10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 637 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,241,730 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . 13 Benefits paid to or for members (Part IX column (A), line 4) 14 2,052,735 Salaries, other compensation, employee benefits (Part IX column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 835,004 2,887,739 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . . . . . . . . . 19 353,991 Beginning of Current Year 20 Total assets (Part X, line 16) 2,066,159 21 Total liabilities (Part X, line 26) 330,988 a te

Partill Signature Block

Net assets or fund balances Subtract line 21 from line 20

Under penalties or perjury, I declare that I have examined 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

Sign Signature of officer Here

Chandra S Soans, Executive Director Type or print name and title

Print/Type preparer's name

Paid Robert F Burock Preparer Firm's name

Firm's address

Robert F Burock RPC LLC

P. O. Box 2042

Date 06-07-2019 Check X self-employed

Firm's EIN

735,171

ıf

610-660-7743

P00177123

X Yes

Bala Cynwyd PA 19004 May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2018)

No

(359)

3,613,968

2,669,132

1,053,830

3,722,962

2,152,972

1,626,177

526,795

End of Year

(108,994)

Use Only

22

SCANNED

	23-2961701 Page 2
ŗ <b>r, d</b>	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	Bnefly 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?
	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? · · · · · · · · · · · · · · · · · · ·
	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.
46	(Out - ) (Duran - )
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
	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.
	Ownership for lower income, new immigrance, and minority households.
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 3,311,203

			Yes	_ No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		] ,,	
•	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
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	i	x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	<del>                                     </del>	-	
3	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	ات ا		
	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,	├ <del>Ů</del>	<u> </u>	
	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,"	١	-	
	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	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		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,"	MAC ZABORS	2002.00	<del>                                    </del>
	complete Schedule D, Part VI	11a	Х	
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		Χ
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		<u>X</u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	•			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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
р	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 Land IV	446		v
15	7 - 100 g	14b		X
,,,	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ŀ	Х
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	<del>''</del>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	j	Х
20 a		20a		X
b	taran da antara da a	20b		
21 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	į	Χ

Page 4 Form 990 (2018) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Part IX. column (A), line 2? If "Yes." complete Schedule I, Parts I and III 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 Χ employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Χ 24h 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? 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 Χ 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? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 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 Χ 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I ........... 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X 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> <u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 17		
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	1b 0		1

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Nο Yas 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 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 If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Χ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g\_ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 X 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9p Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ь 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

16

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
				15 CHES.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · 1a		11			
	If there are material differences in voting rights among members of the governing body, or			nie r		
	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		10		200	E A
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					٠,,
_	any other officer, director, trustee, or key employee?		• • •	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					٠,,
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		• • •	5		X
6	Did the organization have members or stockholders?		• • •	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		3.7
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_,		7.7
	stockholders, or persons other than the governing body?			7b	: -/4/9k **	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
_	the year by the following			3.00	تعطفن	الأشت
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		Х
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		· · ·	9		
<u> </u>	tion B. I Oncies (This Section Brequests information about policies not required by the internal Revenue Code)					
I0a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<del></del>		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10ь		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					<b>2.4</b> 09
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	***************************************
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	nflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			24 40		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				<b>TW:</b>	N. A.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				4	* 11
	organization's exempt status with respect to such arrangements?	<u> <u>.</u> . <sup>.</sup></u>	<u> </u>	16b		
Sec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed Pennsylvania					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 9	501(c)				
	(3)s only) available for public inspection indicate how you made these available. Check all that apply					
	Own website Don request Other (explain in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	ıcy, and				
	financial statements available to the public during the tax year	`				
0	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 1	9124			

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GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

