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Return of Organization Exempt From Income Tax  Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  **Do not enter social security numbers on this form as it may be made public.  **Point on the section of the Treasury Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private foundations)  **Point on the Internal Revenue Code (except private f		ſ					
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Briefly describe the organization's mission or most significant activities.   The organization provides child day caservices and home ownership counseling.		<del></del>		002 M State of le	egal domicile PA		
agery in the companient of the organization discontinued its operations or disposed of made hand 1 along the property of the poverning body (Part VI, line 1a)  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of made hand 1 along							
2 Check this box I if the organization discontinued its operations or disposed of modulated by the lasses of the governing body (Part VI, line 1a) 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2017 (Part VI, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Part VIII, column (C), line 12 7c Total investment income (Part VIII, line 1b) 7d Prior Year 8 Contributions and grants (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 1 Aug and 7g) 11 Other revenue (Part VIII, column (A), lines 1 Aug and 7g) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, botherm (A), lines 1 Aug and 7g) 13 Grants and similar amounts paid (Part IX, column (A), lines 1 Aug and 7g) 14 Benefits paid to or for members (Part IX, column (A), lines 1 Aug and 7g) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1 Aug and 7g) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 1 Aug and	i	•		n provides ch	ild day care		
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Here    Rev. Dr. Chandra S Soans, Executive Director   Type or print name and title		\	(), () = -		7/10/10-10		
Here Rev. Dr. Chandra S Soans, Executive Director Type or profit name and title	Sign Signature of officer Date						
Type or pnnt name and title	ere 👗	Rev.	Dr. Chandra S Soans. Executive Director				
Print/Type preparer's name Priparer's ignature 2. 1 Date Check X if PTIN							
	PTIN						
		Robert F	Burock 0/0000 J. (HW) 06-22-2018	self-employed	P00177123		
Preparer Firm's name ➤ Robert F Burock RPC LLC Firm's EIN ➤	· L						
Use Only Firm's address ▶ P. O. Box 2042 Phone no	se Only	Firm's address					
Bala Cynwyd PA 19004 610-660-7743	av the IBS d	discuss this	· · · · · · · · · · · · · · · · · · ·	610-			
	<del></del>	····	······································		Form 990 (201)		

Form	1 C90 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	Page 2
Pa	付掛 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> <u></u>	🔲
1	Briefly describe the organization's mission		
	The organization provides child day care services and home ownership couns	eling.	
	200 deganizades. provides oniza day dasa describes and note of methods		
2	Did the organization undertake any significant program services during the year which were not listed on the	<del></del>	
-	pnor Form 990 or 990-EZ?	· · · · · 🗌 Yes 🛣	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	Services?	Yes 🛣	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 as the complishment of the	red by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	-	
	The state of the s	/III (6) 5,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code. ) (Expenses \$ 2,541,442 including grants of \$ ) (Revenue	\$ 3,132,3	70\
40			19 /
	The Organization operates a child day care center for pre-school and school	i age children.	
		<del></del>	
		<del></del>	
		<del></del>	
4b	(Code:) (Expenses \$116,212 including grants of \$104,171 ) (Revenue	\$	)
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase c	ounseling, cred	ıt
	counseling, home ownership and home maintenance counseling and other finan-	cial services t	0
	its community members who rent their homes. Its goal is to aid these low-i	ncome families	in
	purchasing their own homes for the benefit of their families, and the comm	unity as well.	
	Counseling supports members in their effort to increase affordable and sus	tainable home	
	ownership for lower income, new immigrant, and minority households.		
		<del></del>	
lc	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	``
	Totaling grante of the control of th	<b>—</b>	
		<del></del>	
		<del></del>	
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 2,657,654	<del></del>	

**Checklist of Required Schedules** 

Part IV

 $\oint \bigcap_{23-2961701} \bigcap$ 

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 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 X 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. 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FtN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 

1.9

Form C90 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION
Partive Checklist of Required Schedules (continued)

