Fom	9	90	Return of Organization Exempt From Incor	no Tav		OMB No 1545-0047			
	2018								
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except		na)				
		the Treasury	<ul> <li>▶ Do not enter social security numbers on this form as it may be ma</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest inform</li> </ul>	VVII	0	Open to Public			
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.  A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20								
		applicable	C Name of organization GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION		٦, ,	mployer identification no.			
		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 T									
1-	Initial return 5200 OXFORD AVENUE								
<u> </u>	inal ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G	Gross receipts			
<u> </u>	<b>Imende</b>	d return	PHILADELPHIA, PA 19124			3,613,968			
<u>Г</u>	<b>pplicat</b>	on panding	F Name and address of puncipal officer Samuel Naveen Maruthoti	H(a) is this a group ret	ım for subc	ordinates? Ves 🔀 No			
<b> </b>	Same as C above								
			501(c)(3)			(see instructions)			
n		► N/A organization	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L. Year of formation 2.	H(c) Group exemp 002 M State of					
		Summar		002 M State of	legal cor	nicile PA			
	1		be the organization's mission or most significant activities The organization	n provides c	n ld	day care			
	-	-	and home ownership counseling.	. 5-0-1-40-0					
É									
Governance	}								
Š	2	Check this b	ox > 1 If the organization discontinued its operations or disposed of more than 25% of	fits net assets.					
8	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	11			
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	• • • • • • • •  _	4	10			
Activities	5		r of Individuals employed in calendar year 2018 (Part V, line 2a)	• • • • • • •	5	113			
Ş	6		r of volunteers (estimate if necessary)		6				
1	7a		ed business revenue from Part VIII, column (C), line 12	<u>}</u>	7a	0			
-	<del>                                     </del>	Net unrelate	d business taxable income from Form 990-T, line 38	<del></del>	7b	0			
1	8	Contribution	s and crants (Part VIII line 1h)	Prior Year	-	Current Year			
<u>a</u>	9		s and grants (Part VIII, line 1h)	73,1		32,518			
Revenue	10	_	ncome (Part VIII, column (A), lines 3, 4, and 7d)	3,167,	37	3,581,809 0			
چَ ا	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37	(359)			
1 -	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,241,	730	3,613,968			
	13	Grants and s	similar amounts paid (Part iX, column (A), lines 1-3)			0			
1	14	Benefits pare	I to or for members (Part IX, column (A), line 4)			0			
6	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	2,052,	735	2,669,132			
penses	16a	Professional	fundraising fees (Part IX, column (A), Ilne 11e)			0			
Ē	t	Total fundra	sing expenses (Part IX, column (D), line 25)						
E C	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	835,0		1,053,830			
1	18	•	es Add lines 13-17 (musi equal Part IX, column (A), line 25)	2,887,		3,722,962			
1	19	Revenue les	s expenses Subtract line 18 from line 12	353,9		(108,994)			
Net Assets or	20	Total assets	(Part X, line 16)	Beginning of Current Yo 2,066,		2,152,972			
1 2	21		s (Part X, line 26)	330,		526,795			
Ž	22		r fund balances. Subtract line 21 from line 20	1,735,		1,626,177			
		Signatu	re Block						
			clare that I have examined this return, including accompanying schedules and statements, and to the best of my claration of preparer (other than officer) is based on all information of which preparer has any knowledge	knowledge and belief, it i	s				
1	OM/ EDC		Callation of property (outer plan sincer) to assess of an intermination of material property into model	<del> </del>					
Şig	_		luw			-10-2019			
11		Signatu	19 of afficer		Date	·			
Hei	е		Dr. Chandra S Soans, Executive Director						
1		<del>''</del>	print name and title	हिन					
Pal	d		FINE A MALL	, –	II PTIN				
4	u pare		F Burock PC LLC D6-07-2019	self-employed Firm's EIN ▶		200177123			
и	Onl			Phone no					
			Bala Cynwyd PA 19004	Į.	-660	-7743			
lav	the IR	S discuss this	return with the preparer shown above? (see instructions)			· X Yes No			
-			on Act Notice, see the separate Instructions.			Form 990 (2018)			
EΑ					11				
1				4	//				

_	950 (2018) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Page 2  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 counseling.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ 3,186,835 including grants of \$ ) (Revenue \$ 3,455,701)
	The Organization operates a child day care center for pre-school and school age children.
4b	(Code:) (Expenses \$124,368 including grants of \$) (Revenue \$126,108)  Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its goal is to aid these low-income families in
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
4b	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
-	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its goal is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well. Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.  (Code:) (Expenses \$
4c	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase counseling, credit counseling, home ownership and home maintenance counseling and other financial services to its community members who rent their homes. Its qual is to aid these low-income families in purchasing their own homes for the benefit of their families, and the community as well.  Counseling supports members in their effort to increase affordable and sustainable home ownership for lower income, new immigrant, and minority households.

