Form	· .ðí	90	Retu	irn of Organi:	zation Exemp	ot From In	come	: Tax				1545-0047
1.				•	-				:4-4		20	19
(N	Januar	y 2020)			1) of the Internal Rev				oau	ons)		- D. 611-
		the Treasury			y numbers on this fo			10	١٧	て		o Public
		ue Service			990 for instructions a							ction
			year, or tax year beg			, 2019, a			Γ.	F	, 20	
		applicable		GRACE NEIGHBOI	RHOOD DEVELOPM	ENT CORPOR	RATION		٦	Employer Ide		
$\overline{}$	Address o	-	Doing business as			-			-	23-2961701		
$\overline{}$	lame cha	-	1	r PO box if mail is not deliv	ered to street address)		Room/suite	9	E Telephone number			
$\overline{}$	nitial retu		5200 OXFORD F						_		.5) 535-	3885
$\overline{}$		m/terminated		province, country, and ZIP of	or foreign postal code				G	Gross receip		44 760
$\overline{}$	mended		PHILADELPHIA,		1 Name of Marris	- Table 1		1460				144,768 Yes X No
Ц ,	pplicatio	n pending			al Naveen Maru		7			retum for subord ordinates includ	=======================================	Yes No
	ax-exem	et chabus 🔽 50) (insert no)	4947(a)(1) or	527	/			chalist (see i		65 L 110
	/ebsite.		1(0)(3) 301(0) () (Insert no)	1 4947(a)(1) 01 L	1 321				mption numbe	_	
			orporation Trust	Association Other		L Year of formatio				of legal domic		
Pai		Summary	iporationirosi	ASSOCIATION DUNE -		L Teal of tormatio	2002		Siaio	or logal domic	NO EW	
		<u>-</u>	the organization's mis	ssion or most significa	int activities The	organizat	t100 0	rowide		child d	av care	
4			ind home owner:			<u>o rganzza</u>	<u> </u>	101140		<u> </u>	uy cur	
٥	ĺ	56171665	<u></u>	JAIP COUNTER	<u>.a.</u>					1.7,		
Ē												
Activities & Governance	2	Check this box	▶ ☐ if the organizati	on discontinued its or	perations or disposed	of more than 25	% of its r	et assets			-	
Ŏ	3		ng members of the gov	•	· ·				.	3		9
80	4		pendent voting memb		•				. ${ extstyle ex$	4		8
įį	5				Part Nuce Ned	In Corres :				5		135
Ć.	6		volunteers (estimate		IRS - O				. [6		
⋖	7a	Total unrelated I	business revenue fron	n Part VIII, column (C), line 12				. ${ } { } { } { } { } { } { } { } { } { $	7a		0_
	ь	Net unrelated by	usiness taxable incom	e from Form 990-T, le	ne 39 ΜΔΥ · 1	1-2021				7b		0
					,			Prior Year			Current Ye	ar
	8	Contributions ar	nd grants (Part VIII, lin	e 1h) • • • • • •				32	, 5	18_		52,026
ĭe	9	Program service	e revenue (Part VIII, lir	ne 2g)	Ogden	, Utah		3,581	, 8	09	4,9	75,346
Revenue	10	Investment inco	me (Part VIII, column	(A), lines 3, 4, and 7d	i)							0
8	11	Other revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10	c, and 11e) · · ·				(3	59)		17,396
	12	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3, 613, 968										44,768
	13	Grants and simi	lar amounts paid (Par	t IX, column (A), lines	: 1-3)							0
	ſ	•	or for members (Part		•	• • • • • • • •						0
S	ì		_		column (A), lines 5-10))	<u> </u>	2,669	,1	32	3,1	90,228
nses			idraising fees (Part IX,									0
Expe		_	expenses (Part IX, c			0	ļ					
ú		•	(Part IX, column (A),		•			1,053				51,018
		•	Add lines 13-17 (mus		· · · ·			3,722				41,246
	19	Revenue less ex	xpenses Subtract line	3 18 from line 12 -		· · · · · · · ·	 	(108	•			03,522
Net Assets or Fund Balances	20	Total assets (D-	at V. Ima 46\				Beginn	Ing of Curre			End of Yea	
sset Bala	1	Total assets (Pa	•				ļ . 	2,152				95,355
at A	I	Total liabilities (F	•				<u> </u>	526				65,656
Par		Signature	nd balances Subtrac	Time 21 from line 20			<u> </u>	1,626	, 1	77	2,2	29,699
		 _		turn including accompanyir	ng schedules and statements	s, and to the best of	my knowled	ge and belief	titis			
					nation of which preparer has				,			
		.		·~~								
Sign	,	Signature of	officer Officer							Date 😽	0/	0 - 4 -
Here	۱,	,		loane Evocut-	re Director					Ή '(.36.	1 020
			r. Chandra S S name and title	Cans, Executi	AG DITECTOL							
	!	Print/Type prepare		Preparer's signature	.) 0 11	Date		Check	X	f PTIN		1
Paid		Robert F		1/1000NT	J. DWALK	07-24-202	0	self-emp		"	017712:	a
Prep		Firm's name		F Burock RPC	LLC	<u>, 24 202</u>		n's EIN	.090	- _ = 0		
•	Only			30x 2042				ne no				
	- ,			mwyd PA 19004			1		61	0-660-7	743	
May II	ne IRS	discuss this retu		hown ahove? (see ins							X Yes	□ No