			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	+	- 1	1.4
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	H- 1	(0)	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31		30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
~~	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31	_	X
32				X
32	Part I		_	X X
32	Part I	31	_	
	Part I	31		
	Part I	31		X
33	Part I	31	X	X
33	Part I	31 32 33	X	X
33 34	Part I	31 32 33 34	Х	X
33 34 35a b	Part I	31 32 33 34		X
33 34 35a	Part I	31 32 33 34 35a	Х	X
33 34 35a b	Part I	31 32 33 34 35a	Х	X
33 34 35a b	Part I	31 32 33 34 35a 35b	Х	X
33 34 35a b	Part I	31 32 33 34 35a 35b	Х	X
33 34 35a b 36 37	Part I	31 32 33 34 35a 35b	Х	X
33 34 35a b	Part I	31 32 33 34 35a 35b 36	Х	x x x

Form \$90 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Part Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • • •	• • •	لل
		0.000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 14			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ibre nier
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 99	141200		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		<b></b> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,,
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			T.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or affis were not tax deductible?	6b		
7	gifts were not tax deductible?			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*****	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
þ	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12~	against amounts due or received from them )	42-		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	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.	Trust s		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	April (E-15)	Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

7) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701
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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			· 🛚
Sec	tion A. Governing Body and Management			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10		- 1	
	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 in Schedule O	<b>建</b>		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	計画		
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, or 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		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	٠,		v
	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		Х
8	stockholders, or persons other than the governing body?		1125	
0				
•	the year by the following The governing body?	8a	X	<u>, } , 1-2-2</u>
a b	Each committee with authority to act on behalf of the governing body?	8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100	**	-
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>	L	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	İ		
	describe in Schedule O how this was done	12c	Х	L
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	<u>.</u>	
460	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
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Partie 1	3 <b>27</b>	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			- 211
	organization's exempt status with respect to such arrangements?	16b	ere R	Far.E
Sec	tion C. Disclosure	,05	L	L
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	the contract of the contract o			

Rev. Dr. Chandra S Soans (215) 535-3885, 5200 OXFORD AVENUE, PHILADELPHIA, PA 19124

Form 990 (201	7) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	es, and
	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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

ÉEA

Check this box if neither the organization nor any	related organization	comp	ensa	ated	any	currer	nt of	ficer, director, or tru	stee	
					(C)					
(A)	(B)	(do r	not ch		sition nome t	han one		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, offic	unte: er an	ss per	rson ı	s both a	n	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Rev. Dr. Chandra S Soans										
Executive Director	20.00	Х						64,250	73,788	0
(2) Cheryl McLaughlin	2.00_									
Trustee		Х						0	0	0
(3) Rev Dr William Alexander	2.00_	v							_	_
President (4) Comil Edwards	-   0.00	Х						0	0	0
(4) Cyril Edwards Trustee	2.00	х						o	o	o
(5) Sumbo Soyemi	2.00								0	
Trustee		Х						0	o	0
(6) Samuel Manoharan	2.00									
Trustee		Х						o	0	. 0
(7) Islande Luc	2.00							<u>.</u>		×
Trustee		Х						o	o	0
(8) Samuel Naveen Maruthoti	3.00									
President	1.00			Х				o	0	0
(9) Christine Montague	3.00									
Secretary				Χ				0	· 0	0
(10)Christopher Pandian	3.00									
Treasurer				X				o	0	0
(11)										
(12)										··· · · · · · · · · · · · · · · · · ·
(13)										
(14)			-		$\dashv$	-				
										- <del></del>

Form 990 (2017)

(A)  Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot che unless er and	Posi ck mo	tion ore th	an both trustee employee	· -	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation for related organizations (W-2/1099-MISG	other compensation	n I
(15)				_							
(16)											
<u>(17)</u>						<del></del>					
<u>(18)</u>											
<u>(19)</u>					$\dashv$						
(20)											
(21)									***************************************		
(22)											
(23)								<del> </del>			
(24)								`			
(25)											
1b Sub-total	on A · ·						•	64,250	73,78	38	0
2 Total number of individuals (including but not limited reportable compensation from the organization	to those liste	d abov	re) w	ho r	ecei	ved m	ore	than \$100,000 of		0	
<ul> <li>Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the sum of reporganization and related organizations greater than individual</li></ul>	for such indicortable comp \$150,000? If 	vidual ensation "Yes," • • • • • • • • • • • • • • • • • • •	on ar com, · · ·	nd of plets	ther	compe hedule  organ	ensa ensa J fo	tion from the or such		. 4	X X X
Section B. Independent Contractors						•				. 1 3 1 1	
Complete this table for your five highest compensate compensation from the organization. Report compensation year.										,	
(A) Name and business address								(B) Description of s	services	(C) Compensation	
				<del></del>		<del>.</del>					
					_						
Total number of independent contractors (including to received more than \$100,000 of compensation from			se lis	sted	abo	ve) wi	ho				

