		-			
ifts Ir A		Related organizations 1d					
nie Bis		Government grants (contributions)	174,118.				
Siz		All other contributions, gifts, grants, and					
je Ei			210 416.				
들		Noncash contributions included in lines 1a-1f	210,416. 111,595.	-			
o d			<u> </u>	1,384,534.			
OB		Total. Add lines 1a-1f	Business Code	1,301,331.			
			Busiliess Code				
<u>i</u>	2 6						
Program Service Revenue	ŀ						
n S	(
za S	•						
6	•						
<u>م</u>		All other program service revenue					
		Total. Add lines 2a-2f	<u></u>				
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)	>	112.			112.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ı	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(1)	-			
		Less: cost or other basis		-			
a)	•						
ther Revenue		and sales expenses 7b		-			
eve		Gain or (loss)					
Æ		Net gain or (loss)	······				
ţ.	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a		-			
		Less: direct expenses 8b	<u> </u>				
	•	Net income or (loss) from fundraising events	<u> </u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
	(Net income or (loss) from gaming activities	>				
		Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\neg \dagger$		and the first of the state	Business Code				
sno	11 a	ı					
Jeo Iue	11 6						
ila Ven							
Miscellaneous Revenue	(
Ë		All other revenue					
		Total Add lines 11a-11d		1,384,646.	0.	0.	112.
	12	Total revenue. See instructions	<u></u>	<u>μ,304,040.</u>	<u> </u>	_ U•	Form 990 (2019)
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Part IX | Statement of Functional Expenses

0		11 1 11		(A)
Section 501(c)(3) and 501(c)(4)	organizations must com	piete ali columns. Ali	otner organizations must	complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,070.	1,070.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16,700.	16,700.		
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	114,572.	57,286.	28,643.	28,643.
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	366,926.	336,158.	15,384.	15,384.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,871.	28,265.	1,803.	1,803.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d					
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	67,036.	14,414.	45,695.	6,927.
12	Advertising and promotion				
13	Office expenses	12,977.	11,783.	1,194.	
14	Information technology	11,455.	6,546.	1,411.	3,498.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,221.	1,000.	221.	
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,595.		2,595.	
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	EDUCATIONAL PROGRAMMING	1,198,972.	1,198,972.		
b	DONATED SUPPLIES	111,595.	111,595.		
c	FUND MANAGEMENT TRANSFE	19,308.	19,308.		
d	COLLEGE TOURS	11,799.	11,799.		
	All other expenses	15,957.	6,394.	1,928.	7,635.
25	Total functional expenses. Add lines 1 through 24e	1,984,054.	1,821,290.	98,874.	63,890.
26	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, ,=	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2010

Part X Balance Sheet

Par	LX	Dalance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X		T	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,012,203.	1	750,298
	2	Savings and temporary cash investments		71,179.	2	71,207
	3	Pledges and grants receivable, net		380,000.	3	174,118
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	e 11		12	
	13	Investments - program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		1,463,382.	16	995,623
	17	Accounts payable and accrued expenses		30,238.	17	57,501
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Se	22	Loans and other payables to any current or for				
Ě∣		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of the			22	62.065
-	23	Secured mortgages and notes payable to unr			23	63,265
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			41 101
		of Schedule D		0.		41,121
	26	Total liabilities. Add lines 17 through 25		30,238.	26	161,887
ړي		Organizations that follow FASB ASC 958, o	neck nere 📂 🔼			
ا <u>د</u>	07	and complete lines 27, 28, 32, and 33.		40,514.	27	60,182
ala	27			1,392,630.	-	773,554
8 8	28	Net assets with donor restrictions		1,392,030.	28	113,334
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
<u></u>	00	and complete lines 29 through 33.	al a		00	
jts	29	Capital stock or trust principal, or current fun			29	
1886	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		1,433,144.	31	833,736
ž	32	Total lichilities and not accept (fined beleases		1,463,382.	32	995,623
	33	Total liabilities and net assets/fund balances		1,403,304.	33	Form 990 (201)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,98		
3	Revenue less expenses. Subtract line 2 from line 1	3	-599		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,43	3,1 ₄	<u>44.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	83	3,7	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