Partie

FEA

**Checklist of Required Schedules** 

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 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 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 complete Schedule D, Part III Х 8 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, Pert IV 9 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 . . . . . . . . . 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, a 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 X 11h of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ...... c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII ........ 11c 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 118 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . . . . . . 13 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ......... 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X Form 990 (2018)

Fa	Checklist of Required Schedules (continued)			
,			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23	X	L
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	(		1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l	ļ	
	through 24d and complete Schedule K. If "No," go to line 25a	248		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Į.		ĺ
	to defease any tax-exempt bonds?	24c	ļ	<b>├</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ļ	<b></b>
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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ļ	Į.	ļ
	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	256	ļ	Х
26	ff "Yes," complete Schedule L, Part I	25b	<u> </u>	<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or		ļ	[
	disqualified persons? If "Yes," complete Schedule L, Part II	25		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-20	<del> </del>	1
-	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	ļ	ļ.
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			100
а	A current or former officer, director, trustee, or key employee? If "Yes, "complete Schedule L, Part IV	28a	and free free	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28ь		X
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ł	}
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	{	1	i
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		l	ł
	or IV, and Part V, line 1	34	X	<b>├</b> ──
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<del>                                      </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	v	1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	X	├
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del>-^-</del>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>  "</del>	<del> </del>	1
50	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	•
Pat		1 30	_^_	Щ.
	Check if Schedule O contains a response or note to any line in this Part V			
	The second of th	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	THE REAL PROPERTY.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	FEET WATER
EEA		Form		2018)

	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
<u>.</u>			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 113			
þ	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)			Х
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	3P		
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		X
þ	If "Yes," enter the name of the foreign country			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
C 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	60		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	CL		ĺ
7	gifts were not tax deductible?	6b		
7		3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
<b>h</b>	and services provided to the payor?	7b		_^_
b				<del> </del>
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		- A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
9	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?	71		X
9	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 <i>a</i>		Х
b	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	95		X
10	Section 501(c)(7) organizations. Enter			
8	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.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	60.772		
	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.			
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			
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tex year?	14a	ļi	X
Ъ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b></b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			۱
	excess parachute payment(s) during the year	15	70	X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	a lighting o	X
	If "Yes," complete Form 4720, Schedule O.	Printer Land		
EEA		Form	990 (	2018)

Form 990 (2018) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Partoll response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in fine 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . . . . Rh 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.) 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 fine 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? . . . 12b 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 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization 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? 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? 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 (1024 or 1024-A 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 X 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. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 Rev. Dr. Chandra S Soans (215) 535-3885, 5200 OXFORD AVENUE, PHILADELPHIA, PA 19124

Form 99'0 (201		DEVELOP	MENT	CC	RP	ORA	TION	1		23-29617	01 Page 7
Parvis	Compensation of Officers, Direc	tors, Trus	tees	, Ke	ey E	īm	ploye	ees	, Highest Con	npensated Em	ployees, and
v	Independent Contractors			_							
Section A.	Check if Schedule O contains a response or		_	_	_			_		<u> </u>	· · · · · · · · · · · · · · · · · · ·
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	organization's tax year										
<ul> <li>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</li> </ul>											
<ul> <li>List all or</li> </ul>	List all of the organization's current key employees, if any. See instructions for definition of 'key employee'										
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> <li>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.</li> </ul>											
<ul> <li>List all of the organization's former officers, key employees, and highest compensated employees who received more than</li> <li>\$100,000 of reportable compensation from the organization and any related organizations.</li> </ul>											
	f the organization's former directors or truste nore than \$10,000 of reportable compensation									e of the	
List persons in	the following order individual trustees or direct	ctors; instituti	onal tr	uste	es, c	office	ers, ke	y en	nployees, highest		
	employees, and former such persons.						·				
Check this	box if neither the organization nor any related	organization	comp	ense	ated	any	currer	nt of	ficer, director, or tru	istee.	
					(	C)					
	(A)	(B)	/do.r	c+ ch		ition			(D)	<b>(€)</b>	(F)
	Name and Title	Average	ook amess person is bot				s both a	ח	Reportable	Reportable	Estimated
		hours per week (list any	offic	er en	d a de	recto	n'irustee	)	compensation from	compensation from related	amount of other
		hours for related	8.5	5			9 I		the organization	organizations (W-2/1099-MISC)	compensation from the
		onganizations	divid	Statu	Officer	Key employee	age.	Forme	(W-2/1099-MISC)	(W-2) (O35-MIGC)	organization
		below dotted line)	<u> </u>	lona	,	mplo	ye g	=			and related organizations
		inic)	Individual trustee or director	Institutional trustee		yee	a a				Olganizations
			n n	8			Highest compensated employee				
		1					٦	1			
		ļ <u>.</u>				_		ļ		ļ	
	Chandra S Soans	20.00	х						70 000	76 550	15 000
-	lve Director McLaughlin	20.00		-		_		-	70,200	76,550	15,000
Truste			Х						0	o	0_
(3) Rev Dr	William Alexander	2.00									
Preside	ent	<b> </b>	X						0	0	00_
(4) Sumbo s		2.00									_
Trustee			X				-		0	<u> </u>	<u> </u>
Trustee	Manoharan	2.00_	х			į			0	o	o
	e Inc	2.00	1		-			-		<u>-</u>	
Trustee			Х						o	0	0
	Arthur	2.00									
Trustee			Х					L	0	0	00
	el Regunesan	2.00									
Trustee		<u> </u>	X					-	0	00_	0_
	Naveen Maruthoti	3.00			v		}			_	
Preside		1.00			X		-	-	0	0	<u> </u>
Secreta	ine Montague	3.00_			Х	i			o	0	o
	opher Pandian	3.00		H		_	<b></b>		<del></del>		<u>~</u>
Treasu					Х	_ '	<u>_</u> _		0	о	0_
(12)											
			ļ			_					
(13)		<u> </u>	}				}			1	
						L.,				<u> </u>	