Form 990 (2017) GRACE NEIGHT Statement of Revenue

		Crieck in Scriedule O Contains a respi		ote to any time in t	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	and my					exempt function	business	excluded from tax under sections
in the second	1a	Federated campaigns				revenue		512-514
tributions, Giffs, Grants Other Similar Amounts	b	· · ·						
ភ្ជុំ ខ្ពុ	C	= .						
ig. Yaja	١	Related organizations			Later Control			inners 200 and
õ.≣ G	ء ا	Government grants (contributions)		<del></del>				
<u> </u>	f	All other contributions, gifts, grants,	10					
き	Ι'	and similar amounts not included above	11	77 000				
돌은	_	Noncash contributions included in lines		73,829				
and Con	h		•		72 000			
	<del>  "</del>	Total. Add lines 18-11	• • • •		73,829			
9	20	Child care comments		Business Code 624410	2.050.400	2 050 400		
9Ver	Ь	Child care service inco Counseling income		624200	3,058,490			
Program Service Revenue	ءَ ا	Codinsering Income		624200	108,774	108,774		
Ž	d				<del>                                       </del>	<del> </del>	<del> </del>	<del>                                     </del>
S	e			<del></del>			<del> </del>	<del> </del>
E G	f	All other program service revenue · · ·	<del></del> -	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del>                                     </del>	<del> </del>
Ę	ء ا	Total. Add lines 2a-2f			3,167,264			
	3	Investment income (including dividends.			3,107,204			
		and other similar amounts)			637	637		
	4	Income from investment of tax-exempt be			037	637	<del> </del>	
	5	Royalties • • • • • • • • • • • • • • • • • • •				<b></b>	<del> </del>	·
	-	· ·	leal	(ii) Personal				
	6a	Gross rents		(ii) Personar				
	1	Less rental expenses · · · ·						
	1	Rental income or (loss)						
	1	Net rental income or (loss)		<b>.</b>				
	i	Gross amount from sales of (i) Sec		(II) Other				
	'-	assets other than inventory		(,,, 5				
	Ь	Less cost or other basis						
	_	and sales expenses · · · ·						
	c	Gain or (loss)		<del></del>				
	d	Net gain or (loss)				, , , , , , , , , , , , , , , , , , ,		
9	8a	Gross income from fundraising						
Revenue		events (not including \$						
æ		of contributions reported on line 1c)						
her		See Part IV, line 18 · · · · · · · · ·	· · a					
Ö	b	Less direct expenses · · · · · · ·	b					
	С	Net income or (loss) from fundraising ever	nts •					
	9a	Gross income from gaming activities						
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·	· · a	_				
i	þ	Less direct expenses	b					
	C	Net income or (loss) from gaming activities	s ··					
	10a	Gross sales of inventory, less						
		returns and allowances	а					
	b	Less cost of goods sold $\cdots \cdots$	ь					
	С	Net income or (loss) from sales of inventor	ry · ·	<b>.</b>				
		Miscellaneous Revenue		Business Code				
	11a	Other income		900099	,,,,,,			- the section
	b		[					
	C							
	d	All other revenue	• • • [					
	e	Total. Add lines 11a-11d · · · · · ·	• • • • •	>				
	12	Total revenue. See instructions			3,241,730	3,167,901	0	0