937

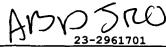
Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990 (2019) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	Page 2
Pε	Statement of Program Service Accomplishments		
_يُ	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	· · · · · 🔲
1	Briefly describe the organization's mission		· <u></u>
	The organization provides child day care services and home ownership counse	eling.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · · . 🗌 Yes	k No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · · Tyes	X No
	If "Yes," describe these changes on Schedule O	_	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	=	
	the total expenses, and revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$ 3,845,855 including grants of \$) (Revenue	\$ 4.856	,742)
	The Organization operates a child day care center for pre-school and school		
	ine organization operates a chira day care center for pre school and school	age Children	•
			
			
			
			
			
		- 	
4b	(Code) (Expenses \$147,767 including grants of \$) (Revenue		,604)
	Grace Neighborhood Development Corporation (GNDC) provides, pre-purchase co		
	counseling, home ownership and home maintenance counseling and other finance		to 1ts
	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 commu		
	Counseling supports members in their effort to increase affordable and sust	ainable home	ownershi
	for lower income, new immigrant, and minority households.		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$ <u></u> _)
4d	Other program services (Describe on Schedule O)		
-ru	(Expenses \$ including grants of \$) (Revenue \$	١	
4e		/-	
	Total program service expenses ▶ 3,993,622		990 (2019)
EEA		rum	1 330 (EU 13)

Checklist of Required Schedules

Part IV



Page 3

Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," ¥ 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? x Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C. Part I 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI b Did the organization report an amount for investments - other secunities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e x Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 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 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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? 19 X 20a 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part IV

Checklist of Required Schedules (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III x Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 x 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 X 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 persons? If "Yes," complete Schedule L, Part III X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M x 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V............. Yes No 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Żа 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 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 X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X ¢ 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 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 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 d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • x Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 х 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? Х b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? X 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 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? 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? Note: See the instructions for additional information the organization must report on Schedule O þ 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 14a Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 16 is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Form 990 (2019) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-296170

Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	Check if Schedule O contains a response or note to any line in this Part VI			. 🔀
Sec	ction A. Governing Body and Management			<u>. 651</u>
			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		30	
	if the governing body delegated broad authority to an executive committee or similar			112
	committee, explain on Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		Х
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		Х
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			
	one or more members of the governing body?	7a		X_
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	-000 BY-072	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.		
	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
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	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
_	· 		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	100 01 in 13.1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
p	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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	Х	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	Keesen Keesen
5	Did the process for determining compensation of the following persons include a review and approval by	37.7	2.0	* *
	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	**************************************
۰-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		230.311	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-		8.652.7
_	with a taxable entity during the year?	16a	2000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			. 3
-	organization's exempt status with respect to such arrangements?tion C. Disclosure	16b		
7				
_	List the states with which a copy of this Form 990 is required to be filed Pennsylvania Pennsylvania 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			
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			
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 19124

Carm.	വവ	(2019)

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

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Page 7

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employees, a	no
	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 relate	ed organization	n com	pens	sate	d any	y curre	nt o	fficer, director, or tr	ıstee	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average hours per week	box	untes	ss per	son is	nan one s both ar Arustee)		Reportable compensation from the	Reportable compensation from related organizations	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	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Rev. Dr. Chandra S Soans Executive Director	30.00 20.00							107,900	46,150	0
(2) Cheryl McLaughlin	2.00									
Trustee		X	$\vdash \vdash$		\dashv			0_	0	0
(3) Rev Dr William Alexander Trustee	<u>5 .00</u>	x						0	0	0
(4) Sumbo Soyemi	2.00									
Trustee	[x						0	0	0
(5) Islande Luc	2 .00							0	_	0
Trustee	0.00	Х	\dashv	\dashv					0	
(6) Priya Arthur Trustee	2 .00	<u>x</u>						0	0	0_
(7) Samuel Naveen Maruthoti President	1.00			x		Ĭ		o	o	0
(8) Christine Montague	3.00				\neg	Ì				
Secretary				x	ŀ			o	o	0
(9) Christopher Pandian Treasurer	3.00			х		ĺ		0	0	0
(10)									<u>_</u>	
(11)			1							
(12)				1						
(13)									_	
[14]										