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•	-3	-	Z	y	o	1	7	u	1	

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Form 990 (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B)  Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Rev. Dr. Chandra S Soans  Executive Director	20.00 20.00	х						70,200	76,550	15,000
(2) Cheryl McLaughlin	2.00						T	,0,200		13/500
Trustee		Х						0	0	0
(3) Rev Dr William Alexander President	2.00	х						0	0	0
(4) Sumbo Soyemi Trustee	_ 2.00_	Х			-	-		0	0	0
(5) Samuel Manoharan Trustee	2.00	Х						0	0	0
(6) Islande Luc Trustee	2.00_	Х						0	0	0
(7) Priya Arthur Trustee	2.00	Χ_						0	0	0
(8) Immanuel Regunesan Trustee	2.00_	Х						0	0_	0
(9) Samuel Naveen Maruthoti President	<u>3.00</u> 1.00			Χ		_		0	0	0
(10)Christine_MontaqueSecretary	3.00_			Χ				0	0	0
(11)Christopher Pandian Treasurer	_ 300_			Х				0	0	0
(12)										
(13)										
(14)										

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Part V	Section A. Officers, Directors, Trustees, I	Key Employe	es, an	d H	ighe	st C	ompe	nsat	ed Employees (c	ontinued)			
	(A) Name and title	(B)  Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				both an trustee)		(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation		of
		related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org ar	from the ganization of relate anization	on ed
<u>(15)</u>											-		
<u>(16)</u>											-		
<u>(17)</u>													
<u>(18)</u>											+		
<u>(19)</u>							_				+		
(20)											-		
<u>(21)</u>							<u>.</u> _		<u> </u>		-	_	
(22)													
(23)											†		
(24)													-
(25)													
c To	ub-total	on A · ·						•	70,200	76,550		15,0	000
2 To	otal number of individuals (including but not limited eportable compensation from the organization					_	_			0	<u>.l</u>	13,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
3 D	nd the organization list any <b>former</b> officer, director, dire			oyee	e, or	high	est co	mpe	nsated			Yes	No X
4 Fo	or any individual listed on line 1a, is the sum of repreganization and related organizations greater than \$	ortable comp 6150,000? If '	ensatı "Yes," (	com									
<b>5</b> D	dividual · · · · · · · · · · · · · · · · · · ·	mpensation	from a	ny u					on or individual		5	_X	Х
	B. Independent Contractors												
co	omplete this table for your five highest compensate ompensation from the organization Report comper ear	-											
	(A) Name and business address								(B) Description of	services		C) ensatio	n
<b>2</b> To	otal number of independent contractors (including b	out not limited	to tho	se li	sted	abo	ve) w	ho					
re	ceived more than \$100,000 of compensation from	the organiza	tion	<u> </u>							,		•

Form 990 (2018)
Part VIII

		Check if Schedule O contains a response or i	note to any line in thi	is Part VIII		· · · · · · · · ·	
AL L				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង ង	1a	Federated campaigns 1a	•		language of the second	E SALE.	
Fig.	ь	Membership diles 1h					
O E	С	Fundraising events 1c			4.0		
ar A	d	Related organizations 1d	I	1			
S, G	e	Government grants (contributions) · · 1e					
อีเร	f	All other contributions, gifts, grants,	<u> </u>		Anna de la companya d		
Contributions, Gifts, Grants and Other Similar Amounts	,	and similar amounts not included above	32,518				
50	g	Noncash contributions included in lines 1a 1f \$		1	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
ပို့န်	_	Total. Add lines 1a-1f		32,518		100	100
		roug, rad mes ra n	Business Code	32,318			
e e	22	Child care service inco	624410	3,455,701	3,455,701	Control of the control of	C-2-1070-4-03-40,-7-2-10-2, 5-1111112-2, 5-11
Program Service Revenue	l		624200	126,108			<del></del>
ě.	٦	Counseling income	624200	120,108	126,108	<u> </u>	
. چ	٦			<u> </u>			
Š	٦			<del> </del>	<u> </u>		
Ē.	•	All other program service revenue · · · · ·		<del>                                     </del>			<del></del>
5	l	Total. Add lines 2a-2f		2 501 000			
				3,581,809			2018 (1678)
	3	Investment income (including dividends, interest, and other similar amounts)				,	
	4	Income from investment of tax-exempt bond pro-	ceeds · · · •				
	5	Royalties	<b>&gt;</b>				
		(ı) Real	(ii) Personal				18.0
	6a	Gross rents · · · · · ·	***************************************			mercania applica material application	
	b	Less rental expenses · · · ·				A STATE OF	
	C	Rental income or (loss) · · ·	<u> </u>				
	d	Net rental income or (loss)	<u>&gt;</u>	<u></u>			
	7a	Gross amount from sales of (i) Secunties	(ii) Other			- T	7.0
		assets other than inventory				TARREST TO THE STATE OF	
	ь	Less cost or other basis			100		
	1	and sales expenses · · · ·					Equipment and the second
	C	Gain or (loss)					Calebo (2)
_	d	Net gain or (loss)	. <u> </u>				
enne	8a	Gross income from fundraising					
5		events (not including \$		41/4		* ************************************	
Other Rev		of contributions reported on line 1c)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ž		See Part IV, line 18 a				al-de autocida	
중	b	Less direct expensesb					
	С	Net income or (loss) from fundraising events	. <u> </u>				
	9a	Gross income from gaming activities				10	
		See Part IV, line 19 · · · · · · · · a		3 1 2 Aug.			
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances a		ASSUMPTION		2014	4
	b	Less cost of goods sold $ \cdots                  $		NE SYNGE			
	С	Net income or (loss) from sales of inventory · ·					
		Miscellaneous Revenue	Business Code		A COLOR		
	11a	Other income	900099	2,179	° 2,179		
i	b	Investment loss	523920	(2,538	(2,538	)	
	С						
	ď	All other revenue					
	е	Total. Add lines 11a-11d		(359	) Ruit to Albin		
	12	Total revenue. See instructions	· · · · · · •	3,613,968	3,581,450	. 0	0