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

Open to Public

RICHMOND PUBLIC SCHOOLS EDUCATION **Employer identification number** Name of the organization FOUNDATION 54-2025186 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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). 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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. 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1066839.	625,569.	1087437.	1366676.	1384534.	5531055.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1066839.	625,569.	1087437.	1366676.	1384534.	5531055.
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)						988,057.
	Public support. Subtract line 5 from line 4.						4542998.
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1066839.	625,569.	1087437.	1366676.	1384534.	5531055.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					440	242
	and income from similar sources	36.	28.	36.	36.	112.	248.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						FF31303
11	• • • • • • • • • • • • • • • • • • • •						5531303.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	~			-		. —
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				P
14				olumn (f))		14	82.13 %
15	Public support percentage for 2019 (II					15	90.22 %
	33 1/3% support test - 2019. If the c						
.00	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o						
_	and stop here. The organization qual						. \Box
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				•	-	
b	10% -facts-and-circumstances test						
-	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						-
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
,		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If IES, UESCHIPCHI I unit in the Follower by the organization in this regard	1 30	1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
-	and 4	-			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		s from 2017			
		ss from 2018			
		ss from 2019			
t	LACES	I I I I I I I I I I I I I I I I I I I			

Schedule A (Form 990 or 990-EZ) 2019

RICHMOND PUBLIC SCHOOLS EDUCATION

Schedule A	(Form 990 or 990-EZ) 2019 FOUNDATION, INC.	54-2025186 Page 8
Part VI	Supplemental Information. Provide the explanations re	guired by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and	a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, d 6. Also complete this part for any additional information.
	(See instructions.)	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CAPITAL ONE	427,935.	317,309.
ALTRIA	392,000.	281,374.
ROBINS FOUNDATION	500,000.	389,374.
Total Excess Contributions to Schedule A, Part II, Line 5		988,057.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2019

OMB No. 1545-0047

Name of the organization

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Employer identification number

54-2025186

Organiz	ation type (cneck or	e):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(7	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 , 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; line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization
RICHMOND PUBLIC SCHOOLS EDUCATION
FOUNDATION, INC.

Employer identification number

54-2025186

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALTRIA CLIENT SERVICES, LLC 6601 WEST BROAD STREET RICHMOND, VA 23230	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPITAL ONE 15075 CAPITAL ONE DRIVE RICHMOND, VA 23238	\$180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARY MORTON PARSONS FOUNDATION 901 EAST CARY STREET #1404 RICHMOND, VA 23219	\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4_	Name, address, and ZIP + 4 RICHMOND SYMPHONY 612 EAST GRACE STREET #401 RICHMOND, VA 23219	\$ 27,774.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ROBINS FOUNDATION 10 SOUTH 3RD STREET RICHMOND, VA 23219	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COMMUNITY FOUNDATION 3409 WEST MOORE STREET RICHMOND, VA 23230	\$\$06,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
RICHMOND PUBLIC SCHOOLS EDUCATION
FOUNDATION, INC.

Employer identification number
54-2025186

ı artı	(see instructions). Ose duplicate copies of Part II II	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. . . \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** RICHMOND PUBLIC SCHOOLS EDUCATION 54-2025186 FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift (b) Purpose of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from

Part I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Employer identification number 54-2025186