	90 (2019) GRACE NEIGHBORHO	OD DEVELO	PMEN	T C	COR	POR	ATIC	N		23	3-29617	01 Page 8
Part	VIII Section A. Officers, Directors, Trustees	s, Key Emplo	yees, a	nd l	High	est (Comp	ensa	ated Employees (C	continued)		
•	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					n Reportable		(E) Reportable compensation from related organizations	ble ation ded	(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-A	1	organization and related organizations
(15)		·				_						
<u>(16)</u>		·										
<u>(17)</u>												
(18)												
(19)												
									<u> </u>		_	
(21)												
(22)												
(23)					-							
(24)												
(25)												
1b c	Subtotal							· •				
d	Total (add lines 1b and 1c)								107,900	46,	150	0
2	Total number of individuals (including but not limite	d to those list	ed abo	ve) v	who	rece	eved n	nore				
	reportable compensation from the organization	<u> </u>	_									Yes No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," complete Schedule .			ee, o	or hig	ghes	t comp	pens	ated			Yes No
4	For any individual listed on line 1a, is the sum of re			ion a	and o	other	comp	ensa	ation from the			
	organization and related organizations greater than					Sch	hedule	J for	r such			
5	Did any person listed on line 1a receive or accrue					ated	lorgar	· · ·	on or individual			4 X
	for services rendered to the organization? If "Yes,"	•		-						<u></u>		5 X
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Report comp	-									/ear	
	(A)	erisauori ioi ii	ie cale	iluai	yea	1 611	ding W	1010	(B)	ation s tax	,cai	(C)
	Name and business address	s							Description of service	ıs	Co	mpensation
		-									_	
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose i	isted	abo	ove) w	ho			A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	received more than wide, due of compensation not	ii uie vigailizi	usoli									

23-2961701

		Check if Schedule O contains a response or no	ote to any line in this	Part VIII		<u></u>	<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	T -		April Topic Control		
(A	ь	Membership dues					
rant unts	c	Fundraising events 1c					
<u>ي</u> و و	d	Related organizations 1d					
Ç a	0	Government grants (contributions) 1e					
is, E	f	All other contributions, gifts, grants,				and the second	
P. S.		and similar amounts not included above If	52,026	Anglianning Affinesimal			1
ă Ť O	9	Noncash contributions included in					
Contributions, Grf≖, Grants and Othe: Similar Amounts	}	lines 1a-1f	·	77		100	
	h	Total. Add lines 1a-1f	· · · · · · · >	52,026		1000	WIND COLUMN
			Business Code		Control of the contro	AN COLUMN TO SERVICE	Contract Section
မွ	t	Child care service inco	624410	4,856,742	4,856,742		
e Z	b	Counseling income	624200	118,604	118,604		
S E	"						<u>-</u> .
<u>Ş</u>							
<i>Program Service</i> Revenue	f	All other program service revenue		-		·	
ш,		Total. Add lines 2a-2f		4 975 346	6447272 C		
	3 4 5	Investment income (including dividends, interest, a other similar amounts)	eds · · · Þ				
	6a b	Gross rents 6a Less rental expenses 6b	(II) Personal			Dissipportular a way of 2 year.	u jedobe se in i jedobe se in jedobe se in i jedobe se in jedobe se in i jedobe s
		Rental income or (losc) 60	<u> </u>	\$7.31 B. 34.56 74.53			# 6 KV & 46 V & XY
	d	Net rental income or (loss)	· · · · · · · •	8 2000 NO 64 NO E-100	1/57 Stars 50 685 456 don 1/66856	40/040W11480W130W130W130W	
en.		Gross amount from sales of assets other than inventory Lose cost or other basis and sales expenses (i) Secunties 7a 7b	(II) Other	Tigal Jakan Tigal Jakan Tigalian Jakan Tigalian Tigalian Tigalian Tigalian Tigalian Tigalian Tigalian Tigalian Tigalian Tigalian Tigalian Tig	APPN: Marining application of the control of the co	Anthropic Angularia Diplomonoment Department (International (Inter	homony I was a Timori Managama yang pila a Timori Malaman yang pila a Timor
Je J	С	Gain or (loss) 7c		21.5			F 6 T W 2 T 10 T
Other Revenue		Net gain or (loss)					
Jer	8a	Gross income from fundraising		in the second			
ਣੋ		events (not including \$	ĺ	and the second parts of the second	the following that		
		of contributions reported on line					
		1c) See Part IV, line 18 · · · · · · 8a					
		Less: direct expenses 8b		44.47.5			
			· · · · · · •	TON SECTION MEST ALAPS		is an object that it is every	
	9a	Gross income from gaming					
		activities, See Part IV, line 19 · · · · · 9a					
		Less direct expenses 9b Net income or (loss) from garning activities			5) (18 1	100-301-100 SAME FOR	
			· · · · · · · · · · · · · · · · · · ·				
	าบล	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold 10b		4			
				AND THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN T	W. served preprinted to a page of the served of the se	Construence of Construence of the Construence of th	- The same of the
			Business Code	WINE 284 13			
Sn.	11a	Other income	900099	9,210	9,210		
Miscellanous Revenue			523920	8,186	8,186		
Sell Sell	С				,	_	
<u> </u>	d	All other revenue					
	е	Total. Add lines 11a-11d		17,396	7637 B 162 T 1		
	12	Total revenue. See instructions		5,044,768	4,992,742	0	0