# Form 990 (2018) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Part X Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

_	Check if Schedule O contains a response or note to	o any line in this Part IX			<u> </u>
Do I	not include amounts reported on lines 6b, 7b,	(A)	(B) ·	(C)	(D)
8b, :	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			475	
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic		,		
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				that the training of the train
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		-		
	trustees, and key employees	70,200	52,650	17,550	
6	Compensation not included above, to disqualified				1.
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salanes and wages	2,272,827	2,016,022	256,805	
8	Pension plan accruals and contributions (include	2,212,821	2,016,022	236,803	<u> </u>
•	section 401(k) and 403(b) employer contributions)	E 070	E 070		1
9	Other employee benefits	5,278	5,278	0.001	<del>                                     </del>
		79,282	69,381	9,901	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	241,545	213,261	28,284	<del> </del>
11	Fees for services (non-employees)				1
a	Management				<del></del>
b	Legal				
C	Accounting	27,480	23,358	4,122	
đ	Lobbying		19.4 1.0 mm 1 11 2 12 16 16 1 1 1 1 1 1 1 1 1 1 1 1	San Service of Second Control (Second Second	
6	Professional fundraising services See Part IV, line 17				
f	Investment management fees		ļ		
g	Other (If line 11g amount exceeds 10% of line 25, column	j			
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses	34,643	29,447	5,196	
14	Information technology		ļ <u>.</u>		
15	Royalties				r
16	Occupancy · · · · · · · · · · · · · · · · · · ·	433,305	389,974	43,331	<u></u>
17	Travel				
18	Payments of travel or entertainment expenses	$\Gamma$			Į
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,499	5,499		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,518	66,479	27,039	,
23	Insurance	33,302	29,403	3,899	
24	Other expenses litemize expenses not covered		**************************************	14.55	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Program costs	230,229	230,229	- water Constitution Astronomy 54 March 1994, and	Control Attorney of the State o
b	Telephone and utilities	147,242	132,518	14,724	<del></del>
c	Professional development	24,773	24,773	17,124	
d					<del>                                     </del>
	Bad debt expense	13,719	13,719		
9 25	All other expenses	10,120	9,212	908	
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs, Complete this line only if the	3,722,962	3,311,203	411,759	0
<b>40</b>	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	<u> </u>			Form <b>990</b> (2018)

