990 Form

(Rev January 2020)

Return of Organization Exempt From Income Tax

2019 Open to Public

OMB No 1545-0047

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_		2040 colorador y	ear, or tax year begin	ww.irs.gov/Form99	or instruct	ions a			tion.		- 中語 I Manual Haring
								and endi			, 20
		epplicable	C Name of organizationGR	ACE NEIGHBOR	HOOD DEVE	LOPME	ENT CORPO	RATION		D Emp	oloyer identification number
一	Address	_	Doing business as					,			23-2961701
닏	Name ch	ange	Number and street (or P	Dox if mail is not deliver	red to street addres	ss)		Room/suit	е	E Tele	phone number
Ц	irutiai retu	urn	5200 OXFORD AVI	ENUE				<u> </u>		L	(215) 535-3885
닏	Final retu	rn/terminated	City or town, state or pro-	rince, country, and ZiP or	foreign postal code	9				G Gro	ss receipts
Щ	Amended	d return	PHILADELPHIA, I	PA 19124						\$	5,044,768
□ .	Application	an pending	F Name and address of pro	ncipal officer Samuel	. Naveen M	larut	hoti		H(a) is this a (proup retur	n for subordinates? Yes X No
			Same as C above	9				<u></u>	H(b) Are all :	subordina	ites included? Yes No
1	Tax-exen	npt status X 501	(c)(3) 501(c)() ◀ (insert no)	4947(a)(1) or		527	2_	If "No,"	attach e i	list (see instructions)
J1	Website	► N/A							H(c) Group	exemption	on number
		organization X Com	poration Trust Ass	ociation Other			L Year of formati	on 200	2 M S	State of le	gal domicile PA
Pa	rt	Summary									
	1	Bnefly describe to	he organization's missi	on or most significar	nt activities	The	organiza	tion r	provide	s chi	ld day care
es.		services an	nd home ownersh	ip counseling	a .				·		
Activities & Governance											
Ë					· ····						
š	2	Check this box ▶	if the organization	discontinued its ope	erations or dis	posed o	of more than 2	25% of its	net assets	<u> </u>	
ŏ	3		members of the gover	•						3	9
ලේ ග	4	_	endent voting member	• • •	•	ne 1b)				4	
ig.	5	· ·	ndıvıduals employed ın		• •	•				5	135
Ę	6	Total number of a	volunteers (estimate if r	MANAGER AND THE PARTY	CO CONICC	a, 				6	133
Ą	7a	Total uppolated by	volunteers (estimate if r	Presentad US E	ignk • Use					7a	
	i		usiness revenue from F	,				• • • •		7b	0
	+	ivet unrelated but	siness taxable income	ल स चुन्न		· · · ·				. /10	
		Cantabutiana an	d aronto (Dort \/III lino		KUNU				Prior Year	510	Current Year
Ф	8		d grants (Part VIII, line		h. N#4*)			·		,518	52,026
	9		revenue (Part VIII, line					`	3,581	,809	4,975,346
? ₹	10		ne (Part VIII, column (A					· 			0
5~	11		Part VIII, colum <u>n (A) lin</u>	· · - ·				·		(359)	
Revenue	12		dd lines 8 through 11 (r			ne 12)	• • • • •		3,613	, 968	5,044,768
ū	13		ar amounts paid (Part I)		•	• • • •		•			0
, 3	14										0
Dώ	15	,	ompensation, employee	• •		s 5-10)		٠ ــــــــــــــــــــــــــــــــــــ	2,669	,132	3,190,228
Expenses	16a	Professional fund	fraising fees (Part IX, c	olumn (A), line 11e)					* ***		0
٦ <u>ق</u>	b	-	expenses (Part IX, colu	• • •			0				
<u>-</u> 0	17		(Part IX, column (A), lin		-			•	1,053	<u>,830</u>	1,251,018
	18	Total expenses	Add lines 13-17 (must e	equal Part IX, colum	n (A), line 25)			·	3,722	,962	4,441,246
	19	Revenue less ex	penses Subtract line 1	8 from line 12 · ·	• • • • • •	• • • •		· 	(108	,994)	603,522
. 5	3							Begin	ning of Curre	nt Year	End of Year
Net Assets or	20	Total assets (Part	t X, line 16)					·	2,152	<u>, 972</u>	2,595,355
¥.	21	Total liabilities (Pa	art X, line 26) · · ·					٠	<u>526</u>	,795	365,656
		Net assets or fun	d balances. Subtract li	ne 21 from line 20	· · · · · ·	· · · ·		·L	1,626	,177	2,229,699
Pa	n II	Signature I	Block								
			hat I have examined this return					of my knowle	dge and belie	f, it is	
uua,	correct, a	and complete Declaration	on of preparer (other than office	er) is based on all imonna	ation or which prep	erer nes	any knowledge		··· ·		
			()	_ &							7.30.2020
Sig	n	Signature of or	fficer							Da	
Her	e	Rev. Dr	. Chandra S So	ans. Executiv	e Directo	or					
		Type or print n			1		··		·····		