Form 990 (2018)

EEA

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do no	ot che	(C Posi ck mo	tion ore the	on S a Highest compensated an of the employee		(D) Reportable compensation (form the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC)	n a con	(F) stimated mount of other other npansation from the ganization nd related panizations
(15)				-		ā					
146)				_	-			<u> </u>			
							_				
(17)											
(18)											
(19)											
(20)						· — ·					
(21)											
(22)							-				
(23)								}			<del></del>
(24)							-			_	<del></del>
(25)				-							
1b Sub-total						• • •	<u> </u>			1	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>&gt;</b>	70,200	76,55		15,000
Total number of individuals (including but not limited									70750	<u> </u>	20/400
reportable compensation from the organization										0	14 14
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			oyee	e, or 	high	nest co	mpe	ensated		. 3	Yes No
4 For any individual listed on line 1a, is the sum of rep			on a	nd o	ther	comp	ensa	ation from the			
organization and related organizations greater than s				olete	Scl	hedule	J fo	or such			
individual				 nrela	· ·	oman	 uzati	on or individual	• • • • • • •	4	X
for services rendered to the organization? If "Yes," c	•		-			_			<u> </u>	. 5	X
Section B. Independent Contractors			4								
<ol> <li>Complete this table for your five highest compensation from the organization. Report compensation.</li> </ol>	•										
year.	<del></del>							T		<del></del>	
(A) Name and business address								(B) Description of	services		(C) pensation
					_		_	I		THE REAL PROPERTY.	70-11 <u>Vieno</u> lynes 2
2 Total number of independent contractors (including received more than \$100,000 of compensation from			ose ii ▶	sted	abo	ove) w	ħΟ				
EEA	. s.c organice		<u> </u>							Form	990 (2018)

		Check if Schedule O contain		W.W.	e e e e e e e e e e e e e e e e e e e	(A)	(B)	(C)	(P)
						Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
u a	1a	Federated campaigns · · ·		1a			revenue	more service	512-514
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues · · · ·	i-	1b					
ق ق	c	Fundraising events		10	<del></del>		dente de la Companya		
Sifts ar A	d	Related organizations · · ·	F	1d	<del> </del>				
S, G	e	Government grants (contribution	<u> </u>	10					
ar Si	f	All other contributions, gifts, gr							
<u> </u>		and similar amounts not includ	ed above	1f	32,518				
20.00	g	Noncash contributions included	d in lines 1a-1	1f. \$	·				
OB	h	Total. Add lines 1a-1f	<u>.</u>			32,518			
					Business Code				
Program Service Revenue	2a	Child care service i	nco		624410	3,455,701	3,455,701		
Reve	ь	Counseling income		_	624200	126,108	126,108		
8	C								
Š	d								
E	e								
ĝ	f	All other program service reven	ue · · · ·	<del></del> .				_	
<u>ā</u>	g	Total. Add lines 2a-2f	<u>.</u>	· · ·		3,581,809			
	3	Investment income (including di	ividends, Inte	rest,					
	]	and other similar amounts) -			· · · · · · •				
	4	Income from investment of tax-	exempt bond	proce	eeds · · · ▶				
	5	Royalties			<u> ▶</u>				
	{	i	(i) Real		(ii) Personal			ALL STATES	
	6a	Gross rents							
	Ь	Less: rental expenses · · · ·							
	C	Rental income or (loss) · · ·			<u> </u>				
	d	Net rental income or (loss) ·							
	7a	Gross amount from sales of	(ı) Securitie	s	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis			j '				
		and sales expenses · · · ·							
	C	Gain or (loss)			<u> </u>				
<b>a</b> \	1	Net gain or (loss) · · · · ·			<u></u>				
ž	8a	Gross income from fundraising			ļ			THE PERSON NAMED IN THE PE	
er Revenue	{	events (not including \$		_	1				
ď.	1	of contributions reported on line	-						
	, .	See Part IV, line 18 · · · · ·	· · · · · · ·	. a					
8		Less direct expenses · · ·		. ь	L				
	1	Net income or (loss) from fundr		•	· · · · · · · · · · · · · · · · · · ·	John M. Commission of the Comm			
	ya	Gross Income from gaming acti		_	l				
		See Part IV, line 19 · · · ·			<del></del>				
	l .	Less direct expenses · · ·			L				
	1	Net income or (loss) from gamil	ng activities	• •					
	10a	Gross sales of inventory, less			}				
	} .	returns and allowances · · ·			<b></b>				
		Less. cost of goods sold · ·			<u> </u>				
	<b>├</b>	Net income or (loss) from sales	ot inventory	<u> </u>					
	14-	Miscellaneous Revenue	<del></del>		Business Code				
	1	Other income		_	900099	2,179	2,179	<del>-,</del> ,,,-	<del> </del>
		Investment loss			523920	(2,538)	(2,538	<u> </u>	+
	C	All other revenue				<del> </del>			+
	1	All other revenue · · · · · · · Total. Add lines 11a-11d ·				1050	V-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Table Sales Sales	hard Special Control
	12	Total revenue. See instructions				(359)			
	12	TOTAL TOVETTUE. SEE HISHUCGONS		· · · ·		3,613,968	3,581,450		0 0 0
EEA									Form 990 (2018)

