Form	990
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Return of Organization Exempt From Income Tax

2017

OMB No 1545-0047

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. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest Information. Internal Revenue Service inspection For the 2017 calendar year, or tax year beginning 2017, and ending Check if applicable Name of organization GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION D Employer identification no Address change Doing business as 23-2961701 Name change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number 5200 OXFORD AVENUE (215) 535-3885 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return PHILADELPHIA, PA 19124 3.241.730 Application pending Name and address of principal officer Samuel Naveen Maruthoti H(a) is this a group return for subordinates? U Yes X No. H(b) Are all subordinates included? Yes No Same as C above Tax-exempt status 501(c) (4947(a)(1) or If "No," attach a list, (see instructions) Website: ► N/A Group exemption number Corporation Form of organization Trust | Association M State of legal domicile 2002 Part Summary Bnefly describe the organization's mission or most significant activities. The organization provides child day care services and home ownership counseling. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 99 Internal Revenue Service Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 Received US Bank - USB 0 b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year SEP 08 2020 **Current Year** Contributions and grants (Part VIII, line 1h) 15,300 73,829 Program service revenue (Part VIII, line 2g) Kansas City, MO 3,167,264 2,831,664 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,511 637 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,859,502 3,241 730 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,052,735 1,784,072 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 654,191 835,004 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,438,263 2,887,739 Revenue less expenses Subtract line 18 from line 12 353,991 Inning of Current Year End of Year OGDE 20 Total assets (Part X, line 16) 656,332 2,066,159 Total liabilities (Part X, line 26) 275,152 330,988 22 Net assets or fund balances. Subtract line 21 from line 20 381,180 1,735,171 Part II: Signature Block ned this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 10/2018 Sign Here Rev. Dr. Chandra S Soans, Executive Director Type or print name and title Check X if Paid Robert F Burock P00177123 Preparer

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Robert F Burock

Bala Cynwyd PA 19004

P. O. Box 2042

Firm's name

Firm's address

Form 990 (2017)

Firm's EIN

Phone no

Use Only

Form	90 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	Page 2
Pa	rtille Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗍
1	Briefly describe the organization's mission.		
	The organization provides child day care services and home ownership counse	ling.	
		<u> </u>	
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.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · TYes	No 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 measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of		
	the total expenses, and revenue, if any, for each program service reported.	,	
	the total expenses, and reventes, if any, for each program correct reported.		
42	(Code:) (Expenses \$2,541,442 including grants of \$) (Revenue	\$ 3.132	2,319)
744			
	The Organization operates a child day care center for pre-school and school	age childre	en.
			
			
4b	(Code) (Expenses \$116,212 including grants of \$104,171) (Revenue)
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase co		
	counseling, home ownership and home maintenance counseling and other finance		
	its community members who rent their homes. Its goal is to aid these low-in		
	purchasing their own homes for the benefit of their families, and the commu		
	Counseling supports members in their effort to increase affordable and sust	ainable hom	<u> </u>
	ownership for lower income, new immigrant, and minority households.		
		·	
4¢	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			
			
		·	
4d	Other program convices (Describe in Schedule O.)		
₩	Other program services (Describe in Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$		
40	Total program service expenses ▶ 2,657,654		

	در		Yes	No
1 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 (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		
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		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	[
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Oid 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	10		Х
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, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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			}
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a				
	Schedule D, Parts XI and XII	12a	X	ļ
Þ	,			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u> _
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			.,
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.5		٠,
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مد ا	1	J
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		17
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		<u>X</u>

Part V Checklist of Required Schedules (continued) Yes No 20a VDid 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? 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 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 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Х 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? X 25b 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 Χ 26 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 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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, X 37 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