Form 990 (2018) **Balance Sheet** 

•		Check if Schedule O contains a response or note to any	line in	this Part X			<u>L</u>
					(A)		(B)
					Beginning of year	<del> </del>	End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·			714,243	1	1,369,018
	2	Savings and temporary cash investments			530,502	2	26,353
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			91,089	4	135,000
	5	Loans and other receivables from current and former off	icers, d	directors,			
		trustees, key employees, and highest compensated emp	loyees	;			
		Complete Part II of Schedule L			_ ·	5	L
	6	Loans and other receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and con	itributin	g employers and		A COLOR	3. 1. S. C. S.
		sponsoring organizations of section 501(c)(9) voluntary employe	es' ber	neficiary		100	The state of the s
		organizations (see instructions) Complete Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or	[		32.32.32.42.43	204	
		other basis Complete Part VI of Schedule D	10a	981,839			
	b	Less accumulated depreciation	10b		618,240	10c	600,730
	11	Investments - publicly traded securities				11	21,871
	12	•				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 · · · · · · · · ·			112,085	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,066,159	16	2,152,972
	17	Accounts payable and accrued expenses · · · · ·			77,244	17	78,974
	18	Grants payable				18	
	19	Deferred revenue			253,744	19	415,452
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Sched	lule D · · · · · ·		21	
S	22	Loans and other payables to current and former officers,	direct	ors,	The second of	10.00	400
Liabilities		trustees, key employees, highest compensated employee	es, and	d			
ap		disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	partie	s		23	-
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables to	relate	d third			
		parties, and other liabilities not included on lines 17-24)	Compl	ete Part X			
ľ		of Schedule D				25	32,369
	26	Total liabilities. Add lines 17 through 25 · · · · ·			330,988	26	526,795
		Organizations that follow SFAS 117 (ASC 958), check	here	▶ 🛚 and			200
Se		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			1,735,171	27	1,626,177
a	28	Temporanly restricted net assets				28	
밑	29	Permanently restricted net assets				29	
Z		Organizations that do not follow SFAS 117 (ASC 958)	, chec	k here 🕨 🗌 and			
ō		complete lines 30 through 34.					in the second
ietk	30	Capital stock or trust principal, or current funds				30	<u> </u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or				32	
Ne	33	Total net assets or fund balances			1,735,171	33	1,626,177
	34	Total liabilities and net assets/fund balances · · · ·			2,066,159	34	2,152,972
EEA							Form <b>990</b> (2018)

Fom		23-296170	<u>1 P</u>	age 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		. 🔲
1	Total revenue (must equal Part VIII, column (A), linc 12)	. 1	3,613,	968
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	3,722,	962
3	Revenue less expenses Subtract line 2 from line 1	. 3	(108,	994)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,735,	171
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	mile in the interest of the in	1		
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	$\Gamma$		_
		. 10	1,626,	177
Pa	rt XII Financial Statements and Reporting			
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Trivall Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  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  Were the organization's financial statements compiled or reviewed by an independent accountant?  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			
1 2a b	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?  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	*	2a 2b X	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c -	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Marie	
	the Single Audit Act and OMB Circular A-133?		3a X	