		Print/Type preparer	's name	Preparer's signature	B	1	Date		Check	X if	PTIN
Paid	di	Robert F B	Burock	Mobert of	wwar	B	07-24-20	20	self-emp		P00177123
Pre	parer			Burock RPC I	LC		<u> </u>		m's EIN		
	Only	<u> </u>	P. O. Bo						one no		
	•			wyd PA 19004				['"		610-	660-7743
Vlav	the IRS	discuss this return	m with the preparer sho		tructions)					<u> </u>	· · · · X Yes No
			ct Notice, see the sep		2010113)						Form 990 (2019)
	~~~		up								FUIII 330 (2013)

	1990 (2019) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly deścribe the organization's mission		
	The organization provides child day care services and home ownership counsel	ıng.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	pnor Form 990 or 990-EZ?	Tyes	x No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · 🗌 Yes	No No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
4			
4a	(Code ) (Expenses \$ 3,845,855 including grants of \$ ) (Revenue		5,742)
	The Organization operates a child day care center for pre-school and school	age children	1
		<del>_</del>	
		<del> </del>	
		<del></del> .	
			<del></del>
4b	(Code) (Expenses \$147,767 including grants of \$) (Revenue Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase councounseling, home ownership and home maintenance counseling and other financial community members who rent their homes. Its goal is to aid these low-income purchasing their own homes for the benefit of their families, and the community members who rent their homes.	nseling, cre al services families in ity as well.	to its
	Counseling supports members in their effort to increase affordable and susta:	ruapte vome	ownersnij
	for lower income, new immigrant, and minority households.		
4-			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			·
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
A e d	Other program equippe (Decembe on Schodule O.)		
4d	Other program services (Describe on Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$	,	
4e			
EA	Total program service expenses 3,993,622	For	n <b>990</b> (2019)
		, 011	( (-)

EEA

Form 990 (2019) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION Part IV **Checklist of Required Schedules** 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)? . . . . . . . . . . . . . х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 x Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part III x 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 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 Х b Did the organization report an amount for investments - other securities in Part X line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ......... X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . . 12b x 13 X 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X_ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 x 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 х 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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 .........

	(continued)		<del></del>	Τ—
	Delite all and a second and the OF COO of and a second an	Γ	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	ļ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<del>                                     </del>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		]	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds? · · · · · · · · · · · · · · · · · · ·	24c	<u> </u>	ــــــ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b	ĺ	]
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		<u> </u>	<del> </del>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1	i	1
	member, or to a 35% controlled entity (including an employee thereof) 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	. "2		-
	IV instructions, for applicable filing thresholds, conditions, and exceptions)	· · · ·	-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	l '		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	├	X
C	"Yes," complete Schedule L, Part IV	28c		l .