Form \$90 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Part 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			<u> </u>
1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		4	
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		1	
	reportable gaming (gambling) winnings to prize winners?	1c	122-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		7-61-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 99	-minhod 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	autol drift
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			.,
	account)?	4a	40000	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 Accounts			
e-	(FBAR)			X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1,542	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			100
	and services provided to the payor?	7a		Х
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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	- 28e	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11111111		
	sponsoring organization have excess business holdings at any time during the year?	8	##	X
9	Sponsoring organizations maintaining donor advised funds.	200	ASSESSED NO.	-
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	عامليتانات	
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		2	
11	Section 501(c)(12) organizations. Enter		<i>-</i>	
а	Gross income from members or shareholders			Lane at
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	***************************************	
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.			* 32.5
а	Is the organization licensed to issue qualified health plans in more than one state?	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			對
	the organization is licensed to issue qualified health plans	蘁		
C	Enter the amount of reserves on hand		1.045	###
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	990 (2	2017)

Form \$90 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Page 6 Partive 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 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 10 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 Enter the number of voting members included in line 1a, above, who are independent 1b 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? 3 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 Other officers or key employees of the organization 15b 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 16a with a taxable entity during the year? 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 Section C. Disclosure

- 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
- Another's website ☐ Upon 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
 - Rev. Dr. Chandra S Soans (215) 535-3885, 5200 OXFORD AVENUE, PHILADELPHIA, PA 19124

Own website

Form 990 (2017			DEVELOPMENT		23-2961701	Page 7
Part VII.	Compensation of	f Officers, Direc	ctors, 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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box in heither the diganization nor any lenated	- organization	Comp	01100		C)	04.10.		licer, arrector, or tre		
(A) Name and Title	(B) Average hours per week (list any hours for	box,	unles	Pos eck m ss per	ation ore the son is	han one s both a frustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted tine)		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	20.00									
Executive Director	20.00	X						64,250	73,788	0
(2) Cheryl McLaughlin Trustee	2.00	Х						0	0	0
(3) Rev Dr William Alexander President	2.00	х						0	0	0
(4) Cyril Edwards Trustee	2.00	х						0		0
(5) Sumbo Soyemi Trustee	2.00	Х						0	0	0
(6) Samuel Manoharan Trustee	2.00	х						0		0
(7) Islande Luc Trustee	2.00	Х				•		0		0
(8) Samuel Naveen Maruthoti President	<u>3.00</u> 1.00			Х				0	0	0
(9) Christine Montague Secretary	3.00			Х				0		. 0
(10)Christopher Pandian	3.00_			X						
Treasurer (11)				^	\dashv			0	0	0
(12)				_						
(13)										
(14)										
	<u> </u>	لــــا			1					F

(15) Name and the American Control of Contro	Form 9	90 (2017) GRACE NEIGHBORHOOD						_	_	ated Employees (23-296	1701	P	Page E
The name of the components o) (A)	(B) Average hours per	(do n	ot che	Pos ock m	c) ition ore tha	an one both an		(D) Reportable compensation	(E) Reportable on compensation from		stimated imount of	
(19) (20) (21) (23) (24) (25) 10 Sub-total (26) 11 Sub-total (27) 12 Total from continuation sheets to Part VII, Section A (28) 12 Total fadd lines 1 band 1c) 13 Did the organization sheets to Part VII, Section A (29) 13 Did the organization list any former officer, director, or inustee, key employee, or highest compensated employee on line 1a* If "Yes," complete Schedulus J for such individual 14 For any individual istend in line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000 If "Yes," complete Schedulus J for such individual 15 Did any person isted on line 1a receive or accruze compensation and other compensation from the organization or individual 16 To any individual istend on Incl. 1a, is the sum of reportable compensation from the organization or individual 17 Section B. Independent Contractors 1 Complete his table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of Yes," complete Schedulus J for such person 1 Complete his table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the calendary year ending with or within the organization's tax year 1 (A) 1 Did in the organization of independent contractors that received more than \$100,000 of compensation from the organization of the calendary year ending with or within the organization's tax 1 Possible organization of the calendary year ending with or within the organization of the calendary year ending with or within the organization of services. 1 Competes this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the calendary year ending with or within the organization of the competency of the organization of the calendary year ending with or within the organization of the competency of independent contractors (including bu			hours for related organizations below dotted	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	or	mpenseto from the ganizatio nd relate	on d
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (24) (25) (25) (27) (24) (25) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (27) (27) (27) (27) (27) (27) (27	(15)						\dashv					 		
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(22) (23) (24) (25)	(20)							-						
(23) (24) (25)	(21)_							-,,						
(24)	(22)													
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 564,250 73,788 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (8) (C) Name and business address Compensation of the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Compensation of the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation of services Co	(24)													
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employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who		reportable compensation from the organization									0		Yes	No
individual		employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	for such inde ortable comp	<i>vidual</i> ensatı	on a	 nd o	ther o	comp	ensa	tion from the	• • • • • • • •			X
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	individual										4		2 11 22 2
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Secti	for services rendered to the organization? If "Yes," of										5		Х
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		Complete this table for your five highest compensation from the organization Report compe	•							•				
2 Total number of independent contractors (including but not limited to those listed above) who		(A)								1	services			1
received more than \$100,000 of compensation from the organization	2					sted	abov	ve) wł	10		1			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or Total revenue Unrelated business revenue Revenue excluded from tax under sections 512-514 exempt function revenue , Grants Federated campaigns 1a 1b C Fundraising events 1c 1d itributions, G I Other Simil Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 73,829 Noncash contributions included in lines 1a-1f \$ Business Code Revenue 2a Child care service inco 624410 3,058,490 3,058,490 b Counseling income 624200 108,774 108,774 Program Service All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 637 Income from investment of tax-exempt bond proceeds (ı) Real (II) Personal b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) **.** (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) 8a Gross income from fundraising events (not including of contributions reported on line (c) See Part IV, line 18 b Less. direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Other income 900099 d All other revenue