3b

Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

EEA

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

		NEIGHBORHOOD DEVELOPMENT					23-29617		
Pa	irt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	) See instruction	s	
The	orga	nization is not a private foundation bec	ause it is (For lines	s 1 through 12, check ont	y one box	)			
1		A church, convention of churches, or	association of churc	ches described in <b>sectio</b> i	n 170(b)(1	)(A)(i).	5.2	CEIVE	$\overline{}$
2	П	A school described in section 170(b)	( <b>1)(A)(ii).</b> (Attach So	chedule E (Form 990 or 9	990-EZ))		1 \	- O - 1: V - 1:	
3		A hospital or a cooperative hospital se					0		انوا
4	Ш	A medical research organization opera	ated in conjunction	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the A	iG 1 <b>5</b> 202	미있다
	_	hospital's name, city, and state							18/
5		An organization operated for the bene	efit of a college or un	niversity owned or opera	ted by a go	vernmenta	al unit described in	DEN U	T
		Section 170(b)(1)(A)(1V). (Complete F	aitii)				L	, , ,	
6	닏	A federal, state, or local government of						na	
7	Ш	An organization that normally receives			emmental	unit or fron	n the general public	$\cup$ $\Gamma$	
_		described in section 170(b)(1)(A)(vi).						l	
8	님	A community trust described in section							
9	Ц	An agnicultural research organization of			-				
		or university or a non-land-grant colleguniversity	ge of agriculture (se	ee instructions) Enter the	e name, cii	y, and state	e or the college or		
10	X	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	S	
		receipts from activities related to its e	xempt functions - si	ubject to certain exception	ns, and (2)	) no more t	han 33 1/3% of its		
		support from gross investment incom-	e and unrelated bus	siness taxable income (le	ess section	511 tax) fr	om businesses		
	_	acquired by the organization after Jun	e 30, 1975 See <b>se</b>	ction 509(a)(2). (Comple	te Part III )				
11	Ц	An organization organized and operate	•	• •					
12	Ш	An organization organized and operat	•	•					
		of one or more publicly supported orga		, ., ,					
		Check the box in lines 12a through 12				-		12g	
	а	Type I. A supporting organization	•	•		•			
		the supported organization(s) the		• •	y or trie air	ectors or tr	ustees of the		
	b	supporting organization You mus	-		ite sunnort	ed organiz:	ation(s) by having		
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported								
	organization(s) You must complete Part IV, Sections A and C.								
	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
	its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.								
	d	_ `` `	•	•				s)	
	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness.								
		requirement (see instructions) Yo	u must complete l	Part IV, Sections A and	D, and Pa	rt V.			
	е	Check this box if the organization	received a written o	determination from the IF	RS that it is	a Type I, 1	ype II, Type III		
		functionally integrated, or Type III	non-functionally int	egrated supporting orgar	nization			_	
	f	Enter the number of supported organi							
	g	Provide the following information about		ganization(s)					
	(i	) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	-	(v) Amount of monetary support (see	(vi) Amount other support	
				above (see instructions))	docum	-	instructions)	instruction	
					Yes	No_			
(A)									
—– (B)									
· ·									
(C)									
— (D)									
						<del>                                     </del>			
(E) 									
Tota	1		- 1		1				

23-2961701

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

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

Se	ction A. Public Support				_		
Cal	endar year (or fiscal year beginning in)	(a) 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")			15,300	73,829	32,518	121,647
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						
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 lines 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				,		
	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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·	3 mg 2 3 10s 2	Mar T CAMPS TO A STATE	(1 - 75 hours) and 12 Med 717	227 A. 1414 2000 124 2200	M 25 45 100 100 100 100 55 45000000 1 7.00	<del></del>
8	Public support. (Subtract line 7c from						
Sec	ction B. Total Support	<u> </u>	<b>建设下文的方式产品//</b> /////	3:637-3:000000			14,282,026
_	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,902	5,756	12,511	637	(359	,
b	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
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)	1,196	4,874	27			6,097
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	2,191,575	2,404,795	2,859,502	3,241,730	3,613,968	14,311,570
	First five years. If the Form 990 is for the org organization, check this box and stop here	<del></del>					▶ □
	ction C. Computation of Public Su	<del>''</del>			······	<del></del>	
15	Public support percentage for 2018 (line 8, co					15	99.79 %
16 Sar	Public support percentage from 2017 Scheduction D. Computation of Investment			• • • • • • • • •		16	99.63 %
	<del></del>					47	2 22 9/
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 Sci		-		F	17	0.00 %
	33 1/3% support tests - 2018. If the organiza	tion did not check th	ne box on line 14, a	nd line 15 is more t	than 33 1/3%, and	line	▶ 🏻
b	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this b	tion did not check a	box on line 14 or li	ne 19a, and line 16	s is more than 33 1/	/3%, and	_
20	Private foundation. If the organization did no	•	=				_

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

"Yes" on Form 990, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public

OMB No 1545-0047

GR.	ACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701
	rtill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	
<u> </u>	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 (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised in	)
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	i i i i i i i i i i i i i i i i i i i	以う <b>13</b> 2270   ら
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferning impermissible private benefit?	Yes No
Pa	rtilli 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)	mportant land area
	Protection of natural habitat Preservation of a certified hist	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified 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	ation 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 penodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during the year
	Ps	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
ΙPa	organization's accounting for conservation easements  rt IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
F.T.	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and t	halance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	3.000
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	nce sheet
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · <b>&gt;</b> \$
b	Assets included in Form 990, Part X	