# Form 990 (2018) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Page 1X 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 a tinclude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	and 10b of Part VIII.				
	Grants and other assistance to domestic organizations	į		general arpenses	
	and domestic governments. See Part IV, line 21				
-	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	·			
	Grants and other assistance to foreign	,			
0	organizations, foreign governments, and foreign				
ir	ndividuals See Part IV, lines 15 and 16	··			
4 E	Benefits paid to or for members · · · · · · · · · · · · ·				
5 (	Compensation of current officers, directors,				
tı	rustees, and key employees · · · · · · · · · · · · · · · · · ·	70,200	52,650	17,550	<u></u>
6 (	Compensation not included above, to disqualified	•			
p	persons (as defined under section 4958(f)(1)) and	;			ļ
p	persons described in section 4958(c)(3)(B)				
7 (	Other salaries and wages	2,272,827	2,016,022	256,805	
8 F	Pension plan accruals and contributions (include				
s	section 401(k) and 403(b) employer contributions)	5,278	5,278		
	Other employee benefits	79,282	69,381	9,901	
0 F	Payroll taxes	241,545	213,261	28,284	
1 F	Fees for services (non-employees).				
	Management		}		}
b L	Legal				
c A	Accounting	27,480	23,358	4,122	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column		<del></del>	<del></del>	
-	(A) amount, list line 11g expenses on Schedule O.)				}
	Advertising and promotion			<del></del>	
	Office expenses	34,643	29,447	5,196	
	Information technology				
	Royalties			<del></del>	<del> </del>
	Occupancy	433,305	389,974	43,331	<del> </del>
	Travel	433,303	303/3/4	43,332	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		İ		
	Conferences, conventions, and meetings	5,499	5,499		
	Interest · · · · · · · · · · · · · · · · · · ·	J, 433	3,433		
	Payments to affiliates		<del></del>		<del> </del>
	Depreciation, depletion, and amortization	93,518	66,479	27,039	<del> </del>
	Insurance	33,302	29,403	3,899	<del> </del>
	Other expenses Itemize expenses not covered	33,302			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schadule O.)				
•	· · · · · · · · · · · · · · · · · · ·	230,229	220 220		
-	Program costs		230,229	14 704	
_	Telephone and utilities	147,242	132,518	14,724	<u> </u>
_	Professional development	24,773	24,773	<del></del>	
-	Bad debt expense	13,719	13,719		
	All other expenses	10,120	9,212	908	<del> </del>
	Total functional expenses. Add lines 1 through 24e	3,722,962	3,311,203	411,759	<u> </u>
	organization reported in column (B) joint costs		]		[
	from a combined educational campaign and				l
f	fundraising solicitation. Check here 🕨 🔲 if		[		1
f	following SOP 98-2 (ASC 958-720)		1		1

PartX **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 714,243 1 1,369,018 2 530,502 2 26,353 3 Pledges and grants receivable, net 4 Accounts receivable, net 91,089 135,000 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 Assets 8 Inventories for sale or use ...... Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . 10a 981,839 Less: accumulated depreciation . . . . . . . . . . . . . . . 10b 618,240 10c 381.109 600,730 11 21,871 12 Investments - other securities. See Part IV, line 11 ..... 12 Investments - program-related See Part IV, line 11 ........ 13 13 14 14 15 112,085 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,152,972 2,066,159 Accounts payable and accrued expenses .......... 17 17 77,244 78,974 18 18 19 253,744 19 415,452 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 32,369 330,988 526,795 Organizations that follow SFAS 117 (ASC 958), check here > X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,735,171 1,626,177 28 Temporanly restricted net assets ............. 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds ...... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,735,171 1,626,177 Total liabilities and net assets/fund balances ........ 2,066,159 2,152,972