3,241,730

e Total. Add lines 11a-11d Total revenue. See instructions

Form 990 (2017) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Part.IX Statement of Functional Expenses

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

•	Check if Schedule O contains a response or note to any line in this Part IX										
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations			7 (#Ex.) 14 (15 20 mile)							
	and domestic governments. See Part IV, line 21	1									
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				x-r-sudjimusegmo o magazi						
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,				- m						
•	trustees, and key employees	64,250	48,187	16,063							
6	Compensation not included above, to disqualified	04,230	40,107	10,063							
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B) · · · · · ·										
7	Other salanes and wages	1 746 106	1 612 610	120 406							
	•	1,746,106	1,613,610	132,496							
8	Pension plan accruals and contributions (include										
•	section 401(k) and 403(b) employer contributions)	7,427	7,427								
9	Other employee benefits	57,127	51,830	5,297							
10	Payroll taxes	177,825	163,233	14,592							
11	Fees for services (non-employees)										
a	Management										
þ	Legal······										
C	Accounting	15,351	13,048	2,303							
đ	Lobbying										
0	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion										
13	Office expenses · · · · · · · · · · · · · · · · · ·	41,694	35,440	6,254							
14	Information technology										
15	Royalties										
16	Occupancy	336,065	318,908	17,157							
17	Travel	L									
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							
24	Other expenses Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e If										
	line 24e amount exceeds 10% of line 25, column				24E4E-5 - 4-E-						
	(A) amount, list line 24e expenses on Schedule O)			to a supplied the supplied to							
a	Program costs	164,349	164,349		TO THE PERSON NAMED IN COLUMN 1						
b	Telephone and utilities	113,652	102,287	11,365							
С	Professional development	24,009	24,009								
đ		22,000	21,003								
8	All other expenses	22,053	12,374	9,679							
25	Total functional expenses. Add lines 1 through 24e .	2,887,739	2,657,654	230,085	0						
26	Joint costs. Complete this line only if the			200,000	<u> </u>						
	organization reported in column (B) joint costs										
	from a combined educational campaign and										
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)										
EEA	(Silvering OO: 30-2 (AOC 300-120)	L <u> </u>		<u> </u>	Form 990 (2017)						
					1 UIIII 330 (401/)						

23-2961701 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 Cash - non-interest-bearing 1 371,761 714,243 2 2 800,902 530,502 3 Pledges and grants receivable, net 3 107,923 91,089 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 Prepaid expenses and deferred charges 9 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 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,656,332 2,066,159 17 Accounts payable and accrued expenses 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 Loans and other payables to current and former officers, directors, Liabilities 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 50,821 25 26 26 330,988 275.152 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