Pa	rt III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, o	r Othe	r Similar Asse	ets (cont	inued)
3	Using the organization's acquisition, accession, an	d other records, ch	eck any of the follo	wing that are a	significa	nt use of its		
	collection items (check all that apply)							
а	Public exhibition	d ∏ Loai	n or exchange prog	rams				
b	Scholarly research	_	er					
С	Preservation for future generations				_			
4	Provide a description of the organization's collection	one and evoluin how	v they further the or	manization's ex	emot ou	rnose in Part		
•	XIII	nis and explain nov	v they latered the or	garnzanorrocx	c.npt pu	pose in ran		
5	During the year, did the organization solicit or rece	we donations of ad	historical treasure	e or other eimi	lar			
•	assets to be sold to raise funds rather than to be m		•	•			🗆 🗸	es No
Pa	rt IV Escrow and Custodial Arrange		n trie Organizations	conection.			·· ப ·	65
	Complete if the organization ans		Form 990 Pa	rt IV line 9	or ren	orted an amou	int on Fo	ırm
	990, Part X, line 21.	WC/CG 1C3 0	11 01111 000, 1 0		Oi TOP	ortoa arramoe		
 1а		other intermediani	for contributions or	other peeds of				
ıa	Is the organization an agent, trustee, custodian or		· · · · · · · · · · · ·				Пү	
_							· · Ц т	es [] No
D	If "Yes," explain the arrangement in Part XIII and c	omplete the followi	ng table					
	Para di Aran					Am	ount	
С	Beginning balance					<del>                                     </del>		
d	Additions during the year							
e						<del> </del>		
f	Ending balance					<u> </u>		
2a	Did the organization include an amount on Form 9				-		_	$\equiv$
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII Chec	k here if the explan	ation has been pro	vided on Part X	<u> </u>		• • • • •	<u>· • • • • • • • • • • • • • • • • • • •</u>
<u>Pa</u>	rt V Endowment Funds.		- F 000 D-	N.A. 15 4.C				
	Complete if the organization ans					<del></del> -		
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance			<del> </del>				
b	Contributions						<del> </del>	
С	Net investment earnings, gains, and			1	1		1	
	losses			ļ. <b>_</b>				
d	Grants or scholarships			<u> </u>				<del></del> .
θ	Other expenditures for facilities and			ł				
	programs · · · · · · · · · · _							
f	Administrative expenses	·····				······		
g	End of year balance			<u> </u>				
2	Provide the estimated percentage of the current ye	ear end balance (lin	e 1g, column (a)) h	eld as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment • %							
C	Temporanly restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should eq	jual 100%						
3a	Are there endowment funds not in the possession	of the organization	that are held and a	dministered for	the		_	
	organization by							Yes No
	(i) unrelated organizations					• • • • • • • •	. 3a(i)	
	(ii) related organizations		<i>.</i>				. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required o	on Schedule R?				. [Зь]	
4	Describe in Part XIII the intended uses of the organ	nization's endowme	ent funds					
Pa	rt VI Land, Buildings, and Equipme			<del></del>				
	Complete if the organization ans	wered "Yes" or	n Form 990, Pa	rt IV, line 11	a. See	Form 990, Pa	rt X, line	<u>: 10</u>
	Description of property	(a) Cost or other	r basis (b) Cost	or other basis	(c) A	ccumulated	(d) Book	value
		(investme	nt)	(other)	de	preciation		
1a	Land							
b	Buildings							
C	Leasehold improvements			481,909		239,543	2	42,366
d	Equipment			89,975		41,239		48,736
в	Other STMD1E			409,955		100,327		09,628
Total	. Add lines 1a through 1e (Column (d) must equal F	Form 990, Part X. c	olumn (B), line 10c			🕨		00.730

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule D (Form 990) 2018

Page 2

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Part VII

vestments - Oth
ner Securities

Complete if the organization answered "	"Yes" on Form 990	. Part IV. line 11b.	. See Form 990	). Part X. line 12
---	-------------------	----------------------	----------------	--------------------