EEA

		-296170	1	Page 12
11	Reconciliation of Net Assets			_
<del> </del>	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	3,61	3,968
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,72	2,962
3	Revenue less expenses Subtract line 2 from line 1	3	(10	8,994)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,73	5,171
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	1,62	6,177
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			· · · 🛛
			Y	es 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			1
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i></i>	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Old Thin	
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	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			
	☐ 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?	. <b></b>	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			
	the Single Audit Act and OMB Circular A-1337		3a   1	x
ь	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	<i>.</i>	35	x
FEA				30 (2018)

## SCHEDULE A

EA 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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

		NEIGHBORHOOD DEVELOPMENT					23-29617		
		Reason for Public Charity	Status (All or	ganizations must co	mplete t	his part.	) See instruction:	S	
The	orgai	ilzation is not a private foundation beca	use it is. (For lines	1 through 12, check only	one box.)			$\langle \cdot \rangle$	
1		A church, convention of churches, or a	association of churc	thes described in section	170(b)(1)	(A)(i).		N 9	
2		A school described in section 170(b)(	1)(A)(ii). (Attach So	thedule E (Form 990 or 9	90-EZ))			$\cup$ $\cup$ $\cup$	
3		A hospital or a cooperative hospital se	rvice organization o	lescribed in section 170(	b)(1)(A)(iii	i).		_ (	
4	$\bar{\square}$	A medical research organization opera	ted in conjunction	with a hospital described	in section	170(b)(1)(	A)(iii). Enter the		
	_	hospital's name, city, and state:	·	·					
5	П	An organization operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	I unit described in		
	_	section 170(b)(1)(A)(iv). (Complete Pa	-	,					
6	П	A federal, state, or local government o	•	described in section 17	0(b)(1)(A)(	(v).			
7	ñ	An organization that normally receives					the general public		
	_	described in section 170(b)(1)(A)(VI).		• • • • • • • • • • • • • • • • • • • •			3		
8		A community trust described in section							
9	Ī	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
	_	or university or a non-land-grant colleg					-		
		university:				,,			
10	X	An organization that normally receives	: (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	S	
		receipts from activities related to its ex	æmpt functions - s	ubject to certain exception	ns, and (2)	no more t	han 33 1/3% of its		
		support from gross investment income	and unrelated bus	siness taxable ıncome (le	ss section	511 tax) fn	om businesses		
	_	acquired by the organization after June	e 30, 1975. See se	ction 509(a)(2). (Comple	te Part III)				
11		An organization organized and operate	ed exclusively to tes	st for public safety. See se	ection 509	(a)(4).			
12		An organization organized and operate	ed exclusively for the	ne benefit of, to perform t	he function	ns of, or to	carry out the purpose	es	
		of one or more publicly supported orga							
		Check the box in lines 12a through 12						12g	
	a	Type I. A supporting organization	•	•	• •	•			
		the supported organization(s) the		•	y of the dir	ectors or to	rustees of the		
		supporting organization You mus							
	b	Type II. A supporting organization	· ·			-	• • • •		
		control or management of the sup		•	sons that o	control or n	nanage the supported	i	
		organization(s). You must comple							
	C	Type III functionally integrated.					·		
		its supported organization(s) (see	•						
	đ	Type III non-functionally integra				•			
		that is not functionally integrated					t and an attentivenes	8	
		requirement (see instructions). Yo	-		•				
	6	Check this box if the organization				a Type I, 1	Type II, Type III		
		functionally integrated, or Type III			nization.			<del></del>	
	t	Enter the number of supported organi						• • • • • • • • • • • • • • • • • • • •	
	9	Provide the following information abou					<del>,</del>	<u></u>	
	(	) Name of supported organization	(ii) EIN	(ill) Type of organization (described on lines 1-10	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see	
		:		above (see instructions))	docum		(nstructions)	instructions)	
					Yes	No			
(4)		······································			1	1			
(A)					ļ				
(B)					}				
					<b></b>				
(C)					L				
(D)						1			
/ <sub>E</sub> ,									
(E)					ida palasi				
Tota	1	· · · · · · · · · · · · · · · · · · ·					<u> </u>	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2018 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				<del></del>	<del></del>	<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			15 200	73 000	22 510	101 647
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			15,300	73,829	32,518	121,647
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,185,477	2,394,165	2,831,664	3,167,264	3,581,809	14,160,379
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 fines 1 through 5	2,185,477	2,394,165	2,846,964	3,241,093	3,614,327	14,282,026
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						44 000 000
Se	tine 6)						14,282,026
<u></u>	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	2,185,477	2,394,165	2,846,964	3,241,093	3,614,327	14,282,026
l 10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royaltes, and income from similar sources	4,902	5,756	12,511	637	(359	23,447
٥	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·	4,902	5,756	12,511	637	(359	23,447
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				! !		
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,196	4,874	27			6,097
3	Total support. (Add lines 9, 10c, 11, and 12.)	2,191,575	2,404,795		3,241,730	3.613.968	14,311,570
4	First five years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec	ond, third, fourth, o	or fifth tax year as a	section 501(c)(3)		· · · · · <b>&gt;</b> П
\$e	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f	))		15	99.79 %
18	Public support percentage from 2017 Schedu			<u> </u>	· · · · · · · · · ·	16	99.63 %
<del>10</del>	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line		•	umn (t)) • • • • •	1	17	0.00 %
18 19a	Investment income percentage from 2017 Sc 33 1/3% support tests - 2018. If the organize 17 is not more than 33 1/3%, check this box a	ation did not check if	ne box on line 14, a	and line 15 is more	ا than 33 1/3%, and	line	0.00 <u>%</u> ▶ ⊠
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this box to the state of	ation dld not check a	box on line 14 or i	ine 19a, and line 16	is more than 33 1	/3%, and	
<u>*</u>	Private foundation. If the organization did no	t check a box on lin	e 14, 19a, or 19b,	check this box and	see instructions		▶ 🗍