## Part X Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundreising
8b, 9	b, and 10b of Part VIII.	iviai avbeiisas	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22 · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			The state of the s	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	64,250	48,187	16,063	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) · · · · · ·	1 546 106		120 100	
7	Other salaries and wages	1,746,106	1,613,610	132,496	<del></del>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7 405	7 400		
9	Other employee benefits	7,427 57,127	7,427 51,830	E 007	
10	Payroll taxes			5,297	
11	Fees for services (non-employees)	177,825	163,233	14,592	
···	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				
c	Accounting	15,351	13,048	2,303	
d	Lobbying	20,002	25/313		
0	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees		Tar Charles Co.	The state of the s	
g	Other (If line 11g amount exceeds 10% of line 25, column				<del></del>
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	41,694	35,440	6,254	
14	Information technology		<u> </u>	· · · · · ·	
15	Royalties				
16	Occupancy	336,065	318,908	17,157	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	4,571	4,571		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,712	65,750	11,962	
23	insurance	35,548	32,631	2,917	is animal at the constant of the
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		2-1		
a	Program costs	164,349	164,349		<del></del> ,
D	Telephone and utilities	113,652	102,287	11,365	
ر 5	Professional development	24,009	24,009		
ď	All other eveness				
9 25	All other expenses	22,053	12,374	9,679	
25 26	Total functional expenses. Add lines 1 through 24e .  Joint costs. Complete this line only if the	2,887,739	2,657,654	230,085	0
	organization reported in column (B) joint costs	:			
	from a combined educational campaign and				
	fundraising solicitation Check here	,			
	following SOP 98-2 (ASC 958-720)	·	L		Form <b>990</b> (2017

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 371,761 714,243 2 2 800,902 530,502 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 107,923 91,089 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . 10a 905,832 b Less accumulated depreciation . . . . . . . . . . . . 10b 287.592 375,746 10c 618,240 11 11 12 Investments - other securities | See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 ....... 13 14 14 15 15 112,085 16 1,656,332 16 2,066,159 17 17 63,667 77,244 18 18 19 19 160,664 253,744 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 50,821 26 Total liabilities. Add lines 17 through 25 .......... 26 275,152 330,988 Organizations that follow SFAS 117 (ASC 958), check here ■ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,381,180 27 1,735,171 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

32

33

34

Retained earnings, endowment, accumulated income, or other funds

1,735,171

32

33

34

1,381,180

1,656,332

	n 990 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-29617	01	Page 12
Pa	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	3,24	1,730
2	Total expenses (must equal Part iX, column (A), line 25)	. 2	2,88	7,739
3	Revenue less expenses Subtract line 2 from line 1	. 3	35	3,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4	1,38	1,180
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Pnor period adjustments	. 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	. 10	1,73	5,171
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🔲
				res No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔲 Accrual 🔲 Other			100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	<del></del>		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1 m
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			#9 :_s: 3
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both		influente .	
	Separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		理事	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		111	
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	<b></b> .	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x
EEA			Form 9	90 (2017)

. .

#### **SCHEDULE A**

(Form 990 or 990-EZ) Department of the Treasury **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.lrs.gov/Form990 for instructions and the latest information.

2017
(C) 2017
(C) 2017
(C) 2010(2010)
(D) 2021(2010)