	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11b. See Form 990	, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book válue	(c) Method of valuate Cost or end-of-year marke	
(1) Financial o	lenvatives	,		
(2) Closely-he	ld equity interests			
(3) Other				
(A)_		· · · · · ·		
(B)	7			
(C)				<u></u>
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11c See Form 990	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)				· —
(2)				
(3)				·
(4)				
(5)			•	
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11d See Form 990	, Part X, line 15
		escription		(b) Book value
(1)				1
(2)				1
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

#### Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AFFILIATE PAYABLE	32,369	
<u>(3)</u>		grane Carlo pour la description de la company de la compan
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part 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.

hedule D (Form 990) 2018 GRACE NEIGHBORHOOD DEVELOPMENT CORPORA		23-29617	01 Page
Reconciliation of Revenue per Audited Financial State	•	er Return.	- 1
Complete if the organization answered "Yes" on Form 990	Part IV, line 12a		
Total revenue, gains, and other support per audited financial statements		1	3,613,968
Amounts included on line 1 but not on Form 990, Part VIII, line 12		2	
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c :		
d Other (Describe in Part XIII )	2d '		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	•	2e	
Subtract line 2e from line 1	1 1	3 Immilitiration	3,613,968
Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a '	[9/8]	
b Other (Describe in Part XIII )	4b		
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			3,613,968
Reconciliation of Expenses per Audited Financial Stat		s per Ketu	rn.
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
Total expenses and losses per audited financial statements		1	3,722,962
Amounts included on line 1 but not on Form 990, Part IX, line 25	0-	7.23	
Donated services and use of facilities	2a		•
Prior year adjustments	2b		
Other losses	2c 2d '		
d Other (Describe in Part XIII )		300	
Add lines 2a through 2d		2e 3	2 702 062
•		10000000	3,722,962
Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		•
C Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<del></del>	3,722,962
Part:XIII Supplemental Information.			3,122,962
ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, II	nes 1b and 2b. Part V. line 4. F	art X. line	
Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		•	
	,	,	
		·	
		<u> </u>	
	,		
•	,		
	,		
	,		
	,		

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

## **Compensation Information**

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

Compensated Employees

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATI

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

Open to Public

23-2961701

OMB No 1545-0047

2018

Pa	rtil: Questions Regarding Compensation			
	<u>/</u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			<b>全洲</b>
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		神学	1
	First-class or charter travel    X   Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			夏 東
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ATT.
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	*****		-814-6163
	explain	1b		
	•	400	114	A.6
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	23m2533,2	**************************************	300,792
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		<b>建</b> 物	0.数据	1000
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			wind.
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study		\$183.0% \$1.000	
	Form 990 of other organizations  Approval by the board or compensation committee			13.3
			a Tri	15
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	11.0		
а		4a	-	
b		4b		
C		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		17.7	
		7.2		1000
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the revenues of The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III		***	
	Appellant agreement of the control o			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
	The organization?	6a		Χ
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			NO.
	•			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Χ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		X
				17.483
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ا و ا		

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Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2018 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION [Partill] Officers, Directors, Trustees. Key Employees and Highbort Control

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

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

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation				
(A) Name and Title	(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Noriaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on pnor Form 990
Rev. Dr. Chandra S Soa (i)	(i) 70,200	0	0	0	0	70,200	0
1 Executive Director	(ii) 76,550	0		0	15,000	91,550	0
	(1)						
2	(ii)						
	(0)						
3	<b>(E)</b>						
	(9)						
4	(ii)						
	()						
5	(!!)						
	(0)						
9	(ii)						
	(1)						
7	(ii)						
	(0)						
80	(ii)						
	(6)						
6	(ii)						
	(3)						
10	(ii)						
	(1)						
11	(ii)						
	(5)						
12							
	(E)	TO TIVED					
13	0 (ii)		0				
	Z/Z/	JG 1 3 2020	10				
14			C)				•
	(a)	141.0					
15							
	<b>S</b>						
16	(ii)						
EEA						Sch	Schedule J (Form 990) 2018