Total liabilities and net assets/fund balances

1,735,171

32

33

34

1,381,180

1,656,332

		23-296170	1	Pa	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · <u>· ·</u>		$\cdot \Box$
1	'Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,24	11,7	30
2	Total expenses (must equal Part iX, column (A), line 25)	. 2	2,88	37,7	39
3	Revenue less expenses Subtract line 2 from line 1	. 3	35	53,9	91
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,38	31,1	80
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	35,1	71
Pa	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🖳</u>
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			~	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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				ore i
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		re le constitue de la constitu		
	separate basis, consolidated basis, or both				-19
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1 1		
	the Single Audit Act and OMB Circular A-133?	<i></i>	За	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	Х	
EEA			Form 9	90 (2	2017)

SCHEDULE A

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.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer Identification number

2017 Open to Public Inspection

OMB No 1545-0047

		NEIGHBORHOOD DEVELOPMENT					23-29617		
Pe		Reason for Public Charit	y Status (All o	rganizations must c	complete	this part	t.) See instruction	ns.	
The	orgai	nization is not a private foundation bec	ause it is (For lines	1 through 12, check only	y one box))		^ ^	
1		A church, convention of churches, or	association of chur	ches described in sectio	ก 170(b)(1)(A)(i).		/\U	
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	ichedule E (Form 990 or	990-EZ).)				
3		A hospital or a cooperative hospital se	ervice organization	described in section 170)(b)(1)(A)(i	lii).		•	
4		A medical research organization oper	rated in conjunction	with a hospital described	in section	n 170(b)(1)	(A)(lii). Enter the		
	_	hospital's name, city, and state:	·						
5		An organization operated for the bene	afit of a college or u	niversity owned or opera	ted by a go	vernmenta	l unit described in		
	_	section 170(b)(1)(A)(iv). (Complete I	Part II)						
6		A federal, state, or local government	or governmental un	it described in section 1	70(b)(1)(A)(v).			
7		An organization that normally receive	s a substantial part	of its support from a gov	emmental	unit or from	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 with	n a land-grant college	9	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions) Enter the	e name, cit	y, and state	of the college or		
	_	university.	····						
10	X	An organization that normally received	s (1) more than 33	1/3% of its support from	contributio	ns, membe	rship fees, and gros	s	
		receipts from activities related to its e	xempt functions - s	ubject to certain exception	ns, and (2)	no more th	nan 33 1/3% of its		
		support from gross investment incom	e and unrelated but	siness taxable income (le	ess section	511 tax) fro	om businesses		
	_	acquired by the organization after Jur				•			
11	Ц	An organization organized and operat							
12	Ш	An organization organized and operat	ted exclusively for t	he benefit of, to perform (the function	ns of, or to d	carry out the purpose	es	
		of one or more publicly supported org		, ,, ,				•	
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization)	
		the supported organization(s) the			y of the dir	ectors or tn	ustees of the		
		supporting organization You mu:							
	þ	Type II. A supporting organization				_			
		control or management of the sup			sons that of	control or m	anage the supported	d .	
		organization(s) You must comp	· ·						
	С	Type III functionally integrated.						٦,	
	_	its supported organization(s) (see		•					
	d	Type III non-functionally integra					=		
		that is not functionally integrated		- •		•	and an attentivenes	S	
	_	requirement (see instructions) Ye	-	•	•				
	8	Check this box if the organization	_			a type i, ty	ype II, Type III		
	f	functionally integrated, or Type III Enter the number of supported organi	•					ſ	
	g	Provide the following information about						[
		Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o	manization	(v) Amount of monetary	(vi) Amour	nt of
		,	\.,	(described on lines 1-10		r governing	support (see	other suppo	
				above (see instructions))	docum	ent?	instructions)	ınstructio	ons)
		:			Yes	No			
(A)									
(B)									
. 									
(C)									
(D)									
E		·							
(E)									
Tota	l								