Internal Revenue Service
Name of the organization

Employer identification number

		NEIGHBORHOOD DEVELOPMENT					23-29617		
Pe	世里	Reason for Public Charit	l <b>y Status</b> (∧ll o	rganizations must d	complete	this pai	rt.) See instructio	ns.	
The	orgai	nization is not a private foundation bed	ause it is (For lines	s 1 through 12, check onl	y one box	)			
1		A church, convention of churches, or	association of chui	rches described in <b>sectio</b>	n 170(b)(1	I)(A)(i).	~ A = ==	フーツーウ	1
2	$\bar{\sqcap}$	A school described in section 170(b)					$\Delta M = 1$		-:::\
3	Ħ	4				iin. /	/ / /		16 1
4	Ħ	A medical research organization oper	rated in consunction	with a hospital described	d in coetic	n 170/b\/1	VAVIII) Enter the A	G 1 S 2020	-131
•		hospital's name, city, and state	rated in conjunction	mar a noophar accombe	3 III 36040	11 17 0(10)(1	7(7)(11), 100		, O
5	$\Box$								
3	Ц	An organization operated for the bene		iniversity owned or opera	teo by a go	overnment	ai unit described(in	.D 18., U I	
		section 170(b)(1)(A)(iv). (Complete	•						
6	닏	A federal, state, or local government							
7	Ц	An organization that normally receive			emmental	unit or from	m the general public		
		described in section 170(b)(1)(A)(vi)	). (Complete Part II	)					
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II )					
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ited in conj	unction wi	th a land-grant college	9	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions) Enter the	e name, cr	y, and stat	e of the college or		
		university.				•	· ·		
10	X	An organization that normally receive	s (1) more than 33	1/3% of its support from	contributio	ns. memb	ership fees, and gros	 S	
	_	receipts from activities related to its e		• •					
		support from gross investment incom	•	•	•	•			
				•		•	on businesses		
44	$\Box$	acquired by the organization after Jur				•			
11	H	An organization organized and operat	•	•					
12	ш	An organization organized and opera		•					
		of one or more publicly supported org					, ,,	•	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	inization ar	nd complet	te lines 12e, 12f, and	12g	
	a	Type I. A supporting organization	operated, supervis	sed, or controlled by its si	upported o	rganızatior	n(s), typically by giving	)	
		the supported organization(s) the	power to regularly	appoint or elect a majorit	ly of the dir	ectors or t	rustees of the		
		supporting organization You mu	st complete Part I	V, Sections A and B.					
	b	☐ Type II. A supporting organization	n supervised or con	trolled in connection with	its suppor	ted organi	zation(s), by having		
		control or management of the sup	pporting organization	on vested in the same per	rsons that	control or r	nanage the supported	j	
		organization(s) You must comp		•			•		
	С	Type III functionally integrated.			ection with	and fund	tionally integrated with	1	
		its supported organization(s) (see		•				••	
	d	Type III non-functionally integra						(e)	
	_	that is not functionally integrated							
		requirement (see instructions) Y					it and an attentivenes	5	
	е		-		-		Tuno II Tuno III		
	•	Check this box if the organization				a type i,	rype ii, rype iii		
	•	functionally integrated, or Type III						_	
	† -	Enter the number of supported organi					• • • • • • • • •		
	9	Provide the following information about		1			1		
	(i)	Name of supported organization	(II) EIN	(iii) Type of organization	(iv) is the o	-	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	docum	ur governing lent?	support (see instructions)	other support (se instructions)	80
							,	,	
					Yes	No			
A)						-			
··,									
B)									
<u></u>						ŀ			
C)		_							
C)									
D.									
D)									
	-					· · · · ·			
E)					1				
Total									

				ENT CORPORAT		23-296170	
Pa	Support Schedule for Or						
	(Complete only if you chec						fy under /
	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complet	e Part III)	
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		•				
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the	İ				1	
	organization's benefit and either paid						X
	to or expended on its behalf		-			/	
3	The value of services or facilities						
	furnished by a governmental unit to the					/	
4	organization without charge						
5	<b>Total.</b> Add lines 1 through 3 · · · · · · · The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly					/	
	supported organization) included on						
	line 1 that exceeds 2% of the amount				/		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·				/		
Sec	tion B. Total Support						<del>1</del>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·	,		<u> </u>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	(7
8	Gross income from interest, dividends,						
	payments received on secunities loans, rents, royalties and income from		-				
	similar sources · · · · · · · · · · · · · · · · · · ·						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carned on						
10	Other income Do not include gain or						
	loss from the sale of capital assets				,		
	(Explain in Part VI.)						
11	••						
12	Gross receipts from related activities, etc. (s	ee instructions)	. j	• • • • • • • • •	• • • • • • • • •	12	
13	First five years. If the Form 990 is for the or	rganization's first/s	second, third, fourth	ı, or fifth tax year as	a section 501(c)(	3)	_
500	organization, check this box and stop here				<u> </u>	• • • • • • • • •	· · · · • <u> </u>
14	Public Support percentage for 2017 (line 6, c	<del></del>	<del> •</del>			44	
15	Public support percentage for 2017 (line 6, C		-		• • • • • • • • •	14	<u>%</u>
16a	33 1/3% support test - 2017. If the organize	,					%
•••	box and stop here. The organization qualifies					v uns	▶ □
b	33 1/3% support test - 2016. If the organization				33 1/3% or mam	chook	
_	this box and stop here. The organization qu	alifies as a nublicly	supported organiz	ation			
17a	/				r 16h and line 14 i		
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact						
	organization			doqualified do			▶ □
b	10%-facts-and-circumstances test - 2016.	If the organization	did not check a ho	x on line 13, 16a, 1	6b, or 17a, and line	e	
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet					v	
				······		, 	. , ▶ □
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b, 1	7a, or 17b. check t	his box and see		, U
	instructions						▶ □