Part X Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses ехреляея Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 75,400 56,550 18,850 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,750,115 2,475,887 274,228 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,416 7,416 9 73,930 65,492 8,438 10 283,367 253,975 29,392 11 Fees for services (nonemployees) 20,455 20,455 b 4,529 4,529 29,479 26,450 3,029 Lobbying Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 13 67,874 57,693 10,181 14 15 16 485,158 436,643 48,515 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7,495 7,495 20 21 22 Depreciation, depletion, and amortization 98,893 68,253 30,640 23 30,185 27,054 3,131 24 Other expenses Itemize expenses not covered 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) 306,225 306,225 Program costs b Telephone and utilities 158,358 142,522 15,836 c Professional development 19,983 19,983 d Bad debt expense 9,331 9,331 All other expenses 855 13,053 12,198 Total functional expenses. Add lines 1 through 24e · · · 447,624 0 4,441,246 3,993,622 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1,369,018 1 2,539 2 2 26,353 1,394,787 3 3 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 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 600,730 597,020 11 Investments - publicly traded securities 11 21,871 28,735 12 12 Investments - other securities See Part IV, line 11 13 investments - program-related See Part IV, line 11 13 14 14 15 15 50,331 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,152,972 2,595,355 Accounts payable and accrued expenses 17 17 78,974 119,345 18 18 19 415,452 19 5,645 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to 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 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 of Schedule D 25 32,369 240,666 26 Total liabilities. Add lines 17 through 25 26 526<u>,795</u> 365,656 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

EEA

31

32

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

2,595,355 Form 990 (2019)

2,229,699

30 31

32

33

1,626,177

<u>2,152,97</u>2

	n 990 (2019) GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION	23-2961701	<u> </u>	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	$\cdot \square$
`1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	5,044	,768
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,441	,246
3	Revenue less expenses Subtract line 2 from line 1	. 3	603	,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,626	,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	2,229	, 699
På	rtXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		$\cdot \square$
			Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🕱 Accrual 🔲 Other	[5278 PERT	193
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	, §		
	Schedule O	الم الم		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	N.	75 20	1447
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		I Billion	
b	Were the organization's financial statements audited by an independent accountant?		2b x	331
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	i i		NEW Y
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	į.		
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?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain on	ĝ	978 BEN	P.W.
	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	الله الله الله الله الله الله الله الله	- The state of the	ZCA-TACKA
	Single Audit Act and OMB Circular A-133?		3a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

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

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.