#### 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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

	of the organization	Employer identification number
	CE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701
Por	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	unts.
	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 (dunng year) ·	
3	Aggregate value of grants from (during year) · ·	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	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	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pai	Conservation Easements.	
	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)	ally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic 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 organization	inization 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 conservations	on easements dunng the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
FD A	organization's accounting for conservation easements  Organizations Maintaining Collections of Art, Historical Treasures, or C	Wher Similar Access
		Mier Sillilar Assets.
4	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 a	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these its	···· <del>-</del>
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance 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 gair	n, 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	
<u>b</u>	Assets included in Form 990, Part X	
For F	aperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018 GRACE NE IGHBORH	OOD DEVELOPM	MENT COF	PORATIO	ON		23~296:	1701 Page 2
	Organizations Maintaining Co	ollections of A	rt, Histor	rical Tre	asures, oi	r Other	Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, a	nd other records, o	heck any o	f the follow	ing that are a	significar	nt use of its	
·	collection items (check all that apply)							
а	Public exhibition	d 📗 Lo	an or excha	nge progra	ms			
b	Scholarly research	e 📗 Oti	her					
C	Preservation for future generations							
4	Provide a description of the organization's collecti	ions and explain ho	w they furth	ner the orga	anization's ex	empt pun	pose in Part	
	XIII			_				
5	During the year, did the organization solicit or reco	eive donations of a	rt, historical	treasures.	or other simi	lar		
	assets to be sold to raise funds rather than to be		of the orga	nization's c	ollection?			· · 🗌 Yes 📗 No
Pa	Escrow and Custodial Arrang		_					
	Complete if the organization and	swered "Yes" o	on Form 9	990, Part	t IV, line 9,	or repo	orted an amou	unt on Form
	990, Part X, line 21.			·		·····		- <del>-</del>
1a	Is the organization an agent, trustee, custodian or							
	- ·			• • • • •		• • • •	• • • • • • •	· · [] Yes [] No
b	if "Yes," explain the arrangement in Part XIII and	complete the follow	ving table.			<u> </u>		<del></del> _
	Destruction hade and					-	Arr	nount
C						<u>                                   </u>	<del> </del>	<del></del>
a	Additions during the year						<del> </del>	
e 	Distributions during the year  Ending balance					1	<del> </del>	
f 2a	Did the organization include an amount on Form 9						<u> </u>	· · · Yes No
	If "Yes," explain the arrangement in Part XIII. Che	•				-		
	Endowment Funds.	ck liefe ii tile expir	anauon nas	neen provi	ded off Part A	(111 -	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization and	swered "Yes" o	on Form 9	90 Pad	IV line 10	)		
	Complete if the digalification and	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) Current year	(8) 71	or year	(C) IWO YEARS	DECK	(d) Three years back	(e) Four years back
Ъ	Contributions	·	+					
c	Net investment earnings, gains, and		<del></del>					<del></del>
ľ	losses							ĺ
d	Grants or scholarships	<del></del>	<del>                                     </del>				<del></del>	<del></del>
	Other expenditures for facilities and		<u> </u>				······································	
	programs		1					
•	Administrative expenses							
9	End of year balance							
2	Provide the estimated percentage of the current y	year end balance (I	ine 1g, colu	mn (a)) hel	ld as:			
а	Board designated or quasi-endowment	%	•	. ,,				
ь	Permanent endowment > %	<u></u>						
c	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should e	equal 100%						
3a	Are there endowment funds not in the possession	n of the organizatio	n that are h	eld and adı	ministered for	the		
1	organization by.							Yes No
Į.	(i) unrelated organizations · · · · · · · ·						• • • • • • •	· 3a(l)
1	(li) related organizations	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	• • • • •		· · · · ·	• • • • • • • •	· 3a(i:)
b	If "Yes" on line 3a(ii), are the related organizations	•		le R? · ·			• • • • • • •	· 3b
4	Describe in Part XIII the Intended uses of the orga		nent funds.					
	Land, Buildings, and Equipme			200 5	. 11. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		F 000 0	
<b> </b>	Complete if the organization and					a. See	Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or of		1 ' '	r other basis		ccumulated	(d) Book value
I	<del></del>	(investr	nent)	("	other)	Ge;	preciation	
18	Land			<del> </del>				
b	Buildings			<del> </del>				
C	Leasehold improvements			<del></del>	181,909	<del></del> -	239,543	242,366
0	Equipment	· ·		<del> </del>	89,975		41,239	48,736
Total	Other STMD1E		column (P)		109,955		100,327	309,628
11012	<ol> <li>Add lines 1a through 1e. (Column (d) must equal</li> </ol>	1 FUNN 990, PBN X,	. column (B)	, IIII 10C.)			•	600,730

