_{Form} **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2016 Open to Public Inspection

OMB No 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990 For the 2016 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable GRANDMONT ROSEDALE DEVELOPMENT CORP Address change Doing business as 38-2885952 Name change Number and street (or P O box if mail is not delivered to street address Room/suite 19800 GRAND RIVER AVE. 313-387-4732 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code DETROIT MI 48223 1,316,612 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Yes Application pending THOMAS GODDEERIS 19800 GRAND RIVER AVE. H(b) Are all subordinates included? If "No," attach a list (see instructions) DETROIT MI 48223 X 501(c)(3) Tax-exempt status (insert no) WWW.GRANDMONTROSEDALE.COM Website H(c) Group exemption number Year of formation 1988 X Corporation Trust Association Form of organization M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O Activities & Governance SCANNED JUN 1 9 2017 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 17 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 450 6 Total number of volunteers (estimate if necessary) 6 Ō 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Pnor Year Current Year 1,469,952 709,837 8 Contributions and grants (Part VIII, line 1h 9 Program service revenue (Part MII, line 2g) D 583,337 967,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,017 3,794 20,114 19,644 1,316,612 2,463,805 13 Grants and similar amounts paid (Part IX, column (A) lines 1-3) 14 Benefits paid to or for members (Part-1x, column (A), line 4) 0 528,677 458,821 15 Salanes, other compensation, employee benefits (Part-IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 28,915 1,955,714 805,814 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,484,391 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ,264,635 -20,586 51,977 19 Revenue less expenses Subtract line 18 from line 12 5 8 Beginning of Current Year End of Year 2,048,627 2,044,897 20 Total assets (Part X, line 16) 342,467 21 Total liabilities (Part X, line 26) <u>398,568</u> 22 Net assets or fund balances Subtract line 21 from line 20 1,650,059 1,702,430 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign THOMAS Here GODDEERIS EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature X of Check JASON F. CLAUSEN JASON F. CLAUSEN 05/03/17 self-employed P01051094 Preparer Jason F. Clausen P.C. 27-4097479 Firm's EIN Use Only 29700 Harper Ave Ste 4 Saint Clair Shores, MI 48082-2601 586-216-4673 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

mm 990 (2016) GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	[X]
Bnefly describe the organization's mission	_
See Schedule O	
2 Did the organization undertake any significant program services during the year which were not listed on the	
pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes 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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported	
la (Code) (Expenses \$ including grants of \$) (Revenue \$	
Neighborhood Stabilization Program:	
The Grandmont Rosedale Development Corporation was formed by a	
concerned neighborhood residents in response to a growing probl vacant houses in the area. These houses create blight, become	
crime and vandalism, depress adjacent property values and threa	
overall stability of the community.	
GRDC has taken action to reverse these trends through its Neigh	horbood
Stabilization Program. The purpose of the program is to contrib	
long-term health and stability of the Grandmont/Rosedale area h	
<pre>•Eliminating sources of blight;</pre>	-
4b (Code) (Expenses \$ including grants of \$) (Revenue \$	
Commercial Strip Revitalization:	
GRDC implements a variety of programs to improve our commercial	etrin and
attract businesses to our community. We renovate abandoned community.	
buildings and then either sell or lease them to small businesse	s. We
operate a small business incubator called Grand River WorkPlace	, that
provides affordable office space and technical assistance to sm	
businesses and entrepreneurs. We also operate a neighborhood famarket on a seasonal basis to increase access to fresh food, and	armers'
community spirit.	la bulla
c (Code) (Expenses \$ including grants of \$) (Revenue \$	
Public Safety Organizing:	
GRDC works closely with law enforcement agencies and local resi	dents to
promote community policing and improve public safety in our con	munity. We
organize bi-monthly meetings and periodic training workshops or	topics
relates to public safety and support neighborhood watch and cit	tizen patrol
activities.	
4d Other program services (Describe in Schedule O) (Expenses \$1,189,093 including grants of \$) (Revenue \$,
4e Total program service expenses 1,189,093	

	art IV Checklist of Required Schedules			age ·
	The state of the s		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_1	_ x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	i	ì '	ĺ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted	}		1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Ì	Ì '	1
	VII, VIII, IX, or X as applicable	1	ļ	l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	İ	ļ	[
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			ł
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d				l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	├ ─	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	}—
b	, , , , , , , , , , , , , , , , , , , ,		ļ	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	╁	X
14a		14a	├	X
b				1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	ì	
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		🕶
16	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	1.0		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	├─	+^
• •	Part IX, column (A), lines 6 and 11e ⁹ 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	\ ''	+	+
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-"	† 	
-			1	1