Sched		E NEIGHBORH				23-296170	1 Page 2
Pa	rt II Support Schedule for Or						
	(Complete only if you ched						fy under /
	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complet	e Part III.)	
Sec	tion 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	ļ					ľ
	include any "unusual grants ") · · · · ·			ļ			
2	Tax revenues levied for the						
-	organization's benefit and either paid					/	
	to or expended on its behalf						
3	The value of ecourage as facilities					1	
3	The value of services or facilities furnished by a governmental unit to the			İ			
	organization without charge			ļ			
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions by						
	each person (other than a				* 45 - 76		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			三二二十二			
6	Public support. Subtract line 5 from line 4 · ·		2		- Marine a sub-		
Sec	tion B. Total Support	7		/			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 43 .0	(2),2011	(0,20.0)	(4) 20.0	(0) 2017	(1) TOTAL
8	Gross income from interest, dividends,			<i>'</i>			
	payments received on securities loans,						
	rents, royalties and income from similar sources						
	Natura and fine and fine the			7			
9	Net income from unrelated business activities, whether or not the business						
	is regularly carned on · · · · · · · · ·						
40	•	····	/				
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI) · · · · · · · · · · · ·						
11	• •					ing grange entropy	
12	Gross receipts from related activities, etc (s		1	12.24		12	
13	First five years. If the Form 990 is for the o		accord third fough	as fills tour was as			
	organization, check this box and stop here			i, or murtax year as	s a section our (c)(s	») • • • • • • • • • •	▶ □
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2017 (line 6,	column (f) divided b	Ine 11, column (i))		14	%
15	Public support percentage from 2016 Sched	lule A, Part II, line/1	4			15	%
16a	33 1/3% support test - 2017. If the organization	ation did not check	the box on line 13,	and line 14 is 33 1/	3% or more, check	this	
	box and stop here. The organization qualific						▶ □
b	33 1/3% support test - 2016. If the organization	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more, of	check	_
	this box and stop here. The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2017	. If the organization	did not check a bo	x on line 13, 16a, o	r 16b, and line 14 i	s	_
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact						
	organization					· · · · · · · · · ·	▶ □
b	10%-facts-and-circumstances test - 2016	. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	2	_
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization mee					,	
	supported organization			-		•	▶ □
18	Private foundation. If the organization did r						٠ ـ
	instructions						▶ □
EEA							m 990 or 990-EZ) 2017
	/						

23-2961701

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

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

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

Sec	ction A. Public Support						
Cale	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 levled 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	<u>3,241,093</u>	12,329,721
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)		numera and			Per Post N	12,329,721
	ction B. Total Support	(-) 2042	(b) 2014	4) 2045 I	43.0040	(-) 0047	(0 Total
	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	34,475
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 org organization, check this box and stop here		· · · · · · · · · ·				. []
Se	ction C. Computation of Public Su	· · 					
15	Public support percentage for 2017 (line 8, co	-				15	99.63 %
16	Public support percentage from 2016 Schedu			<u> </u>		16	99.52 %
	ction D. Computation of Investmen						 -
17	Investment income percentage for 2017 (line					17	0.00 %
18	Investment income percentage from 2016 Sci	•			1	18	0.00 %
19a	33 1/3% support tests - 2017. If the organiza 17 is not more than 33 1/3%, check this box a						▶ 🏻
Þ	33 1/3% support tests - 2016. If the organizatine 18 is not more than 33 1/3%, check this b						▶ □
20_	Private foundation. If the organization did no	ot check a box on lin	e 14, 19a, or 19b,	check this box and	see instructions		▶ 🗍