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		<del>                                     </del>	<b>^</b>
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ì
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<b></b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			•
25-	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	Х	<del> </del>
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	<b></b>	X
b	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	300	$\vdash$	<del> </del>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		44
	Fatestha ann hann and in Day 2 of Farm 4000 Fig. 2 of 1 and 1	3 =	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1c	X	
EEA	Aberrania Aminina (Adminina) anninasa ra bursa anninasa.		990 (2	2019)
				/

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За 3а Х 3b 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)? . . . . . . . . . . . x **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5а X X 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? x 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? 7a X_ 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 7с X 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X X 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 Sponsoring organizations maintaining donor advised funds. 9a X 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources 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 . . . . . . . . . . . . 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. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? 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

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		• • •	. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	上華		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1	
	one or more members of the governing body?	7a		<u>x</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,		] '	
	stockholders, or persons other than the governing body?	7b	222.507.7	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	х	
þ	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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 on Schedule O	8		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
IOa	Did the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		]	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4 5	Did the process for determining compensation of the following persons include a review and approval by		X	
	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	x	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1212
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		工艺	
-	with a taxable entity during the year?	16a	220.252	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		<b>E</b> EE	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	- COLUMN	X-1-1700BLE
Sec	tion C. Disclosure	4	·	
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 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website  Upon request Other (explain on Schedule O)			
9	Describe on 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			
n	State the name, address, and talenhone number of the nerson who nossesses the amenization's hooks and records			

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

Form 990 (201	<u>/                                    </u>	23-2961701	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employe	es, and						
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any relat	ed organizatı	on con	npen	sate	ed ar	ıy curr	ent d	officer, director, or t	rustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bax	unles	Po: eck m	rson is rector	Highest compensated employee	)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rev. Dr. Chandra S Soans	30.00							·		
Executive Director	20.00	X						107,900	46,150	0
(2) Cheryl McLaughlin	2.00									
Trustee		x						00_	0	0
(3) Rev Dr William Alexander	5.00									
Trustee		X		_				00	0	0
(4) Sumbo Soyemi	2.00									
Trustee		X	_					00	0	0
(5) Islande Luc	2.00									
Trustee		<u>x</u> _					_	0	0	0
(6) Priya Arthur	2.00								:	
Trustee		<u> </u>		_				0	0	0
(7) Samuel Naveen Maruthoti	3.00									
President	1.00			X				0	0	0
(8) Christine Montague	<u>3 .</u> 00									
Secretary			_	X			$\dashv$	0	0	0
(9) Christopher Pandian	3.00		1	1			1			
Treasurer				X				0	0	0
(10)										
(11)										<del></del>
(12)			-							
(13)										
(14)									<del></del>	
EEA					1				<u>.</u>	Form 990 (2019)

	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Higi	hest	Com	pens	sated Employees	continued)				
	(A) Name and trile	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-M		orga	nization a	
(15)														
<u>(16)</u>														
<u>(17)</u>										·		<del></del>		
(18)_														
(19)														
(20)														
(21)														
(22)_														
(23)_														
(24)_														
(25)_														
1b	Subtotal							٠ >			-		<del></del>	
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)		 						107,900	46	150			0
2	Total number of individuals (including but not limite													
	reportable compensation from the organization										<u></u>		Voc T	1
3	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>				, or l	high	est co	mpe	nsated			3	Yes	
4	For any individual listed on line 1a, is the sum of re				and	oth	er com	 Ipen	sation from the	· · · · · ·			T	X
	organization and related organizations greater than	\$150,000?	lf "Yes,	," co	mple	ete S	Schedu	ile J	for such					ŧ.
	Individual				• • •		 					4	X	a a
5	for services rendered to the organization? If "Yes,"			_			_	anıza	·····			5		X
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Report compensation.										year			
i —	(A)								(B)			(C)		
	Name and business address	<u> </u>					-		Description of service	es		Compens	etion	
	Total number of independent contractors (including	but not limit	ed to t	hose	liste	ed al	bove)	who						
	received more than \$100,000 of compensation from			•										
												F	00 /20	40)

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			<i>.</i> <u>[</u>
-	,	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns · · · · · · ·	1a					
<b>10</b>	ь	Membership dues	1b					
Gifts, Grants ilar Amounts	c	Fundraising events	1c					
ູ້ອີ <u>ຕິ</u>	d	Related organizations	1d					
ξĀ			1e					
<u>.</u> 2≅	9	Government grants (contributions)	16					
Simi,	'	All other contributions, gifts, grants,						
ĘĘ		and similar amounts not included above	1f	52,026				
<b>₽</b> ₽	g	Noncash contributions included in		1.				