23-2961701

Schedule A (Form 990 or 990-EZ) 2017 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 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)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				15,300	73,829	89,129
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,662,022	2,185,477	2,394,165	2,831,664	3,167,264	12,240,592
4	Tax revenues levied for the organization'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	1,662,022	2,185,477	2,394,165	2,846,964	3,241,093	12,329,721
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	l					
Þ	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						10 200 701
Sec	ction B. Total Support						12,329,721
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	1,662,022	2,185,477	2,394,165	2,846,964	3,241,093	12,329,721
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,669	4,902	5,756	12,511	637	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b · · · · · · · · · · ·	10,669	4,902	5,756	12,511	637	34,475
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)	4,772	1,196	4,874	27		10,869
13	Total support. (Add lines 9, 10c, 11, and 12)	1,677,463	2,191,575	2,404,795	2,859,502	3,241,730	12,375,065
	First five years. If the Form 990 is for the orgoganization, check this box and stop here ction C. Computation of Public Su			or fifth tax year as a			
15					<del></del>	15	00 63 %
16	Public support percentage from 2016 Schedu	• • • • • • • • • • • • • • • • • • • •				16	99.63 % 99.52 %
	ction D. Computation of Investme						<u> </u>
17	Investment income percentage for 2017 (line			umn (f)) • • • •		17	0.00 %
18	Investment income percentage from 2016 Sc		-	• • • • • • • •		18	0.00 %
19a	33 1/3% support tests - 2017. If the organization of the support tests - 2017, if  ation did not check t	he box on line 14, :	and line 15 is more ies as a publicly sui	than 33 1/3%, and pported organization	f line	▶ 🏻	
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this b	ation did not check a	a box on line 14 or	line 19a, and line 1	6 is more than 33	1/3%, and	▶ []
20_	Private foundation. If the organization did no						····▶ []

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2017

Open to Public

Employer identification number

GR.	ACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (duning year)	
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	F = CONCD
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	-10
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	Aculo Zu. U G
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferming impermissible private benefit?	Yes No
Pa	Conservation Easements.	
C	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
	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	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified histonic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the
	tax year 🕨	·
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	•	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	(B)(ı)
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the
	organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	urtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these iter	ms
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in for	urtherance of
	public service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(II) Assets included in Form 990, Part X	· · · · · · · • • •
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	