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

2017

Open to Public

Name	of the organization			Employer Identification number
GRA	ACE NEIGHBORHOOD DEVELOPMENT	CORPORAT	ION	23-2961701
Pa	Organizations Maintaining Donor Advis	sed Funds or Ot	her Similar Funds or A	
	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 6.	
		T	nor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year - · · · · · · · ·			
5	Did the organization inform all donors and donor advisor	rs in writing that the	assets held in donor advised	<u> </u>
	funds are the organization's property, subject to the organization	_		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and do		•	
	only for charitable purposes and not for the benefit of the		• •	
	conferming impermissible private benefit?			
Pa			· ····································	
مستندتا	Complete if the organization answered "	Yes" on Form 990	. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the orga		 	
	Preservation of land for public use (e.g., recreation			rically important land area
	Protection of natural habitat		Preservation of a certif	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservatio	n contribution in the form of	a conservation
	easement on the last day of the tax year	1		Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified histor	nc structure included	ın (a)	
d	Number of conservation easements included in (c) acqu		• •	
-				2d
3	Number of conservation easements modified, transferre			<u> </u>
	tax year •	o, coocoo, camigo	ionou, or torriniatou by the o	ngamzadon danng tric
4	Number of states where property subject to conservatio	n easement is locate	ed ▶	
5	Does the organization have a written policy regarding th			
-	violations, and enforcement of the conservation easeme			· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspect			
-	▶	ang, nanamig or tron	and emorally concer	tation casements daining the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations	s, and enforcing conservation	n easements during the year
	▶ \$	3	-, ,	
8	Does each conservation easement reported on line 2(d)	above satisfy the re	aurements of section 170/h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conse	ervation easements i	n its revenue and expense s	
	balance sheet, and include, if applicable, the text of the		•	
	organization's accounting for conservation easements			
Pai	tillia Organizations Maintaining Collect	tions of Art, His	storical Treasures, or	r Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990	D, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116	6 (ASC 958), not to r	eport in its revenue stateme	nt and balance sheet
	works of art, historical treasures, or other similar assets			
	public service, provide, in Part XIII, the text of the footno	te to its financial sta	lements that describes these	e items
b	If the organization elected, as permitted under SFAS 116			
	works of art, historical treasures, or other similar assets			
	public service, provide the following amounts relating to			
				> \$
	(II) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical			*
	following amounts required to be reported under SFAS 1		-	paint provide the
а		•		> \$
b	Assets included in Form 990 Part Y			

		OOD DEVELOPMENT C		23-29		Page 2
Pa	rt訓: Organizations Maintaining C	ollections of Art, His	torical Treasures,	<u>, or Other Similar A</u>	ssets (continu	ıcd)
3	Using the organization's acquisition, accession, a	nd other records, check any	of the following that are	a significant use of its		
	' collection items (check all that apply).					
а	Public exhibition	d 🗌 Loan or exc	hange programs			
b	Scholarly research	e 🗌 Other				
C	Preservation for future generations	 -				
4	Provide a description of the organization's collect	ions and explain how they fu	orther the organization's e	exempt purpose in Part		
	XIII					
5	During the year, did the organization solicit or rec				_	_
7150	assets to be sold to raise funds rather than to be		ganization's collection?		· · · L Yes	No
Pa	Escrow and Custodial Arrang		- 000 DLN/ ! (
	Complete if the organization an	swered "Yes" on Form	1 990, Part IV, line s	e, or repoπed an amo	on Form	
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian of				_	_
	• • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •	· · · 📙 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the following table	•			
					mount	
C		• • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	
d	,	• • • • • • • • • • • • • • • • • • • •		<u> </u>		
0		• • • • • • • • • • • • • • • • • • • •				
f	Ending balance					
2a	Did the organization include an amount on Form			•	· · · · 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the explanation ha	as been provided on Part	XIII		<u> </u>
Pa	Endowment Funds.					
	Complete if the organization an	swered "Yes" on Form	n 990, Part IV, line 1	10.		
		(a) Current year (b)	Pnor year (c) Two yea	ra back (d) Three years bac	ck (e) Fouryears	back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
6	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance			<u></u> , <u>.</u> ,		
2	Provide the estimated percentage of the current y	ear end balance (line 1g, co	olumn (a)) held as			
а	Board designated or quasi-endowment	%				
þ	Permanent endowment > %					
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should e	•				
3a	Are there endowment funds not in the possession	of the organization that are	held and administered for	or the		
	organization by				Yes	No
	(i) unrelated organizations	• • • • • • • • • • • • •	• • • • • • • • • • •		3a(i)	<u> </u>
	(ii) related organizations	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • •	· · 3a(ii)	<u> </u>
b	If "Yes" on 3a(ii), are the related organizations list			• • • • • • • • • • • • •	· · 3b	<u></u>
4	Describe in Part XIII the intended uses of the orga		\$			
Pa	Land, Buildings, and Equipme					
	Complete if the organization and	swered "Yes" on Form	1 990, Part IV, line 1	1a. See Form 990, F	art X, line 10.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	
		(investment)	(other)	depreciation		
1a	Land	• •				
b	Buildings	• •				
C	Leasehold improvements		455,368	196,232	259,1	136
d	Equipment		72,113	27,651	44,4	
0	Other STMD1E		378,351	63,709	314,6	