2019 Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name	ne of the organization											
GRA	CE_	NEIGHBORHOOD DEVELOPMENT					23-296170					
Pa	rt l	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this part	.) See instructions	3.				
The	orgai	nization is not a private foundation bec	ause it is (For lines	1 through 12, check only	one box)							
1		A church, convention of churches, or a	association of churc	thes described in section	170(b)(1)(A)(i).	00	7				
2		A school described in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 99	90-EZ))		(\\ \C	1				
3		A hospital or a cooperative hospital se	ervice organization o	described in section 170(t	b)(1)(A)(iii)			}				
4		A medical research organization oper-	ated in conjunction	with a hospital described in	n section 1	70(b)(1)(A)(iii). Enter the	•				
		hospital's name, city, and state										
5		An organization operated for the bene	efit of a college or u	niversity owned or operate	ed by a gov	/emmental	unit described in					
		section 170(b)(1)(A)(iv). (Complete F	Part II)									
6		A federal, state, or local government of	or governmental unit	t described in section 170	(b)(1)(A)(v	·).						
7		An organization that normally receive	s a substantial part	of its support from a gove	emmental u	ınıt or from	the general public					
	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		An agricultural research organization of	described in sectio r	n 170(b)(1)(A)(ix) operate	d in conjun	ction with a	land-grant college					
		or university or a non-land-grant colle	ge of agriculture (se	ee instructions) Enter the	name, city	, and state	of the college or					
	_	university										
10	X	An organization that normally receive	s (1) more than 33	1/3% of its support from o	contribution	ns, member	ship fees, and gross					
		receipts from activities related to its ea	xempt functions - si	ubject to certain exception	ns, and (2)	no more th	an 33 1/3% of its					
		support from gross investment incom-	e and unrelated bus	siness taxable income (les	ss section (511 tax) froi	m businesses					
	_	acquired by the organization after June	e 30, 1975 See sec	ction 509(a)(2). (Complete	e Part III)							
11		An organization organized and operate	ed exclusively to tes	t for public safety See see	ction 509(a	a)(4).						
12		An organization organized and operat	ed exclusively for the	ne benefit of, to perform th	ne functions	s of, or to ca	arry out the purposes					
		of one or more publicly supported orga	inizations described	l in section 509(a)(1) or s	ection 509	(a)(2) See	section 509(a)(3).					
		Check the box in lines 12a through 12	d that describes the	e type of supporting organ	uzation and	i complete	lines 12e, 12f, and 12g					
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its supp	ported orga	nızatıon(s),	typically by giving					
		the supported organization(s) the			of the dire	ctors or tru	stees of the					
		supporting organization You mus	st complete Part IV	, Sections A and B.								
	b		supervised or contr	rolled in connection with its	s supported	organization	on(s), by having					
		control or management of the sup	porting organization	n vested in the same pers	sons that co	ontrol or ma	inage the supported					
		organization(s) You must comp	iete Part IV, Sectio	ns A and C.								
	С		A supporting organi	zation operated in connec	tion with, a	nd function:	ally integrated with,					
		its supported organization(s) (see	instructions) You n	nust complete Part IV, S	ections A,	D, and E.						
	d		rted. A supporting o	rganization operated in co	nnection w	ith its suppo	orted organization(s)					
•		that is not functionally integrated	The organization ge	enerally must satisfy a dis	tnbution re	quirement a	and an attentiveness					
		requirement (see instructions) Yo	u must complete F	Part IV, Sections A and D), and Part	V.						
	е	Check this box if the organization				a Type I, Ty	pe II, Type III					
		functionally integrated, or Type III	•	egrated supporting organi	ızatıon							
	f	Enter the number of supported organi			• • • • •			• • • • •				
	g	Provide the following information about	1									
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
			ĺ	above (see instructions))	docum		instructions)	instructions)				
					\							
					Yes	No		<u> </u>				
A)					l							
		-			 	 						
B)					ł	<u> </u>						
			<u> </u>									
C)												
					 	 						
D)												
	_		-		<u> </u>	\vdash						
E)					}							
otal	_			5.5 3% s #* **	3 12	· · · · · · · · · · · · · · · · · · ·						