Contributions and Other Sin	١.	lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f	• •	· · · · · · · •	52,026	The state of the s		
•	l ·			Business Code	1			dia
9	2a	Child care service inco		624410	4,856,742	4,856,742		
ہ کے	b	b Counseling income 62		624200	118,604	118,604		
တို့ ဥ	С			L				
e a	d		_					
Program Service Revenue	е							
Ę	f	All other program service revenue						
	R	Total. Add lines 2a-2f :			4,975,346			
	b b	Investment income (including dividends, intered other similar amounts)	oroce	eeds				
	7a	Gross amount from (i) Secunties		(ii) Other				
Other Revenue		sales of assets other than inventory Less cost or other basis and sales expenses 7b	· 					
6VE	i	Gain or (loss) · · · · · 7c		L				
ď		9= 0. (.0.00)	<u></u>	···· •			20 - 20 - 10 - 10 - 10 - 10 - 10 - 10 -	
Othe		events (not including \$ of contributions reported on line 1c) See Part IV, line 18	8a 8h					
	С	Net income or (loss) from fundraising events	•					
		Gross income from garning						
i		activities, See Part IV, line 19	9a					
	ь	Less direct expenses · · · · · · ·	9b					
		Net income or (loss) from gaming activities				Property Control of the Control of t		
l			$\Box$					
	IUA	Gross sales of inventory, less	10a					
į	h	Less: cost of goods sold	10b					
<del></del>		The most of (1033) nom sales of mechany		Business Code		Parties of Mary and Mary and Mary	Carry Indianal T. (1917) - American	
<u> </u>	<b>1</b> 1a	Other income		900099	9,210	9,210	Charles APP Base to TRATE S	house the second
ē a		Investment income	-	523920	8,186			
e ja	C	THEOMA	-	JZJ3ZU	0,100	8,186		
Miscellanous Revenue		All other revenue	_	<del> </del>	<del>  </del>			··
Ξ			•		17 202			
نـــــ		Total. Add lines 11a-11d			17,396			
	16	TOUR TO TOTAL DEC HISHOUGHOUS	• •		5,044,768	4,992,742	0	0_

## Part IX: Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals See Part IV, line 22	<u> </u>	ļ		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and		ļ		
	foreign individuals. See Part IV, lines 15 and 16	}		**************************************	
4	Benefits paid to or for members	ļ			
5	Compensation of current officers, directors,				
	trustees, and key employees	75,400	56,550	18,850	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	<u> </u>			ļ
7	Other salaries and wages	2,750,115	2,475,887	274,228	<del> </del>
8	Pension plan accruals and contributions (include				1
^	section 401(k) and 403(b) employer contributions)	7,416	7,416	<u> </u>	<del></del>
9	Other employee benefits	73,930	65,492		
10	Payroll taxes	283,367	253,975	29,392	ļ
11	Fees for services (nonemployees)				1
a	Management	20,455	20,455		···
b	Legal	4,529		4,529	<u> </u>
C	Accounting	29,479	26,450	3,029	
d	Lobbying		the state of the state of		
9	Professional fundraising services See Part IV, line 17	<u> </u>			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				<u> </u>
13	Office expenses	67.074	F7. 602	10 101	
14	Information technology	67,874	. 57,693	10,181	
15	Royalties				
16	Occupancy	485,158	436,643	48,515	
17	Travel	403,136	430,043	40,515	
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials		i		
19	Conferences, conventions, and meetings	7,495	7,495		
20	Interest	7,433	7/100		
21	Payments to affiliates	·		<del></del>	
22	Depreciation, depletion, and amortization	98,893	68,253	30,640	
23	Insurance	30,185	27,054	3,131	
24	Other expenses. Itemize expenses not covered		717		100
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program costs	306,225	306,225		
b	Telephone and utilities	158,358	142,522	15,836	
С	Professional development	19,983	19,983		· · · · · · · · · · · · · · · · · · ·
d	Bad debt expense	9,331	9,331		
6	All other expenses	13,053	12,198	855	
25	Total functional expenses. Add lines 1 through 24e	4,441,246	3,993,622	447,624	0
26	Joint costs. Complete this line only if the	2/22/240	3,333,322	441,024	
	organization reported in column (B) joint costs	:			
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
EEA			<u> </u>		Form 990 (2019)

Part X **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 1 Cash - non-interest-bearing 1 1,369,018 2,539 2 Savings and temporary cash investments ......... 2 26,353 1,394,787 3 4 Accounts receivable, net 4 135,000 521,943 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule () 1,070,632 10b 600,730 10c 597,020 473,612 11 11 21,871 28,735 12 Investments - other secunties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 ..... 13 14 14 15 15 50,331 16 16 2,152,972 2,595,355 17 Accounts payable and accrued expenses ......... 17 78,974 119,345 18 18 19 Deferred revenue 19 415,452 5,645 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 25 32,369 240,666 26 Total liabilities. Add lines 17 through 25 526,795 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 1,626,177 2,229,699 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds ...... 29 Paid-in or capital surplus, or land, building, or equipment fund 30

EEA

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

2,595,355 Form 990 (2019)

2,229,699

31

32

33

1,626,177

2,152,972

Form	1 990 (2019) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-296170	1	Page 12
Pā	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), line 12)	1	5,04	4,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,44	1,246
3	Revenue less expenses. Subtract line 2 from line 1	3	60	3,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,177
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	2,22	9,699
Pa	HXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · · ·	<u> D</u>
			Ye	s No
1	Accounting method used to prepare the Form 990 . Cash X Accrual . Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			741
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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	ļ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	<i>.</i>	2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?		3a x	<u>:                                    </u>