	tule D (Form 990) 2017 GRACE NEIGHBORHO					or Oth	23-296			Page 2
المتنب								SELS (C	Ornine	<i>100)</i>
3	Using the organization's acquisition, accession, and	a other records, ch	eck any o	t the follow	ing that are	a significa	nt use of its			
	collection items (check all that apply)									
а	Public exhibition	d ∐ Loai	n or excha	nge progra	ms					
ь	Scholarly research	e ∐ Othe	er							
C	Preservation for future generations									
4	Provide a description of the organization's collection	ns and explain hov	v they furtl	ner the orga	anization's e	xempt pui	pose in Part			
	XIII									
5	During the year, did the organization solicit or recei	ve donations of art	t, historical	l treasures,	or other sin	nılar				
	assets to be sold to raise funds rather than to be m	aintained as part o	of the orga	nization's c	ollection?			$\cdots$	Yes	No No
Pa	Escrow and Custodial Arrange									
	Complete if the organization ansi	wered "Yes" or	r Form 9	990, Parl	IV, line 9	, or rep	orted an amo	unt on I	Form	
	990, Part X, line 21			•	•					
1a	Is the organization an agent, trustee, custodian or o	other intermediary	for contrib	ritions or of	her assets i	not	·			
								П	Yes	∏No
ь	If "Yes," explain the arrangement in Part XIII and co							٠. ت	.03	□
Ū	in res, explain the arrangement in rait Am and Co	outbiete ale ionomi	ng table			Γ	T	nount		
_	Paginaing belongs	. <i>.</i>				40	<del>  ^</del>	nount		
C						<u> </u>	<del></del>			
d	r to the total and the year					<del></del>	<del>                                     </del>			
9	and the same as the same					1	<b>-</b>			
f	Ending balance					·				<del></del>
2a	Did the organization include an amount on Form 99					-		_		∐ No
-	If "Yes," explain the arrangement in Part XIII Check	k here if the explar	ation has	been provi	ded on Part	XIII ·		· · · ·		Ц
P.a	rt.V. Endowment Funds.					_				
	Complete if the organization ansi	wered "Yes" or	1 Form 9	990, Part	IV, line 1	0				
		(a) Current year	(b) Pn	or year	(c) Two year	rs back	(d) Three years back	(e) F	our years	back
1a	Beginning of year balance					1				
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
ď	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current ye	ar end halance /lin	e 1a colu	mn (a)) hal	d ac			- 1		
	Board designated or quasi-endowment	% « « « « « « « « « « « « « « « « « « «	ie ig, colu	iiii (a)) iici	u as					
ь										
_		0/								
С	Temporarily restricted endowment	% ! 400%								
20	The percentages on lines 2a, 2b, and 2c should eq		4h-4 h							
3a	Are there endowment funds not in the possession of	or the organization	that are no	eio ano aoi	ninisterea to	or the			[ \ \	т
	organization by							-	Yes	No
	(i) unrelated organizations				• • • • • •	• • • • •		· 3a(		↓
	(ii) related organizations · · · · · · · · · · · ·						• • • • • • •	· 3a(i	i)	<u> </u>
Ь	If "Yes" on 3a(ii), are the related organizations listed	d as required on So	chedule R	?				· 3b		<u> </u>
4	Describe in Part XIII the intended uses of the organ		ent funds							
Pa	rt VI Land, Buildings, and Equipmer									
	Complete if the organization answ	wered "Yes" or	r Form 9	990, Part	IV, line 1	1a. See	Form 990, P	art X, III	ne 10.	
	Description of property	(a) Cost or other	r basis	(b) Cost or	other basis	(c) A	ccumulated	(d) B	ook value	
		(investme			ther)		preciation	, , -		
1a	Land									
b	Buildings			<b></b>						
C	Leasehold improvements · · · · · · · · · · · · · · · · · · ·				EE 260	<del>                                     </del>	106 020		250	126
d	Equipment	·			<u>55,368</u>	<del> </del>	196,232		259,	
		•			72,113	<del>                                     </del>	27,651			462
<del>_</del>	Other STMD1E	<u> </u>		3	78,351	L	63,709		314,	642

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

Schedule D (For	- CON COL TO TO TO TO TO TO TO TO TO TO TO TO TO			22 2061701	Dage
Part VIII	Investments - Other Securities.	RHOOD DEVELOPMENT C	ORPORATION	23-2961701	Page
	Complete if the organization answer	red "Yes" on Form 990,	Part IV, line 11b Se	e Form 990, Part X, li	ne 12
	(a) Description of security or category (including name of security)	(b) Book value		) Method of valuation end-of-year market value	
(1) Financial	derivatives	•			
(2) Closely-h	eld equity interests	-			
(3) Other	•				
(A)					<del></del>
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related.				
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11c. Sec	e Form 990, Part X, Ii	ne 13
	(a) Description of investment	(b) Book value	,	Method of valuation end-of-year market value	
(1)					
(2)					
(3)					
(4)					-
(5)				<del></del>	<del>- ·</del> .
(6)					
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)					
(9)			<del></del>		
	n) must equal Form 990, Part X, col (B) line 13)	<del>-   </del>			
Part IX	Other Assets.	1 th 1 th 5 coo	5	5 000 5	4.5
	Complete if the organization answer	· · ·	Part IV, line 11d Sec	<del></del>	
(4)	· · · · · · · · · · · · · · · · · · ·	Description		(b) Bool	
	LIATE RECEIVABLE				112,08
(2)		<del></del>			
(3)					
		<del></del>			, <del></del>
(6)	· · · · · · · · · · · · · · · · · · ·				<del></del>
(7)					
(8)					
(9)			-		
	n (b) must equal Form 990, Part X, col. (B) line 15	5)			112,08
Part X	Other Liabilities.	,			112,00
	Complete if the organization answer line 25.	ed "Yes" on Form 990,	Part IV, line 11e or 1	1f. See Form 990, Pa	ırt X,
1.	(a) Description of liability	(b) Book value		-,- (,- '')	
	income taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	LATE PAYABLE				
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
(5)		<u> </u>			