Schedule D (Form	Investments - Other Securities.	HOOD DEVELOPMENT COR		
· <del></del>	Complete if the organization answere	d "Yes" on Form 990, Pai	rt IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1) Financial d	envatives		COS OF ENO-DI-YEAR MAINE	Value
	Id equity interests		<del></del>	
(3) Other				
(A)				
(B)				
(C)		<del></del>		
(D)				
<u>(E)</u>				
(F) (G)				
(H)	<del></del>			
	must equal Form 890, Part X, col (B) line 12.)			
Pantyll	Investments - Program Related.			
PROUIS SANS	Complete if the organization answere	d "Yes" on Form 990, Par	rt IV, line 11c. See Form 990	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuali Cost or end-of-year marke	on
(1)				
(2)				
(3)			<del></del>	
(4)		<del></del>		·
(5)				
(6)		<del></del>		
(7) (8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13)			
Partix	Other Assets.	!!		
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, line 15.
	(a) D	escription		(b) Book value
(1)		,		
(2)				<u> </u>
(3)		<del></del>	<del></del>	<del> </del>
(4)				
(6)				<del></del>
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15)			
ESTEX.	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa		
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes	<del></del>		
	IATE PAYABLE	32,369		
(3)				
(4)		<del></del>		
(5)				
(6) (7)				
(8)				
(9)				
1	must equal Form 990, Parl X, col (B) line 25 )	32,369		

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 text of the footnote has been provided in Part XIII. . . . . . . . .

EEA

	Reconciliation of Revenue per Audited Financial Statements With Revenue per	3-2961 Return	701 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,613,968
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
à	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	3,613,968
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		5/025/500
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>	
		5 Dot	3,613,968
	Reconciliation of Expenses per Audited Financial Statements With Expenses	or Keu	irai.
<del></del>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	т. т	
1	Total expenses and losses per audited financial statements	1	3,722,962
2	Amounts included on line 1 but not on Form 990, Part IX, Ime 25.		
a	Donated services and use of facilities		
ь	Pnor year adjustments		
G	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	3,722,962
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)		
٥	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2 200 060
	Supplemental Information.	1 3 1	3,722,962
ľ	ide 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 IXI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	t A, line	
l			_
j			
1			
			·

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Unicers, Directors, Trustees, Ney Employees, and Trustees, Ney Employees.

Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Employer identification number

	CE NEIGHBORHOOD DEVELOPMENT CORPORATI		23-2961701			
20	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided any of the fo	ollowing to or for a person listed on For	m			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant	ant information regarding these Items				
	First-class or charter travel	Housing allowance or residence for pe	ersonal use			
	☐ Travel for companions	Payments for business use of persona	al residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation	fees			
	Discretionary spending account	Personal services (such as maid, chair	uffeur, chef)			
					1.304	
b	If any of the boxes on line 1a are checked, did the organization follow a	written policy regarding payment				
	or reimbursement or provision of all of the expenses described above?	If "No," complete Part III to				
	explain			15		
2	Did the organization require substantiation prior to reimbursing or allow	ring expenses incurred by all				Ì
	directors, trustees, and officers, including the CEO/Executive Director,	regarding the items checked on line				
	1a?			2		
3	Indicate which, if any, of the following the filling organization used to est	tablish the compensation of the				
	organization's CEO/Executive Director Check all that apply. Do not che	eck any boxes for methods used by a				
	related organization to establish compensation of the CEO/Executive I					
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				<b>通</b>
	Form 990 of other organizations	Approval by the board or compensation	on committee			
4	During the year, did any person listed on Form 990, Part VII, Section A	, line 1a, with respect to the filing				
	organization or a related organization.					
а	Receive a severance payment or change-of-control payment?			4a		
b	Participate in, or receive payment from, a supplemental nonqualified re	etirement plan?		4b		L
С	Participate in, or receive payment from, an equity-based compensation	arrangement?		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable				144	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any				
	compensation contingent on the revenues of				100	
а	The organization?			5a		X
þ	Any related organization? · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III				PER	15.
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any				
	compensation contingent on the net earnings of:					
a	The organization?		• • • • • • • •	6a	ļ	X
b	Any related organization?			6b		X
	If "Yes" on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the org					
	payments not described on lines 5 and 6? If "Yes," describe in Part III			7	L	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pu	irsuant to a contract that was subject				
	to the initial contract exception described in Regulations section 53 49			1		
	ın Part III		. <b></b> .	8		X
9	if "Yes" on line 8, did the organization also follow the rebuttable presum				]	
	Regulations section 53.4958-6(c)?		<u></u>	9	1	