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 on Schedule O and describe any steps taken to undergo such audits		3b x	<u> </u>
EEA			Form 990	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)
Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

was in any (50 -- 000 for instructions and the letest information

2019

Open to Public Inspection

Internal Revenue Service

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

Name of the organization Employer identification number GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 🗵 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . . Total. Add lines 1 through 3 . . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total (e) 2019 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources ........ Net income from unrelated business activities, whether or not the business 10 Other income Do not include gain or loss from the sale of capital assets Total support. Add lines 7 through 10 . . 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	ļ i	15,300	73,829	32,518	52,026	173,673
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ì					
	organization's tax-exempt purpose	Í					
3	• • • • • • • • • • • • • • • • • • • •						
	unrelated trade or business under section 513	2,394,165	2.831.664	3.167.264	3.581.809	4.975.346	16,950,248
4	Tax revenues levied for the						
	organization's benefit and either paid to	ļ	ļ			į	
	or expended on its behalf	j					
5	The value of services or facilities				'		
	furnished by a governmental unit to the	1		ì			
	organization without charge						
6	Total. Add lines 1 through 5	2,394,165	2,846,964	3,241,093	3,614,327	5,027,372	17,123,921
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3	}		·			
	received from other than disqualified		i				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		**************************************				
	line 6.)						17,123,921
	ction B. Total Support	<del>,</del>					
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	( <b>d)</b> 2018	(e) 2019	(f) Total
	Amounts from line 6	2,394,165	2,846,964	3,241,093	3,614,327	5,027,372	17,123,921
10a	Gross income from interest, dividends,	l					
	payments received on secunties loans, rents,				İ		
	royalties, and income from similar sources .	5,756	12,511	637	(359	8,186	26,731
D	Unrelated business taxable income (less				1	İ	
	section 511 taxes) from businesses				1		
_	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business	5,756	12,511	637	(359	8,186	26,731
• •	activities not included in line 10b, whether					1	
	or not the business is regularly carried on				i	İ	
12	Other income. Do not include gain or	<del></del>				<del></del>	
-	loss from the sale of capital assets				İ	I	
	(Explain in Part VI )	4,874	27			9,210	14,111
13	Total support. (Add lines 9, 10c, 11,	4,0,1				9,210	14,111
	• • • • • • • • • • • • • • • • • • • •	2.404.795	2.859.502	3.241.730	3.613.968	5.044.768	17,164,763
14	First five years. If the Form 990 is for the or	ganization's fire	st, second, thire	d, fourth, or fift	h tax year as a	section 501(c	)(3)
	organization, check this box and stop here				. <b></b>	<i></i>	▶ 🗍
Sec	ction C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2019 (line 8, c	olumn (f), divid	led by line 13,	column (f))		15	99.76 %
	Public support percentage from 2018 Sched					16	99.79 %
Sec	ction D. Computation of Investment Inc	come Percer	tage				
	Investment income percentage for 2019 (line					17	0.00 %
	Investment income percentage from 2018 Se					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						and line
	17 is not more than 33 1/3%, check this box	and stop here.	. The organiza	tion qualifies a	s a publicly su	pported organi	zation 🕨 🔣
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a	, or 19b, chec	k this box and	see instruction	s ▶ 🔲

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public

Employer identification number

GRA	CE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701				
<b>22</b>	Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Accor	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 (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 wr	iting that the assets held in donor advised				
	funds are the organization's property, subject to the organization	n's exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used				
	only for chantable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose				
	conferring impermissible private benefit?	<u></u> <u></u>				
Pa	Conservation Easements.					
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of	a historically 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 cor	nservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		. 2a			
b	Total acreage restricted by conservation easements		. 2b			
C	Number of conservation easements on a certified historic struc	ture included in (a)	. 2c			
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a				
	historic structure listed in the National Register		. 2d			
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orgai	nization during the			
	tax year ▶					
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the peno-	dic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it h					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements during the year			
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation ea	asements during the year			
_	<b>\$</b>					
8	Does each conservation easement reported on line 2(d) above					
_		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			
9	In Part XIII, describe how the organization reports conservation	•	·			
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements the	at describes the			
EDA	organization's accounting for conservation easements  Organizations Maintaining Collections	of Art Historical Transpures or O	ther Similar Aposto			
		-	ther Similar Assets.			