If "Yes," complete Schedule G, Part III

Form 990 (2016) , GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952

<u> Pa</u>	In IV Checklist of Required Schedules (continued)			
		۲	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			w
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	_21_		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			w
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
04-	employees? If "Yes," complete Schedule J	23	<u> </u>	<u> </u>
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	ا مر]	x
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-	ļ	v
	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	255		x
26		25b	-	
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27		_20		
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- 21	-	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			 -
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Ì	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- <u></u>	 	
	conservation contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			[
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Ì		
	Part VI	37	↓	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ĺ	1	1
	192 Note All Form 990 filers are required to complete Schedule O	1 20	1	l X

	990 (2016) GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952		P	age <u>5</u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ц</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
•	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
Za	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 10)]		
h	, , , , , , , , , , , , , , , , , , , ,	- ab	x	
b	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)	2b		_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		x
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			۱,,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	⊢		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ '''		
Ü	sponsoring organization have excess business holdings at any time during the year?	8	}	
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoning organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		1	}
b	Gross income from other sources (Do not net amounts due or paid to other sources	ľ		
	against amounts due or received from them)	_	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	├
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.	10	├	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+-
-	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which		Į.	
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	†	X
b		14b	t	-
	Carlotte Communication of the		·	- -

	990 (2016) GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952	,		age 6
Рa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			_
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uction	
500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
<u>sec</u>	non A. Governing Body and Management		Voc	
10	Enter the number of voting members of the governing body at the end of the tax year 1a 17		Yes	_No_
ıa	If there are material differences in voting rights among members of the governing body, or	1 1	1	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O		ļ	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	ľ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
	stockholders, or persons other than the governing body?	7b		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	X	
þ	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 in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			Yes	_No_
10a	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		<u> </u>
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	1		
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 use to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ .		
	describe in Schedule O how this was done	12c		_X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			İ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1]
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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1	
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		l	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	104		1
Sec	organization's exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HOMAS GODDEERIS 19800 GRAND RIVER AVE.			
		3-38	7-4	732
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Form 990 (20:	16) GRANDMONT	ROSEDAI	ĿΕ	DE	VE	LO	PMI	ENT	CORP 38-288	5952	Pa	qe 7
Part VII										hest Compensated		
	Independent C				·			•	, , , ,	•	• • •	_
	Check if Schedu	le O contains	a r	esp	ons	e or	no	te to	any line in this Part	VII		
Section A.	Officers, Directors	, Trustees, Key	Em	ploy	ees,	and	Hig	hest	Compensated Employee	es		
1a Complete organization's		is required to be	liste	d R	epor	t cor	nper	satio	on for the calendar year en	ding with or within the		
										s), regardless of amount of	•	
	Enter -0- in columns of the organization's cu				•				aio Ins for definition of "key en	nolovee "		
• List the who received	organization's five cur	rent highest cor on (Box 5 of For	npen	sate	d en	ploy	ees	(oth	er than an officer, director, rm 1099-MISC) of more tha	trustee, or key employee)		
• List all o	•	rmer officers, ke							compensated employees v	who received more than		
List all organization, r List persons in	of the organization's fo more than \$10,000 of in the following order in	rmer directors reportable comp ndividual trustee	or tr	uste tion	es ti from	nat re the	eceiv orga	/ed, i	in the capacity as a former tion and any related organ trustees, officers, key empl	ızatıons		
	employees, and forme s box if neither the org	•	v rela	ated	oras	nıza	tion	com	pensated any current office	er director or trustee		
=	(A) ame and Title	(B) Average hours per week (list any	(dd	o not o	Pos check ess pe	C) ition more rson is	than o	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		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)	from the organization and related organizations	
(1) THOMA	S GODDEERIS	5	\vdash	 	 	_	\vdash	T				
•		40.00				i		l				
EXECUTIV	E DIRECTOR	0.00	X	_		_			78,071	0		0
(2) WILLI	AM FREY											_
		1.00			ľ							
	CE PRESIDENT	0.00	X	_	X		<u> </u>		0	0		<u>o</u>
(3) RENEE	KENT	1	1	ļ	1			}			1	
		1.00						1		_		_
BOARD PR		0.00	X	<u> </u>	X			 	0	0		0
(4) F KANK	RABEN	1 00		}		}						
DOADD TO	nes cupen	1.00 0.00	X	ļ	l 🐷]		1	_	_	ı	^
	REASURER	0.00		\vdash	X	-	-	├	0	0		0
(2) A T C V T	HOLMES	1.00		l		l			l			
BOARD SE	CRETARY	0.00	x		x				o	o		0
20		<u> </u>	+		1	-	├	+	 	ļ	ļ <i></i>	