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

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

Schedule D (Form 990) 2019

Sche	dule D) (Form 990) 2019 FOUNDAT	D PUBLIC S					54-	202518	6 r	Page 2
Pai	rt III	Organizations Maintaining C	collections of A	rt, Hist	orical Tre	asures, or	Other	Similar Ass	ets _{(conti}	nued))
3	Using	g the organization's acquisition, accessi	on, and other record	ds, check	any of the f	following that	make sig	nificant use of	its		
	colle	ction items (check all that apply):									
а		Public exhibition		d 🗌	Loan or exc	hange progra	ım				
b		Scholarly research		е 🗌	Other						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exem	pt purpose in F	Part XIII.		
5	Durin	ng the year, did the organization solicit o	or receive donations	of art, hi	storical treas	sures, or othe	r similar a	assets			
	to be	sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	llection?			Yes		No
Pai	rt IV	Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered "	Yes" on F	Form 990, Part	IV, line 9, o	r	
		reported an amount on Form 990, Pa	rt X, line 21.		_						
1a	Is the	e organization an agent, trustee, custod	ian or other intermed	diary for	contributions	s or other ass	ets not in	ncluded			
	on Fo	orm 990, Part X?							Yes		No
b		es," explain the arrangement in Part XIII									
									Amour	nt	
С	Begir	nning balance						1c			
d	Addit	tions during the year						1d			
е		butions during the year									
f		ng balance									
2a		he organization include an amount on F							Yes		No
b	If "Ye	es," explain the arrangement in Part XIII.									
Pai	rt V	Endowment Funds. Complete	if the organization a	nswered	"Yes" on Fo	rm 990, Part	IV, line 10	0.			
			(a) Current year	(b) F	rior year	(c) Two year	s back (d) Three years b	ack (e) Fou	r year	s back
1a	Begir	nning of year balance									
b	Cont	ributions									
С	Net i	nvestment earnings, gains, and losses									
d	Gran	ts or scholarships									
е		r expenditures for facilities									
	and p	programs									
f	Admi	inistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the cur		e (line 1	g, column (a))) held as:	•		•		
а	Board	d designated or quasi-endowment	•	%		•					
b		nanent endowment	%								
С	Term	endowment >	%								
		percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	-	here endowment funds not in the posse		ation tha	t are held ar	nd administer	ed for the	organization			
	by:							o gamaanon		Yes	No
	-	Inrelated organizations							3a(i)	100	+
		Related organizations									1
b	If "Ye	es" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R2				3b		+
4		ribe in Part XIII the intended uses of the									
Pai	rt VI	Land, Buildings, and Equipm		Z TVIIIOIIL I	u.100.						
		Complete if the organization answere		0, Part I\	/, line 11a. S	see Form 990.	, Part X. li	ine 10.			
		Description of property	(a) Cost or o			or other		cumulated	(d) Boo	ok val	 ue
		_ conplicit of property	basis (invest			(other)	` '	reciation	(4) 500	7411	0
			 		1						

Schedule D (Form 990) 2019

e Other

b Buildingsc Leasehold improvementsd Equipment

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

Schedule D (Form 990) 2019 FOUNDATION,	INC.	54-	2025186 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	1		-f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	5 000 B 1 N/ II 4	14 L O . E	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	I1d. See Form 990, Part X, line 15.	(b) Book value
<u>`</u>	Description		(b) BOOK Value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<u>e 15.) </u>	······	
	on Form 000 Dort IV line 1	Ide or 11f Coo Form 000 Port V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line I	The or 11f. See Form 990, Part X, line 25.	(b) Book value
			(b) BOOK value
(1) Federal income taxes	7. NT		41,121.
(2) CURRENT PORTION OF PPP LO	AIN		41,141.
(3)			
(5)			
<u>(6)</u>			
(8)			
(9)			41,121.
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.1		±⊥,⊥∠⊥•

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	RICHMOND PUBLIC SCHOOLS E	DUCAT:	ION		
Sche	edule D (Form 990) 2019 FOUNDATION, INC.			54-	2025186 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Staten	nents Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,499,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	115,029.		
С	Recoveries of prior year grants	2c			
٨	Other (Describe in Part VIII.)	24			

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,099,083. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 115,029. **a** Donated services and use of facilities 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) 115,029. Add lines 2a through 2d 1,984,054. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART X, LINE 2:

Add lines 2a through 2d

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

THE FOUNDATION FOLLOWS THE FASB GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS
SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL
STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX
RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT"
OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE
TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT
THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT
YEAR. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITION AND CONCLUDED
THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

Schedule D (Form 990) 2019

115,029.