Sche	dule À (Form 990 or 990-EZ) 2019 GRACE NEI	GHBORHOOD I	EVELOPMENT	CORPORATIO	N	23-296170	
	artমার Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
•	(Complete only if you checked to						
	Part III. If the organization fails to						
Se	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")	1		1			
2	Tax revenues levied for the		,			7	
	organization's benefit and either paid			ĺ			
	to or expended on its behalf]	ļ	ļ]	
3	The value of services or facilities		-				
	furnished by a governmental unit to the						
	organization without charge				/		
4	Total. Add lines 1 through 3			,			
5	The portion of total contributions by	Walter Control	2010	-/	65.7	111111111111111111111111111111111111111	
	each person (other than a			1			
	governmental unit or publicly			/			
	supported organization) included on	1000		7/		400	
	line 1 that exceeds 2% of the amount			/	46.		
	shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4		WING AND	Controller			
Sec	ction B. Total Support		/				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016'	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	L	/				
9	Net income from unrelated business				,		
	activities, whether or not the business					,	
	is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	/					
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the org				tax year as a s	ection 501(c)(3)	
500	organization, check this box and stop here			 .	· · · · · · · ·	<u> </u>	▶ 🗆
	ction C. Computation of Public Supportion C. Public Support percentage for 2019/(line 6, c			aluma (f)		14	
	Public support percentage from 2018 Schede	, ,	•			15	
	33 1/3% support test - 2019. If the organizat						
IVa	box and stop here . The organization qualifies						
h	33 1/3% support test - 2018. If the organization						
~	this box and stop here . The organization qua						> 🗇
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets the						
	Part VI how the organization meets the "facts						
	organization			•			▶ □
b	10%-facts-and-circumstances test - 2018.				13, 16a. 16b	or 17a, and line	
	15 is 10% or more, and if the organization me	-					
	Explain in Part VI how the organization meets					•	elv
	supported organization						▶ □
18	Private foundation. If the organization did no						J
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2019 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION 23-2961701 Page 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) 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")		15,300	73,829	32,518	52,026	173,673
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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 ·	2,394,165	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				'		
	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 ,	2,394,165	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			ł			
b	Amounts included on lines 2 and 3						-
	received from other than disqualified						
	persons that exceed the greater of \$5,000			i			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	Market State	* A 10 10 10 10 10 10 10 10 10 10 10 10 10		ma restant	THE SELECT	
	line 6)				Dewit C.	2 3 3	17,123,921
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	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,				İ	ĺ	-
	payments received on securities loans, rents,						
	royalties, and income from similar sources · ·	5,756	12,511	637	(359)	8,186	26,731
b	Unrelated business taxable income (less				·	ĺ	*
	section 511 taxes) from businesses					Ì	
	acquired after June 30, 1975						
	Add lines 10a and 10b	5,756	12,511	637	(359)	8,186	26,731
11	Net income from unrelated business	1		l		1	
	activities not included in line 10b, whether	1					
	or not the business is regularly carned on	L		·	<u>-</u>		
12	Other income. Do not include gain or]]	J	J	J	j	
	loss from the sale of capital assets	1					•
	(Explain in Part VI)	4,874	27			9,210	14,111
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					•
	and 12.)						17,164,763
14	First five years. If the Form 990 is for the org				-		
0	organization, check this box and stop here			· · · · · · · · ·		· · · · · · · · · · · ·	··· • <u> </u>
	Etion C. Computation of Public Suppor			alumn (fi)	_	15	
	Public support percentage for 2019 (line 8, c Public support percentage from 2018 Schedi	• • •	•			16	99.76 %
					·····	16	99.79 %
	tion D. Computation of Investment Inc			12 column (f)	<u> </u>	17	2 22 9/
	Investment income percentage for 2019 (line		-				0.00 %
	Investment income percentage from 2018 Sc					18	0.00 %
ıya	33 1/3% support tests - 2019. If the organiza						_
_	17 is not more than 33 1/3%, check this box a						
	33 1/3% support tests - 2018. If the organiza						_
	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did no	ot check a box o	on line 14, 19a,	or 190, check t	nis dox and se	e instructions	<u></u> ▶ <u> </u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Emp	loyer identification number
4	CE NEIGHBORHOOD DEVELOPMENT CORPORATION			23-2961701
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fur	ids or Accounts.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6		
		(a) Donor advised ful	nds	(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 (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in don	or advised	
·	funds are the organization's property, subject to the organization	•		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
•				
	only for charitable purposes and not for the benefit of the donor		•	∏Yes ∏No
Do	conferming impermissible private benefit?	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · Yes · · · No
Га	t II Conservation Easements.	- 000 D 1 N/ L 7		
	Complete if the organization answered "Yes" or			
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (e.g., recreation or educ	· =		oncally important land area
	Protection of natural habitat	Ļ	Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the	e form of a conservat	ion
	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 struct	ure included in (a) · · ·		2c
d	Number of conservation easements included in (c) acquired after			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminate	ed by the organization	during the
	tax year ▶			· ·
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period		ding of	
-	violations, and enforcement of the conservation easements it has	• •		· · · · · · · · · · · · Yes · · No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	·		
•	b	iding of violations, and emore	ng concertation case	and during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of wolstone, and enforcing of	nnsan/ation aasamar	ate durang the year
•	> \$	of violations, and emorang co	onservation casemer	its during the year
0	·	and the same uncompanie of a con-	tion 170/h\/4\/D\/i\	
8	Does each conservation easement reported on line 2(d) above	•		□ va □ Na
_				
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial	statements that desc	ribes the
<u> </u>	organization's accounting for conservation easements	of A. d. Historical Tree	Other	Similar Assata
Pa				Similar Assets.
	Complete if the organization answered "Yes" or			
1a	If the organization elected, as permitted under FASB ASC 958, r	•		
	of art, historical treasures, or other similar assets held for public	•		public
	service, provide, in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958, t			
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research	n in furtherance of pu	blic service,
	provide the following amounts relating to these items			
	•• • • • • • • • • • • • • • • • • • • •			·
	(ii) Assets included in Form 990, Part X			· · · > \$
2	If the organization received or held works of art, historical treasu			<u> </u>
	following amounts required to be reported under FASB ASC 958			
а	- · · · · · · · · · · · · · · · · · · ·			· · · > \$
b	Assets included in Form 990, Part X			`
				