The state of the s

### **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.

Department of the Treasury Internal Revenue Service Name of the organization

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Open to Public Inspection

OMB No 1545-0047

Employer identification number

23-2961701

01. Form 990 governing body review (Part VI, line 11)
VI. FORM 330 GOVERNING BODY TEVIEW (FAIL VI, TIME II)
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)
oz. Confidet of Interest policy compliance (Fart VI, Time 120)
A written conflict of interest policy has been prepared and is routinely issued to
trustees each year.
03. CEO, executive director, top management comp (Part VI, line 15a)
A finance committee establishes compensation for the executive director and key employees.
04. Other officer or key employee compensation (Part VI, line 15b
A finance committee establishes componentian for the everytime director and key ampleyees
A finance committee establishes compensation for the executive director and key employees.
<del></del>
05. Governing documents, etc, available to public (Part VI, line 19)
Documents are made available to the public upon request and may be viewed during normal
business hours.
<u> </u>

SCHEDULE R (Form 990)

Ξ

3

Related Organizations and Unrelated Partnerships

2018 Open to Public

Inspection

OMB No 1545-0047

(f) Direct controlling entity

Employer identification number 23-2961701 (e) End-of-year assets 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. Go to www.irs.gov/Form990 for instructions and the latest information. (c) Legal dom (state or foreign country) ► Attach to Form 990. (b) Primary activity GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION (a)
Name, address, and EIN (if applicable) of disregarded entity Department of the Treasury Internal Revenue Service Name of the organization Part

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year 030 ટ્યા 022 Part II 4 ල <u>(S</u>

(a)	(q)	(၁)	(p)	(e)	( <del>)</del>	(a)	
Name, address, and EIN of related organization	Primary activity	Legal dom (state	Exempt Code section	Public charity status	Direct controlling	sec 51.	sec 512(b)(13) controlled entity
		or foreign country)		(if section 501(c)(3))	entity	Yes	٥ ۷
(1) Grace Trinity United Church of, 23-2960614							
5200 Oxford Avenue	Church and child day						
Philadelphia, PA 19124	care center	PA	501 (c) (3)	2	N/A		×
(2)		_				-	
(3)						_	
(4)							
	ļ						
(9)							

Schedule R (Form 990) 2018

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

Page 2

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3

% owner-Percentage Sec 512(b)(13) ownership controlled ŝ Schedule R (Form 990) 2018 ship Yes No nanaging Yes partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Gen or Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Ξ Share of **6** Yes No Disprop-ortionate tions? Ξ alloca-Share of total Share of end-of-year assets INcome **6** line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp, S corp, (f) Share of total ⊕⊞00U because it had one or more related organizations treated as a partnership during the tax year unrelated,
excluded from
tax under
sections 512-514) Predominant income (related, Direct controlling ਉ Direct controlling entity ਉ domicile (state or foreign country) (c) Legal Legal (state or foreign country) ပ Primary activity e Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV EEA E |Ξ (2) (3) 8 **€** <u>ල</u> 3 € 9

Page 3

Schedule R (Form 990) 2018

[PartiV] Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	ed "Yes" on Form 9	90, Part IV, line 34,	, 35b, or 36		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	Z
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	nizations listed in Parts I	-1/2			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9	_
c Gift. grant. or capital contribution from related organization(s)				10	
				<b>1</b>	
				16	
				aujiiii	
f Dividends from related organization(s)				14	
	•			5	_
T Control of Control o				+	
			•		1
i Exchange of assets with related organization(s)				= ;	$\downarrow$
j Lease of facilities, equipment, or other assets to related organization(s)				1)	-
k Lease of facilities, equipment, or other assets from related organization(s)				¥	$\downarrow$
l Performance of services or membership or fundraising solicitations for related organization(s)				=	_
m Performance of services or membership or fundraising solicitations by related organization(s)				13	
				4	
				5	<u> </u>
o organing of paid employees with related of ganization (s)	· · · · · · · · · · · · · · · · · · ·	•		2	,,,
				۵ .	4
q Reimbursement paid by related organization(s) for expenses				19	1
r Other transfer of cash or property to related organization(s)				<b>-</b>	
s Other transfer of cash or property from related organization(s)				1s	_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	uding covered relationsh	ips and transaction thres	splots		
(a)	(q)	(၁)	(p)	(F	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ng amount ומעסוא	8
(1)Grace Trinity United Church of Chri			Fair market	value	
1					
(2)					i
(3)		,			
141					
(9)					ŀ
EEA			Scher	Schedule R (Form 990) 20	0) 20

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