1a	Complete if the organization answered "Yes" of the organization elected, as permitted under FASB ASC 958,	·· <del>·</del>	ance shoot works			
10	of art, historical treasures, or other similar assets held for public	•				
	service, provide, in Part XIII the text of the footnote to its finance		nice of pablic			
b	If the organization elected, as permitted under FASB ASC 958,		a sheet works of			
D	art, historical treasures, or other similar assets held for public e	•				
	•	Milbition, education, of research in iditherance	e 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 treas		, provide tile			
	following amounts required to be reported under FASB ASC 95 Revenue included on Form 990, Part VIII, line 1		<b></b>			
a b	Assets included in Form 990, Part X					
	reacts included in Fulfill 330, Fall A		· · · · · • • • • • • • • • • • • • • •			

	tule D (Form 990) 2019 GRACE NEIGHBORH						23-2961		Page 2
E a	organizations Maintaining							ets (conti	nued)
3	Using the organization's acquisition, accession	n, and other records,	check any	of the folio	wing that m	ake signif	icant use of its		
	collection items (check all that apply):			_					
а	Public exhibition		d	Loan (	or exchange	program	S		
b	Scholarly research		е	Other					
C	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain h	ow they fu	rther the or	ganization's	exempt (	ourpose in Part		
5	During the year, did the organization solicit or r	eceive donations of	art, historio	cal treasure	s, or other s	ımılar			
	assets to be sold to raise funds rather than to t						. <i>.</i>	☐ Yes	No
Pa	rt V Escrow and Custodial Arrar								
ستتنت	Complete if the organization a		on Form	990, Pa	art IV, line	9, or re	ported an amo	unt on Fo	rm
	990, Part X, line 21.						•		
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for conti	rbutions or	other assets	s not			
	included on Form 990, Part X?						<i></i>	· 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	wing table.	•					
							Amo	ount	
c	Beginning balance					. 1c			
d	Additions during the year					. 1d			
0	Distributions during the year					. 1e			
f	Ending balance					. 1f			
2a	Did the organization include an amount on For	m 990, Part X, line 2	1, for escr	ow or custo	dial account	t liability?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. C								
Pa	rt 14 Endowment Funds.	· · · · · · ·							
	Complete if the organization a	answered "Yes"	on Form	990, Pa	rt IV, line	10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	(-/	<u> </u>		(4) )		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ь	Contributions	<del></del> -					·		
c	Net investment earnings, gains, and							<del> </del>	
·	losses								
đ	Grants or scholarships							<del> </del>	
e	Other expenditures for facilities and		· · · · · · · · · · · · · · · · · · ·		<del></del>			<del> </del>	
	programs								
f	Administrative expenses							<del> </del> -	
g	End of year balance							<del>                                     </del>	
2	Provide the estimated percentage of the currer	nt year and halance (	line to co	lump (a)) b	eld ac	l	<del></del>		
a	Board designated or quasi-endowment	%	c 7g, co	iuiiii (a)) ii	ciu as				
b	Permanent endowment								
c	Term endowment ▶ %	•							
·	The percentages on lines 2a, 2b, and 2c should	d equal 100%							
3a	Are there endowment funds not in the possess	•	n that are	held and a	dministered	for the			
	organization by	non or the organization	m mar are	neia ana a	anninotereo	101 010	•	Ye	s No
	(i) Unrelated organizations							3a(i)	- 110
	(II) Related organizations							3a(ii)	<del> </del>
ь	If "Yes" on line 3a(ii), are the related organization	one betad se raquima	lan Sabar	tulo D2				3b	+-
4	Describe in Part XIII the intended uses of the o	•						- JD	
Par	Land, Buildings, and Equip		nem minus	<u> </u>					
E total	Complete if the organization a		on Form	990 Pa	rt IV line	11a Se	e Form 990 P	art X line	10
		<del></del>							
	Description of property	(a) Cost or othe (investme		1 ' '	other basis other)	l .	Accumulated epreciation	(d) Book val	ue
10	Land	(zane	/	<del> </del>		10	Les Santages		
1a	Land			<del> </del>					<del></del>
b	Buildings	• •		ļ <u> </u>		<del> </del>			
C	Leasehold improvements	·		<del>4</del>	98,837	<del> </del>	277,598		.,239
d	Equipment			<u> </u>	94,150	<del></del>	56,436		7,714
e	Other STMD1E				77,645	L	139,578	338	,067

Part VII	Investments - Other Securities.