	tule D (Form 990) 2019 GRACE NEIGHBOI	HOOD DEVELOPM	ENT CORPORAT	ION	23-2961	
<u> Pa</u>	rt III Organizations Maintaining	Collections of	Art, Historical	Treasures, o	r Other Similar Ass	sets (continued)
3	Using the organization's acquisition, accession	n, and other records,	check any of the fol	lowing that make:	significant use of its	
•	collection items (check all that apply)					
а	Public exhibition		d 🗌 Loa	n or exchange pro	grams	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's col	lections and explain he	ow they further the	organization's exe	mpt purpose in Part	
	XIII	•	•	•		
5	During the year, did the organization solicit or	receive donations of a	art, historical treasu	res, or other simila	ır	
	assets to be sold to raise funds rather than to					Yes No
Pa	rt IV Escrow and Custodial Arra					=
	Complete if the organization		on Form 990, I	Part IV, line 9,	or reported an amo	unt on Form
	990, Part X, line 21.		·		•	
1a	Is the organization an agent, trustee, custodia	n or other intermedian	v for contributions of	r other assets not		
						· Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ving table			
	. ,	,	•		Amo	ount
С	Beginning balance				1c	
d					1d	
e	, , , , , , , , , , , , , , , ,				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo				· ————————	Yes No
	If "Yes," explain the arrangement in Part XIII					_ =
	rtiv/ Endowment Funds.	oneok here it the expit	anation has been pr	Ovided on Fait XII		
11.24	Complete if the organization	answered "Yes"	on Form 990 F	Part IV line 10	l	
	Complete ii the organization	·		(e) Two years ba		(e) Four years back
1a	Beginning of year balance	(a) Current year	(b) Pnor year	(e) Two years ba	CX (0) Three years back	(e) Four years back
b	Contributions			-		
						
C	Net investment earnings, gains, and losses					
a						
ď						
•	Other expenditures for facilities and	-				
	programs		·	 		
f	Administrative expenses			 		
g	End of year balance			<u> </u>		
2	Provide the estimated percentage of the curre	•	ine 1g, column (a))	neid as		
a	Board designated or quasi-endowment	<u> </u>				
b		%				
С	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2c shou	•		1		
3a	Are there endowment funds not in the possess	sion of the organization	n that are neld and a	auministered for th	ie	V 1.
	organization by					Yes No
	(i) Unrelated organizations · · · · · ·					3a(i)
	(ii) Related organizations · · · · · ·					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	· ·				3b
4	Describe in Part XIII the intended uses of the		ent funds	· · · · · · ·		
r _a	t _v VIII Land, Buildings, and Equip		Form 000 F	ort IV June 11	- Coo Form 000 D	art V. lina 10
	Complete if the organization					
	Description of property	(a) Cost or othe	1	or other basis	(c) Accumulated	(d) Book value
		(investme	m)	(other)	depreciation	
1a	Land	• •			are the about any property	
b	Buildings	• •				
C	Leasehold improvements			498,837	277,598	221,239
d	Equipment	• •		94,150	56,436	37,714
_ө	Other · · · · · · STMD1		<u></u>	477,645	139,578	338,067
Total	. Add lines 1a through 1e (Column (d) must equ	ıal Form 990, Part X, c	olumn (B), line 10c) . .		597,020

Schedule D (Form		OD DEVELOPM	ENT CORPO	RATION	2.	3-2961701	Page 3
Part VII	Investments - Other Securities.						
_	Complete if the organization answered	i "Yes" on For	m 990, Pa	rt IV, lin	e 11b. See For	m 990, Part X	, line 12.
	(a) Description of security or category (including name of security)		(b) Book v	alue	Cos	(c) Method of valuation of end-of-year market	
(1) Financial o	lenvatives						
(2) Closely-he	ld equity interests						
(3) Other							
_(A)					<u> </u>		·····
(B)	· · · · · · · · · · · · · · · · · · ·						
(C)							
(D)							
(E)							
							