Schedule J (Form 990) 2018 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

BENEFIT Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	or each listed in	dwidual mus	st equal the total am	ount of Form 990, Pa	rt VII, Section A, line 1a, a	applicable column (D) and (	E) amounts for that indivi	dual	
	(B) Brea	akdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(I) Base compensation		(il) Bonus & incentive compensation	(it) Other reportable compensation	other deferred compensation	benefits	(a)(i)(a)	in column (B) reported as deferred on prior Form 990	_
Rev. Dr. Chandra S Soa	()	70,200	0	0	0	o	70,200	0	
outive Director	(1)	76,550	0	0	0	15,000	91,550	0	
	(i)								
2	8)								
	(0)								
	(ii)								
	(0)								
4	<b>E</b>								
	€	-							
th.	€								
	€								
	€								
	<b>©</b>								
	<b>E</b>								
	(ı)								
8	(u)								
	(i)								
6	(11)								
	(0)								
10	(11)								
	()								
11	<b>(E)</b>								
	(g)								
12	(ii)								
	(i)								
13	(11)								
	(i)								
14	(ii)								
	(ı)								
15	(E)								
	<b>E</b>								
16	(ii)								
EEA ,							Sch	Schedule J (Form 990) 2018	

## 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.

OMB No 1545-0047 2018

Open to Eublic Hapecton

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

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 dat	e of the return.
02. Conflict of interest policy compliance (Part VI, line 12c)	
A written conflict of interest policy has been prepared and is routi	nely issued to
trustees each year.	
03. CEO, executive director, top management comp (Part VI, line 15	
A finance committee establishes compensation for the executive direct	tor and key emoloyees.
O4. Other officer or key employee compensation (Part VI, line 15b  A finance committee establishes compensation for the executive direct	
A TIMANCE COMMITTEE ESCADITSHES COMPENSACION TOT THE EXECUTIVE WITEC	tor and key emproyees.
05. Governing documents, etc, available to public (Part VI, line 1	9)
Documents are made available to the public upon request and may be v	iewed during normal
business hours.	

Sec. 512(b)(13) controlled entity? × Schadule R (Form 990) 2018 (f) Oraci controlling entity OMB No 1545-0047 2018 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Employer identification number Direct controlling entity € 23-2961701 (e) End-of-year assets **∀**/2 Public charity status (if section 501(c)(3)) (0) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. N Exampt Code section Related Organizations and Unrelated Partnerships 501 (c) (3) Go to www.irs.gov/Form990 for instructions and the latest information. ਉ (C) Legal dom. (stato or foreign country) Legal dom (state or foreign country) છ PA ▶ Attach to Form 990. (b) Primary activity Church and child day Primary activity one or more related tax-exempt organizations during the tax year care center For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Grace Trinity United Church of, 23-2960614 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Neme, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Philadelphia, PA 19124 5200 Oxford Avenue Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) R4m Par 띪 E € 2 3 10 € (3) 3 18

% owner-(i) Sec.512(b)(13) controlled entity? dig No Раде Schedulo R (Form 990) 2018 € managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34, because it had one or more related organizations treated as a corporation or trust dunng the tax year Yes S Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Percentage ownership Ê Code V-UBI emount in box 20 of Schedule K-1 (Form 1085) (g) Share of end-of-year assets € 23-2961701 (h)
Disproportionate
allocations? (es No (f) Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp. S corp. or trust) (f) Share of total Income because it had one or more related organizations treated as a partnership during the tax year Predomnant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct constrolling
entity <u>e</u> Direct controlling entity € GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION (C) Logal domicike (state or foreign country) (c)
Legal
domicale
(state or
foreign Primary activity € Prenary activity ê Name, address, and EIN of related organization Name, address, and EIN of related organization Œ Schedule R (Form 990) 2018 Hart IV l a 12 E lΞ 100 |₹ 9 3 |ଇ 3 3

ransactions w ransactions w ransactions w ine 1 if any entity itax year, did the org interest, (ii) annu or capital contributi an guarantees to o an guarantees by r an guarantees by r an guarantees by r an guarantees or me es of services or me facilities, equipment, rand employees wit nent paid by relate nent paid by relate rer of cash or prope fer of cash or prope er of cash or prope	Schedule R (Form 990) 2018 CRACK NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Page 3	Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	Yes	with one or more related organizations listed in Parts II-IV?	Receipt of (!) interest, (ii) annutiles, (iii) royaltes, or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)			Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundmising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assels with related organization(s)	Sharing of paid employees with related organization(s)	Reimbursament hard to related organization(s) for expenses				Other transfer of cash or property from related organization(s)	(a) (b) (c) Occurs in the decimal property of the control of the c	(2)	Name of related organization Transaction Amount involved Method of determining smount involved type (A-s)	(1) Grace Trinity United Church of Chri							
---	---	---	-----	---	--	---	---	--	--	--	--	---	---	---	-----	--	--	--	--	---	--	--	--	--	--	---	--	-----	---	---	--	--	--	--	--	--	--