(6) CHARLOTTE WRIGHT 1.00 0.00 X 0 DIRECTOR (7) JOHN EDWARDS 1.00

DIRECTOR 0.00 X 0 0 0 (8) KEVIN JOHNSON 1.00 0.00 X 0 DIRECTOR 0 0 (9) ANNIE MAE HOLT 1.00 0.00 X 0 0 DIRECTOR 0

0

0

0

Form **990** (2016)

(10) DUANE PERRY 1.00 0.00 DIRECTOR X 0 0 (11) OLIVER COLE

1.00 0.00 X 0 0 DIRECTOR DAA

Form 990 (2016) GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952

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

Part VII Section A. Onicers	, Directors, Tru	SICC	3, 1	ey c	щи	Oyce	3, 0	ind riignest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	more rson i	than o s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	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)		from the organization and relate organization	on ed	
(12) KEN WOLFE		 		 	-	├ <u></u>	┞	<u> </u>		-			
	1.00			1		}							_
DIRECTOR (13) MARSHA BRUHN	0.00	X	├-	├-	_	├	_	0	0	 			_0
(15) PHINDIM DRUM	1.00			}		1				1			
DIRECTOR	0.00	X	L			_		0	0				_0
(14) TESS TCHOU	1 00	ĺ	}	1	1								
DIRECTOR	1.00	x	}	ł				o	o				0
(15) DALE THOMSON			 	┰		†		 		 			_ <u> </u>
	1.00		(}	1	1		_	_				_
DIRECTOR COMP.	0.00	X		 	<u> </u>	├	<u> </u>	0	0	<u> </u>			0
(16) PHIL SCHLOOP	1.00	1	}	İ		}							
AT-LARGE	0.00	X		ł		}		0	o)			0
(17) BERNARD MORGA	1	Γ											
3M 13DOD	1.00	x	ł				1			J			0
AT-LARGE (18) RICHARD BERLI		1	-	-	├-	-	┝	0	0	<u>'</u>			
(==, ==================================	1.00	}	1	}	l	}	1						
AT-LARGE	0.00	X	<u> </u>	<u> </u>	_	1	<u> </u>	0	0	<u> </u>			_0
					ľ								
1b Sub-total	L	ــــــــــــــــــــــــــــــــــــــ	L.	L_	L_	l	<u></u>	78,071		 			
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion .	A				78,071					
2 Total number of individuals (in	•		_	thos	e lis	ted a	abov		\$100,000 of				
reportable compensation from	the organizatio	n _	0		_		-					Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dule	J fo	r suc	ch in	dıvıd	ual				3		X
4 For any individual listed on lin- organization and related organization and related organization											4		x
5 Did any person listed on line									r individual				
for services rendered to the o Section B. Independent Contractor		Yes,	' con	nplet	e Sa	hedu	ıle u	I for such person			5		<u> </u>
1 Complete this table for your fi	ve highest comp												
compensation from the organi	(A) business address	omp	ensa	tion	tor t	ne ca	alen		nin the organization's tax y (B) blion of services	rear		(C)	
Name and	business address						╁	Descrip	otion of services		Con	npensati	on
							1						
							ļ						
				_		_	T						
							+				<u> </u>		
							L				<u></u>		
 													