	O

	(a) Description of security or category (including name of security)	(b)	Book value		e) Method of valuation rend-of-year market value
(1) Financial de	rivatives				
(2) Closely-held	equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					····
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII	Investments - Program Related.				
<del></del>	Complete if the organization answered			1	
	(a) Description of investment	(b)	Book value		e) Method of valuation end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)	<del></del>				<del></del>
(6)	······································				
(7)					
(8)					
(9)					
Parex	(b) must equal Form 990, Part X, col (B) line 13.)  Other Assets.				
	Complete if the organization answered	"Ves" on Form 000	Dart IV lin	e 11d Soc Form	000 Part V line 15
	Complete if the organization answered		), Part IV, lin	e 11d. See Form	
	(a) Des		), Part IV, lin	e 11d. See Form	(b) Book value
(1Long-ter	(a) Des		), Part IV, lın	e 11d. See Form	(b) Book value
(1LONG-TEF	(a) Des		), Part IV, lin	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3)	(a) Des		), Part IV, lin	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3) (4)	(a) Des		), Part IV, lin	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3) (4) (5)	(a) Des		), Part IV, Iın	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3) (4) (5) (6)	(a) Des		), Part IV, lin	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3) (4) (5) (6)	(a) Des		), Part IV, Im	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3) (4) (5) (6) (7)	(a) Des		), Part IV, Im	e 11d. See Form	(b) Book value
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8)	(a) Desc		), Part IV, Im	e 11d. See Form	(b) Book value 50,331
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (	(a) Des	cription			(b) Book value 50, 331
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line	• 11e or 11f. See	(b) Book value 50, 331 50, 331 Form 990, Part X,
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (	(a) Description of liability	cription	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 Form 990, Part X,
(1)LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (	(a) Description of liability	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 Form 990, Part X,
(1)LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 Form 990, Part X,
(1)LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 Form 990, Part X,
(1)LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Pait X)  1. (1) Federal inc. (2)AFFILIAT (3)	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 e Form 990, Part X,
(1)LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Path X)  1. (1) Federal inc (2)AFFILIAT (3) (4)	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 e Form 990, Part X,
(1)LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Pail X)  1. (1) Federal inc (2)AFFILIAT (3) (4) (5)	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 e Form 990, Part X,
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Patt X) 1. (1) Federal inc (2AFFILIAT (3) (4) (5) (6)	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 e Form 990, Part X,
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Part X  1. (1) Federal inc (2AFFILIAT (3) (4) (5) (6) (7)	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 e Form 990, Part X,
(1LONG-TEF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Patt X 1. (1) Federal inc (2AFFILIAT (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability  (b) Must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability  come taxes	"Yes" on Form 990	, Part IV, line	e 11e or 11f. See	(b) Book value 50, 331 50, 331 Form 990, Part X,

	dule D (Form 990) 2019 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	Page 4
	Reconciliation of Revenue per Audited Financial Statements V	•	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		5,044,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	Total Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	· · · · · · · · · · · 2e	
3	Subtract line 2e from line 1	3	5 044 760
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		5,044,768
	1		
a			
þ	· · · · · · · · · · · · · · · · · · ·		
c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5,044,768
	Reconciliation of Expenses per Audited Financial Statements		ı,
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	
1	Total expenses and losses per audited financial statements		4,441,246
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Pnor year adjustments		
C	Other losses · · · · · · · · · · · · · · · · · ·		
đ	Other (Describe in Part XIII.)		