384,646.

1,384,646.

4c

SCHEDULE I (Form 990)

23219

Department of the Treasury

STREET, 13TH FLOOR - RICHMOND, VA

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

2019
Open to Public

DATA MANAGEMENT POSITION

Schedule I (Form 990) (2019)

SALARY ASSISTANCE

OMB No. 1545-0047

Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest information. RICHMOND PUBLIC SCHOOLS EDUCATION **Employer identification number** Name of the organization 54-2025186 FOUNDATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) RPS OFFICE OF COMMUNITY PARTNERSHIP - 301 NORTH 9TH VOLUNTEER COORDINATOR &

1,070.

501(C)(3)

0

2	Enter total number of section 501(c)(3) a	nd government orç	ganizations listed in the	e line 1 table	 	 >
3	Enter total number of other organizations	s listed in the line 1	1 table		 	

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	17	16,700.	0.		
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
SCHOLARSHIPS ARE DISBURSED DIRECT	LY TO COLL	EGES AND U	JNIVERSITIE	S. PASS	
THRU FUNDS ISSUED TO RICHMOND PUE	BLIC SCHOOL	S ARE MONI	TORED WHEN	EXPENSE	
REIMBURSEMENT REQUEST HAS BEEN SU	JBMITTED.				
·-					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Employer identification number 54-2025186

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	c
		арріїсавіс	items contributed	Form 990, Part VIII, line 1g	Tioricasii continod	tion am	Ourite	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			111 505				
25	Other (SURPLUS ITEMS)	X	2	111,595.	FAIR MARKET	VAL	UE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	•	,					
	for which the organization completed Form 828	os, Part IV, t	Jonee Acknowledg	gement 29		Π,	V = 0	Na
200	During the year did the organization receive by	, contributio	n any proporty ron	arted in Dart L lines 1 through	sh 20 that it		Yes	No
Sua	During the year, did the organization receive by must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	·		30a		х
h	If "Yes," describe the arrangement in Part II.					Sua		-25
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties of					"	\neg	
ozu	contributions?		•			32a		х
b						J_U		
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is che	cked.			
	describe in Part II.	(0) 101	1, po or proporty		-·· -,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

RICHMOND PUBLIC SCHOOLS EDUCATION

Schedule M	(Form 990) 2019 FOUNDATION, INC.	54-2025186	Page 2
Part II	(Form 990) 2019 FOUNDATION, INC. Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33 and whether the organization	on
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a	a combination of both. Also complete	oto
	this part for any additional information.	a combination of both. Also comple	CiC
	this part for any additional information.		
_			

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Employer identification number 54-2025186

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO BE A LIASON BETWEEN THE SCHOOL SYSTEM AND PRIVATE SECTOR TO ENSURE
PROGRAMS ARE ALIGNED WITH THE RPS STRATEGIC OUTLOOK.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE FOUNDATION ALSO RAISES MONEY AND DISTRIBUTES SCHOLARSHIPS TO
GRADUATING RPS SENIORS WITH OUTSTANDING ACADEMIC, EXTRACURRICULAR, AND
COMMUNITY ACHIEVEMENTS. THE GOAL OF THE FOUNDATION'S SCHOLARSHIPS IS
TO HELP BRIDGE FUNDING GAPS FOR STUDENTS WHO ARE NOT OTHERWISE
RECEIVING SIGNIFICANT FINANCIAL ASSISTANCE.
EXPENSES \$ 237,195. INCLUDING GRANTS OF \$ 16,704. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY BOARD CHAIR, FINANCE COMMITTEE AND EXECUTIVE
DIRECTOR: THEN SHARED WITH ALL BOARD MEMBERS FOR REVIEW PRIOR TO
SUBMISSION.
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY
ARE ALL AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. ONCE A WRITTEN
REQUEST IS RECEIVED, WE WILL EITHER MAKE COPIES OR ASK THE PERSON TO REVIEW
THE DOCUMENTS IN OUR OFFICE.