2 Total number of independent received more than \$100,000	contractors (incl	uding	g but	not	limit	ed to	the	ose listed above) who	0				
				01	20111		<u> </u>				<u> </u>	000	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated (A) Total revenue (B) Related or exempt function business revenue 512-514 revenue Grants 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c Gifts, d Related organizations 1d 151,773 e Government grants (contributions) 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above 558,064 25,000 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 709,837 Revenue Busn Code 450,000 450,000 2a PROPERTY SALES 93,526 93,526 b RENTAL PROPERTIES Program Service 33,768 33,768 DEVELOPER FEES 6,043 6,043 FARMERS MARKET f All other program service revenue 583,337 q Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 3,794 3,794 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 19,644 b Less direct expenses 19,644 c Net income or (loss) from fundraising events 9a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1,316,612 587,131 0 Part IX Statement of Functional Expenses

<u>Section</u>	on 501(c)(3) and 501(c)(4) organizations must co			lete column (A)	
	Check if Schedule O contains a response	(A)		(C)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII	Total expenses	(B) Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	78,071	70,264	6,246	1,561
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	,			
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	287,587	258,828	23,007	5,752
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	60 000			1 005
9	Other employee benefits	60,238	54,214	4,819	1,205
10	Payroll taxes	32,925	29,633	2,635	657
11	Fees for services (non-employees)				
a	Management				
ь	Legal Accounting				
c d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			 -	
q	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule ()				
12	Advertising and promotion	11,203	4,219	374	6,610
13	Office expenses	23,736	21,361	1,899	476
14	Information technology	4,034	3,636	317	81
15	Royalties				
16	Occupancy	22,581	21,096	1,188	297
17	Travel	4,072	3,665	325	82
18	Payments of travel or entertainment expenses		ļ		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 2 2 2			
20	Interest	17,050	16,686	291	73
21	Payments to affiliates	36 003	24 007	1 505	200
22	Depreciation, depletion, and amortization	36,983 5,282	34,987 4,883	1,597 319	399 80
23	Insurance Other expenses Itemize expenses not covered	3,282	4,003	319	
24	above (List miscellaneous expenses in line 24e If		ĺ		
	line 24e amount exceeds 10% of line 25, column		İ		
	(A) amount, list line 24e expenses on Schedule O)				
а	COGS	505,082	505,082		
b	DIRECT PROGRAM EXPENSES	103,698	103,698		
С	PROFESSIONAL FEES	26,260	23,634	2,101	525
d	REPAIRS	17,233	16,771	369	93
е	All other expenses	28,600	16,436	1,140	11,024
25	Total functional expenses Add lines 1 through 24e	1,264,635	1,189,093	46,627	28,915
26	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				
DAA	following SOP 98-2 (ASC 958-720)	L			
DAA					Form 990 (2016)

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 806,135 605,404 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 110,000 85,844 Pledges and grants receivable, net 3 3,515 17,859 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 83,795 127,940 Notes and loans receivable, net 55,122 72,528 Inventories for sale or use Prepaid expenses and deferred charges 10,083 19,650 10a Land, buildings, and equipment cost or 1,321,384 other basis Complete Part VI of Schedule D 10a 904,375 1,039,669 10b b Less accumulated depreciation 10c Investments-publicly traded securties 11 75,602 76,003 12 Investments-other secunties See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 intangible assets 14 15 Other assets See Part IV, line 11 15 2,048,627 2,044,897 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 47,111 23,247 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 5,835 3,455 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 334,247 310,290 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 11,375 5,475 25 398,568 342,467 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,238,151 1,472,426 27 Unrestricted net assets 27 411,908 230,004 28 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,650,059 1,702,430 33 Total net assets or fund balances 33 2,048,627 2,044,897 Total liabilities and net assets/fund balances 34

Form **990** (2016)