Θ	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		4,441,246
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 )		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4,441,246
	Supplemental Information.		4,441,240
!; P:	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	al information	
		<del></del>	
		<u></u>	

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

Compensated Employees

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

Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public

Employer Identification number

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATI 23-2961701 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII. Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel | Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the 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 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 Form 990 of other organizations Approval by the board or compensation committee 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. 5b If "Yes" on line 5a or 5b, describe in Part III 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 b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 67 If "Yes," describe in Part III 7 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

23-2961701

Schedule J (Form 990) 2019 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Partill

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 industrial must count the total

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.	Tor e	ach listed individual m	ust equal the total am	ount of Form 990, Pa	art VII, Section A, line 1a, 8	applicable column (D) and (	E) amounts for that indivi	dual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontexation	IF) Total of columns	(E) Comparedion
(A) Name and Title		(I) Base compensation	(ii) Bonus & incertive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(OH)(8)	in column (8) reported as deferred on prior Form 980
Rev. Dr. Chandra S Soa		75,400	0	32,500	0	0	107.900	0
1 Executive Director	3	46,150	0	o	0	0	46.150	0
	(i)							<b>&gt;</b>
2	(E)							
	(i)							
n	€							
	ε							
4	<u>(i)</u>							
	(i)							
5	(ii)							
	Θ							
9	(E)							
	3							
7	(ii)							
	Θ							
8	(ii)							
	Θ							
6	<u>(i)</u>							
	Ξ							
10	€							
	Ξ							
=	€							
	€							
12	€							
	ε							
13	⊞							
	Ξ							
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15	Œ							
	3							
16	▣							
EEA							Sch	Schedule J (Form 990) 2019

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public :

Inspection

RACE NEIGHBORHOOD DEVELOPMENT CORPORATION

23-2961701

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Documents are made available to the public upon request and may be viewed during normal business hours.

05. Governing documents, etc, available to public (Part VI, line 19)

SCHEDULE R (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

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Employer identification number

OMB No 1545-0047

2019

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2019 (f) Direct controlling entity Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Direct controlling entity (e) End-of-year assets 23-2961701 A/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 N (d) Exempt Code section Legal domicile (state or foreign country) 501 (c) (3) (c) Legal domicile (state or foreign country) PA (b) Primary activity Church and child day care center one or more related tax-exempt organizations during the tax year. (b) Primary activity For Paperwork Reduction Act Notice, see the instructions for Form 990. (1) Grace Trinity United Church of, 23-2960614 GRACE NEIGHBORHOOD DEVELOFMENT CORPORATION  $\begin{picture}(a) (a) \label{eq:address} Name, address, and EIN (if applicable) of disregarded entity <math display="block">\end{picture}$ Name, address, and EIN of related organization Philadelphia, PA 19124 5200 Oxford Avenue Part 3 3 쯢 Ξ ₹ 9 3 ල 3 3

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

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Schedule R (Form 990) 2019

Section512(b)(13) controlled Percentage ownership 8 N 3 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year Ξ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Yes General or managing partner? Yes No (h) Percentage ownership 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets  $\boldsymbol{\epsilon}$ Yes (h)
Disproportionate tions Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (state or foreign country) Legal domicile (d) Direct controlling 9 Primary activity (c)
Legal
domicale
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Partill Partix € E 13 100 € ত 3 € ₹ 3

Schedule R (Form 990) 2019

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		•		Yes No
	anizations listed in Parts	II-IV?		
				1a
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan discantees to or for related organization(s)				-
				B
Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)				
g Sale of assets to related organization(s)				70
P. Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control			•	20
				<del>1</del>
Exchange of assets with related organization(s)				<b>-</b>
j Lease of facilities, equipment, or other assets to related organization(s)		•		
k lases of facilities an immant or other serate from related amountains (s)				
				¥
Performance of services of membership or fundraising solicitations for related organization(s)				1
m Performance of services or membership or fundraising solicitations by related organization(s)				1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10
Channe of naid employees with related organization/ca				
				The Interestive
p Reimbursement paid to related organization(s) for expenses				4
q Reimbursement paid by related organization(s) for expenses				10
r Other transfer of cash or neonate to related omanization(s)				
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •		16
				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	cluding covered relationsh	ups and transaction thres	splods	
(a)	( <b>p</b> )	(0)	(g)	
Name of related organization	Transaction	Amount involved	Method of determining amount involved	amount involved
	type (a-s)			
(1)				
(*)				
(3)				
(4)				
(9)				
EEA			Schadu	Schadula R (Form 990) 2019

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GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

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Part VI Incelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Percentage ownership Schedule R (Form 990) 2019 3 General or managing partner? å Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) € Disproportionat allocations No Ξ Yes Share of end-of-year assets <u>(6</u> Share of total income € Are all partners section 501(c)(3) organizations Yes No <u>e</u> Predominant income (related, unrelated, excluded from tax under sections 512-514) **©** Legal domicile (state or foreign country) ٥ Primary activity **@** Name, address, and EIN of enuty Ξ 3 ₹ 3 9 3 <u>®</u> 5 £ (12) ල 6 Į.