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AFFILIATE PAYABLE		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncortain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
DEN SA	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n itetuin.	•
1	Total revenue, gains, and other support per audited financial statements	1	3,241,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	10 TE 20	3,241,730
a	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	3,241,730
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,241,730
Рa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,887,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Pnor year adjustments		
C	Other losses 2c		
d	Other (Describe in Part XIII )		
8	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,887,739
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
8	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	<del></del>
5 	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,887,739
	Supplemental Information.		
	de 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 VI. Force 3d and 4b, and	art X, line	
2, Pa	It XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
	<del>-</del>	<del></del>	
			<del></del>

### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest Information.

GRACE REIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701
01. Form 990 governing body review (Part VI, line 11)
A digital copy was provided to all trustees prior to its filing. A comment period was
designated so that trustees could ask questions prior to the due date of the return.
02. Conflict of interest policy compliance (Part VI, line 12c)
A written conflict of interest policy has been prepared and is routinely issued to
trustees each year.
03. CEO, executive director, top management comp (Part VI, line 15a)
A finance committee establishes compensation for the executive director and key employees.
04. Other officer or key employee compensation (Part VI, line 15b
A finance committee establishes compensation for the executive director and key employees.
The state of the s
05. Governing documents, etc, available to public (Part VI, line 19)
Documents are made available to the public upon request and may be viewed during normal
RECHIVED
AUG 1 3 20?9

SCHEDULE R (Form 990)

Department of the Treesury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047 Open to Public Inspection

▶ Attach to Form 990.

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

Employer identification number 23-2961701

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had End-of-year assets **©** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Total Income Î (C) Legal dom (state or foreign country) Primary activity ē GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Name, address, and EIN (if applicable) of disregarded entity 5 A: 3 1 5 2020 (1) 200 Name of the organization Partil Part III E (2) 100 € 100

(g) Sec. 512(b)(13) controlled entity? ž × Yes Direct controlling entify € X/A Public chanty status (if section 501(c)(3)) 10 8 Exempt Code section 501 (c) (3) E Legal dom (state or foreign country) ि PA Church and child day Primary activity one or more related tax-exempt organizations during the tax year. 9 care center Grace Trinity United Church of, 23-2960614 Name, address, and EIN of related organization Philadelphia, PA 19124 5200 Oxford Avenue 3  $\epsilon$ 3 8 ච

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

Schedule R (Form 990) 2017

EE

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	inizations listed in Parts	11-1/2		
a Receipt of (i) interest (ii) annuities (iii) royalbes, or (iv) rent from a controlled entity				1a
b Grift, grant, or capital contribution to related organization(s)				1p
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d
Loans or loan guarantees by related organization(s)				16
T Unvidends from related organization(s)			<u>.</u>	1
g Sale of assets to related organization(s)				19
h Purchase of assets from related organization(s)				‡
i Exchange of assets with related organization(s)				1i
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities equipment or other assets from related organization(s)		•		
Performance of services or membership or fundraising solicitations for related or		•		=
m Performance of services or membership or fundraising solicitations by related organization(s)	•	•	:	E
Shanno of facilities, equipment, mailing lists, or other assets with relate	•	• • • • • • • • • • • • • • • • • • • •	•	1
Sharing of paid employees with related organization(s)			:	10
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	luding covered relations	covered relationships and transaction thresholds		
(a)	<u>a</u>	<u>(</u> )	<b>9</b>	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	mount involved
(1)Grace Trinity United Church of Chri	Ė	164,500	Fair market va	value
(2)				
(3)				
(4)				
(5)				
(9)				
EEA			Schedule	Schedule R (Form 990) 2017