Form	990 (2016) GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952				Page 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				П				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,31	5,612				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4								
5	Net unrealized gains (losses) on investments	5			394				
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 in Schedule O)	9	L						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	1	,70	2,430				
Pa	rt XII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII								
			_	\`	res No				
1	Accounting method used to prepare the Form 990			1	- 1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1						
	Schedule O								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or]				
	reviewed on a separate basis, consolidated basis, or both			1					
	Separate basis Consolidated basis Both consolidated and separate basis		1	- 1					
b	Were the organization's financial statements audited by an independent accountant?		}-	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		}						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		}-	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O			- 1					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ						
	the Single Audit Act and OMB Circular A-133?		ļ	_3a					
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_					
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					
				Form	990 (2016)				

SCHEDULE A . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

-			GRANDMONT RO	SEDALE	DEVELOPME	ENT C	ORP	38-288	5952		
Pa	art I	Reaso	on for Public Charity	Status (All	organizations	must co	mplete	this part.) See instruction	ns.		
The	orga	nization is not	a private foundation becaus	e it is (For line	es 1 through 12, c	heck only	one box)			
1	Ш	A church, cor	envention of churches, or ass	ociation of chi	urches described ii	n section	170(b)(1)(A)(i).			
2	Ш	A school desc	cnbed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form	1990 or 9	90-EZ))				
3		A hospital or	a cooperative hospital servi	ce organizatio	n described in sec	ction 170	(b)(1)(A)(iii).			
4		A medical res	search organization operated	in conjunctio	n with a hospital d	described	ın sectio	n 170(b)(1)(A)(ni). Enter the h	ospital's name,		
		city, and state	e								
5		An organization	on operated for the benefit of	of a college or	university owned	or operate	ed by a g	overnmental unit described in			
	section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, sta	te, or local government or g	jovemmental ι	unit described in s	ection 17	⁷ 0(b)(1)(A)(v).			
7	X	•	on that normally receives a section 170(b)(1)(A)(vi). (C	•	• •	m a gove	mmental	unit or from the general public			
8	\Box	A community	trust described in section	170(b)(1)(A)(v	i). (Complete Part	U)					
9	П					-	ed in coni	unction with a land-grant colle	ae		
								y, and state of the college or	•		
10		An organization	on that normally receives (l) more than 3	33 1/3% of its supp	port from	contribution	ons, membership fees, and gro	oss		
	_	receipts from	activities related to its exen	npt functions-	-subject to certain	exception	s, and (2) no more than 33 1/3% of its			
			gross investment income ar			•		•			
	\Box	-	he organization after June 3			•		•			
11	Н	=	on organized and operated		•	•					
12	Ш	_		•				ns of, or to carry out the purpo			
								509(a)(2). See section 509(a) nd complete lines 12e, 12f, an			
	а							organization(s), typically by give			
	•		orted organization(s) the pov								
			g organization You must c								
	b	Type II. A	A supporting organization su	pervised or co	ontrolled in connec	ction with	ıts suppo	rted organization(s), by having			
		control or	management of the support	tıng organızatı	ion vested in the s	ame pers	sons that	control or manage the support	ed		
		organizati	ion(s) You must complete	Part IV, Sect	tions A and C.						
	С		functionally integrated. A street organization(s) (see in					i, and functionally integrated w A, D, and E.	vith,		
	d			• • • •				with its supported organization			
				_		-		requirement and an attentiven	ess		
	_		ent (see instructions) You i	•							
	е		is box if the organization red lly integrated, or Type III no					га туре і, туре іі, туре ііі			
	f		nber of supported organizat	-							
	g	Provide the fo	ollowing information about t	he supported	organization(s)				<u> </u>		
	i) Nam	ne of supported	(ii) EIN	(III) Type	of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	or	ganization			ed on lines 1–10		ur governing	support (see	other support (see		
				above (s	ee instructions))		ment?	instructions)	instructions)		
-/A\				 		Yes	No				
(A)				1		1					
(B)						 	 	 	 		
(0)	'			ļ		ļ			ļ		
(C)	·		 	 		 	 	 	 		
(0)	'					l					
(D))										
(E)				 		 	 		 		
						 			_		
T-1	_1										

Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

8001	ion A Public Support	ialis to quality	under the tests	iisted below, p	icase complete	rait iii.)	
	dar year (or fiscal year beginning in)	(2) 2012	(b) 2042	(a) 2014 T	(4) 2045	(a) 2016	(D. Total
vaien	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,108,255	998,045	2,814,096	1,469,952	709,837	7,100,185
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,108,255	998,045	2,814,096	1,469,952	709,837	7,100,185
5	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)						
6	Public support. Subtract line 5 from line 4						7,100,185
Sect	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,108,255	998,045	2,814,096	1,469,952	709,837	7,100,185
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,859	61,858				136,717
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						7,236,902
12	Gross receipts from related activities, etc	(see instructions)				12	606,775
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6	` '	•	n (f))		14	98.11%
15	Public support percentage from 2015 Sche					15	97.37%
16a	33 1/3% support test-2016. If the organ			•	33 1/3% or more, c	heck this	⊾ ਦਾ
	box and stop here . The organization qual				5 00 4/00/		► X
b	33 1/3% support test—2015. If the organ				15 is 33 1/3% or mo	ore, check	▶ □
170	this box and stop here. The organization				Sa as 40h and line	44	- L
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization mee						
	Part VI how the organization meets the "fa		•		•		
	organization	acio ano oncomota	noco tost the oig	garnzation qualines	as a publicly supp	ortea	▶ □
ь	10%-facts-and-circumstances test—201	5. If the organizati	on did not check a	box on line 13, 16	Sa. 16b. or 17a. and	d line	, L
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				-		
	supported organization			J		-	▶ □
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e	
	instructions						▶ 🗌
							

Daga	
aue	

Schedule A (Form 990 or 990-EZ) 2016 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support			, ,			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	: 					
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				<u> </u>		
8	Public support. (Subtract line 7c from line 6)						
500	tion B. Total Support		<u> </u>	·	<u> </u>	<u>. </u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		(2) 23 13	(5) 251.	(2) 20.0	(6) 25 15	(7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			<u> </u>	ļ — — — — — — — — — — — — — — — — — — —	<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax ve	ear as a section 50	11(c)(3)	
_	organization, check this box and stop her	•	. <u></u> -				▶ □
Sec	tion C. Computation of Public S	upport Percer	ntage				
15	Public support percentage for 2016 (line 8	,		nn (f))		15	%_
16	Public support percentage from 2015 Sch					16	%_
	tion D. Computation of Investme						
17	Investment income percentage for 2016 (•		3, column (f))		17	
18	Investment income percentage from 2015					18	
19a	33 1/3% support tests—2016. If the orga			•			, [
	17 is not more than 33 1/3%, check this b		_	•			▶⊔
Ь	33 1/3% support tests—2015. If the orga						. [
	line 18 is not more than 33 1/3%, check the	•	-			•	₹
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this b	ox and see instruc	tions	▶

Page 4

Schedule A (Form 990 or 990-EZ) 2016 Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Sur	porting Organizations
--------------------	-----------------------

ecti	on A. All Supporting Organizations			
			Yes	No_
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated If designated by	- 1		
_	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
4	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		!	
E 0	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		-
	designated in the organization's organizing document?	Eh		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			· · -
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9ь		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		ļ
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	l	

Schedul	le A (Form 990 or 990-EZ) 2016 GRANDMONT ROSEDALE DEVELOPMENT CORP 38-28859	52		Page 5
_Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	-}	i	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Section	on B. Type I Supporting Organizations		Voo	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	<u>No</u>
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	i i		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	[
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 1	j	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 1		
	supervised, or controlled the supporting organization	2		l
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 1]
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1		ì
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		
	the supported organization(s)	1		L
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			ł
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	} }		İ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	}		ł
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	2		 -
3				{
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l l		Į.
	supported organizations played in this regard	3		ļ
Secti	on E. Type III Functionally-Integrated Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ	L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
а	The organization satisfied the Activities Test Complete line 2 below	·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)		
2 /	Activities Test Answer (a) and (b) below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-	ļ	ļ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	[
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ļ
	how the organization was responsive to those supported organizations, and how the organization determined	[_	Į	l
	that these activities constituted substantially all of its activities	2a	 	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		l	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	25		1
2	activities but for the organization's involvement Parent of Supported Organizations, Answer (a) and (b) holow	_2b_		+
3	Parent of Supported Organizations Answer (a) and (b) below Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	"	 	1
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3ь		}