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

o.i				D
Schedule D (Form	990) 2017 GRACE NEIGHBOR Investments - Other Securities.	HOOD DEVELOPMENT CO	ORPORATION 23-2961	.701 Page 3
	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11b. See Form 990, F	Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	
(1) Financial (denvatives		Cost of order year market var	
	eld equity interests			
(3) Other				
(A)				
(B)				-
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, rot (H) line 17).			primarilari (m. mm. ma. 16.)
Part VIII	Investments - Program Related.		_ F III LOUIS SALES	
<u> </u>	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11c. See Form 990, F	art X, line 13.
	(a) Description of Investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val	
(1)				
(2)				
(3)				
(4)				
(5)				
(8)				
(7)				
(8)				
(9)				
Total (Column (b)	must equal Form 990, Part X, col (B) lino 13)			
ParteX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11d. See Form 990, F	art X, line 15
	(a) [Description		(b) Book value
(1) AFFIL	IATE RECEIVABLE			112,085
(2)				
(3)				
(4)				
(5)		W		
(6)				
		 		
(8)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(9)		······································		····
	(b) must equal Form 990, Part X, col. (B) line 15)		112,085
PartX:	Other Liabilities.		Seed IV 1 Res 44 c = 445 C = 5	000 B-434
	Complete if the organization answere line 25.	a "res" on Form 990, F	rart IV, line The or 11f See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes			
(2) AFFIL	IATE PAYABLE			
		ı — — — — — — — — — — — — — — — — — — —	The state of the s	WHEN I PROPERTY OF THE PARTY OF

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AFFILIATE PAYABLE		
· (3)	·	
(4)	, , , , , , , , , , , , , , , , , , , ,	
(5)	, , , , , , , , , , , , , , , , , , , ,	
(6)	,	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the toxt of the footnote has been provided in Part XIII-

	GRACE NEIGHBORHOOD DEVELOPMENT CORPORATIO		3-2961/	UI rage 4
	Reconciliation of Revenue per Audited Financial Statemen	•	Keturn.	
	 Complete if the organization answered "Yes" on Form 990, Pa 	art IV, line 12a		
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:			
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		20	
	Subtract line 2e from line 1		-	
3	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	AV 40 100	
þ	Other (Describe in Part XIII)	4b		
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
Pa	Reconciliation of Expenses per Audited Financial Statem		er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, P	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	2a		
b	Prior year adjustments	2b		
	Other losses			
С	<u></u>	2c		
d	Other (Describe in Part XIII)	2d		
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		
ь	Other (Describe in Part XIII)	4b	2000	
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,887,739
Pa	Supplemental Information.			2700.7.05
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines at XI, lines 2d and 4b Also complete this part to provide any ad			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Pinspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Employer Identification number

GRACE NEIGHBORHOOD 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 iss	sued 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.
05. Governing documents, etc, available to public (Part VI, line 19)	
Documents are made available to the public upon request and may be viewed du	ring normal
business hours.	
<u></u>	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047	2017	M Openito Public	In Inspection	cation number
	-			Employer Identification number

23-2961701

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

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

(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 <u>e</u> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Total income € (c) Legal dom (state or foreign country) Primary activity 9 one or more related tax-exempt organizations during the tax year. Name, address, and EIN (if applicable) of disregarded entity Part (II Part E 2 18 € 9

(a)	(q)	(0)	(p)	(e)	()		(B)
Name, address, and EIN of related organization	Primary activity	Legal dcm (state	Exempt Code section	Public chanty status	Direct controlling	controll	Sec. 512(b)(13) controlled entity?
		or foreign country)		(if section 501(c)(3))	entity	Yes	٩
(1) Grace Trinity United Church of, 23-2960614						L	
5200 Oxford Avenue	Church and child day						
Philadelphia, PA 19124	care center	PA	501 (c) (3)	7	N/A		×
						_	

Schadule R (Form 990) 2017

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

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