(G)							
(H) `	(h) must squal Form 000 Part V and (P) Imp 12.1				ridestallari Arcellottal		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12.) Investments - Program Related.				The Residence Towns of the		
FORDS OF STATE OF	Complete if the organization answered	l "Yes" on For	m 990 Par	t IV lin	e 11c. See Forr	n 990 Part X	line 13
		1 100 0111 011			1		
	(a) Description of investment		(b) Book v	alue	Cost	(c) Method of valuation or end-of-year market	
(1)							
(2)				_			
(3)							
(4)						· -	
(5)							
(6)							
(7)						~ 	
(8)							
(9)					TO LINE SECTION TO SECURE OF PROPERTY SECURITY S	Charles of the American	7.76-4.79-2-47-27-83-50
	(b) must equal Form 990, Part X, col (B) line 13)						
Rart X	Other Assets.	l "Voo" on For	m 000 Dor	6 IV / Juma	. 11d Coo Form	- 000 Post V	lina 15
	Complete if the organization answered		11 990, Fai	L IV, IIII	e ilu See Foli		
/11 ove ma	(a) Des	scription				(b) Bo	ook value
(1 <u>LONG-TE</u> (2)	RM CD					·	50,331
(3)				-			
(4)						.,	
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col (B) line 15)						50,331
Part X	Other Liabilities.						
	Complete if the organization answered	"Yes" on Forr	n 990, Parl	: IV, line	e 11e or 11f Se	e Form 990, F	Part X,
	line 25			Trace at a re-	AL DOUGLE TO D. A	a department appear year.	ALATA MARIE AND
1.	(a) Description of liability	(b) Book va	ilue	***			****
(1) Federal in							Marie San Car
(2AFFILIA	TE PAYABLE	2	40,666				

1. (a) Description of liability	(b) Book value	and the second of the second of the second
(1) Federal income taxes		
(2AFFILIATE PAYABLE	240,666	particle and the second se
(3)		and the second s
(4)	,	The state of the s
(5)		
(6)		er grid to the second control of the second
(7)		
(8)		
(9)		All the second of the second o
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) .	240,666	property of the second

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Compensation Information

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

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

Employer identification number

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATI 23-2961701 **Questions Regarding Compensation** 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) 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 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 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee Dunng 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 **b** Any related organization? 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 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 6? If "Yes," describe in Part III 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2019 GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

/ / / / / / / / / / / / / / / / / / /	ğ	(B) Breakdown of	(B) Breakdown of M.2 and/or 1000 MICC commenters	onton Form	vii, section A, line 1a, app	olicable column (D) and (E)	amounts for that individual	:
(A) Name and Title	-	(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Returement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(t)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Rev. Dr. Chandra S Soa	€	75,400	0	32.500	c	C	000 201	
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16	€							
EEA							Sch	Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2019

OMB No 1545-0047

Open to Public inspectión 🦠

(g) Sec 512(b)(13) controlled entity? (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 Employer identification number (f)
Direct controlling
entity (e) End-of-year assets 23-2961701 A/A (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 2 (d) . Exempt Code section (c) Legal domicie (state or foreign country) 501(c)(3)(c) Legal domale (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 DEVELOPMENT CORPORATION (a)
Name, address, and EIN (if applicable) of disregarded enbty (a)
Name, address, and EIN of related organization Philadelphia, PA 19124 5200 Oxford Avenue Name of the organization PartII Part € 9 |€ 8 6 3 3 | ଫ €

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Schedule R (Form 990) 2019

Page 2

23-2961701

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Percentage ownership Section512(b)(13) controlled ş 3 entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, **88** ž General or managing partner? Percentage ownership 9 χes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Ξ (g) Share of (h) Disprop-ortionate allocations Share of total income line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-of-year assets <u>6</u> (Coomp, Scomp, or trust) Type of entity <u>e</u> because it had one or more related organizations treated as a partnership during the tax year Share of total income **Direct controlling** entity Ð Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (state or foreign country) Legal domicile ១ (d) Drect controlling Primary activity (c)
Legal
domicile
(state or
foreign
country) 9 Pnmary activity € Name, address, and EIN of related organization Name, address, and EIN of related organization PartIII Part IV a a E 3 3 Ξ 3 2 8 <u>ල</u> 13 9

23-2961701

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2019

Part:VI Unrela

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 narmershins

(a) (b) (c) (c) (d) (e) (e) (f) (f) (f) (f) (f)	(p)	ons regarding exc	USION for certain in (d)	ivestment par	nersnips (f)	(5)	9	6	w L	(4)
without All has sauthe emely	, to the control of t	7		_ } _		6	<u>:</u>		3	3
ימיים, טענוסטט, מוע בוא על פונווץ	rimary activity	(state or foreign country)	Predominarit income (related, unrelated, excluded	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportional allocations	nati Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage
			from tax under sections 512-514)	Ves No			90	(Form 1065)	3	
(1)										
(2)								-		
(3)	-									
(4)										
(5)										
(9)										
(7)										
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(6)										
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(11)										
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EEA	_							_	Schedule R (Form 990) 2019	orm 990) 2019