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V			932 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
instructions. All other Type III non-functionally integrated supporting organizations must			
Section A - Adjusted Net Income	<u> </u>	(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6_		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	l		
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	1	
7 Check here if the current year is the organization's first as a non-functionally integrated	Туре	III supporting organization (see
instructions)	,,	,, 0.0	1

Schedule A (Form 990 or 990-EZ) 2016 GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Distributable Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See Excess distributions carryover, if any, to 2016 а b **c** From 2013 **d** From 2014 e_From 2015 f_Total of lines 3a through e g Applied to underdistributions of prior years h_Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years **b**_Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j Breakdown of line 7 b Excess from 2013 c Excess from 2014

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,

lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

GRANDMONT ROSEDALE DEVELOPMENT CORP

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. Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

Open to Public Inspection Employer Identification number

38-2885952

OMB No 1545-0047

6

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

and section 170(h)(4)(B)(ii)?

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

\$

\$

\$

Yes No

Schedule [O (Form ,990) 2016 GF	RANDMONT	ROSEDALE	DEVELOPMEN	T CORP	38-28	<u>85952</u>		Page 2
Part III	Organizations I	Maintaining	Collections of A	Art, Historical T	reasures,	or Other	Similar Assets	(continu	
	g the organization's acqui ction items (check all that		n, and other records,	check any of the fo	illowing that ar	e a significa	ant use of its		
a 🗍 !	Public exhibition		d∏L	oan or exchange pr	ograms				
ьН	Scholarly research			Other	- 3				
ر ال	Preservation for future ge	nerations							
	ide a description of the oi		illections and explain	how they further the	e organization's	s exempt pu	imose in Part		
XIII	·		•	,	0.		•		
5 Duni	ng the year, did the organ	ization solicit o	r receive donations o	f art, historical treas	ures, or other	sımılar			
	ts to be sold to raise fund							Yes	No
Part IV									. \
		organızatıon	answered "Yes"	on Form 990, Pa	art IV, line 9	e, or repo	rted an amount	on Form	
1a is th	e organization an agent, t		an or other intermedia	ary for contributions	or other asset	ts not			
	ded on Form 990, Part X'			•				Yes	X No
b If "Y	es," explain the arrangeme	ent in Part XIII	and complete the foll	owing table					
	•		·	J				Amount	
c Begi	nning balance						1c		
d Addı	tions during the year						1d		
e Distr	butions during the year						1e		
f Endr	ng balance						1f		
2a Did	the organization include a	n amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial accour	nt liability?	<u> </u>	Yes	X No
b if "Y	es," explain the arrangemi	ent in Part XIII	Check here if the exp	olanation has been	provided on Pa	art XIII		_	П
Part V	Endowment Fu	ınds.							
	Complete if the	organization	answered "Yes"	on Form 990, P	art IV, line	10			
			(a) Current year	(b) Prior year	(c) Two year	ars back	(d) Three years back	(e) Four	years back
1a Begi	nning of year balance	<u>'</u> _							
b Cont	tnbutions								
c Net	investment earnings, gain	s, and							
loss	es	Ĺ			_i				
d Gran	nts or scholarships								
e Othe	er expenditures for facilitie	s and			1				
prog	rams				ļ	ļ		}	
f Adm	inistrative expenses	[
g End	of year balance								
2 Prov	ride the estimated percent	age of the curr	ent year end balance	(line 1g, column (a))) held as				
a Boar	rd designated or quasi-en	dowment	%						
b Perr	nanent endowment	%							
c Tem	poranly restricted endowi	ment	%						
The	percentages on lines 2a,	2b, and 2c sho	ould equal 100%						
3a Are	there endowment funds n	ot in the posse	ssion of the organizat	ion that are held an	id administered	d for the		_	
orga	inization by								Yes No
(i)	unrelated organizations							3a(i)	
(ii)	related organizations							3a(ii)	
b If "Y	es" on line 3a(ii), are the	related organiza	ations listed as require	ed on Schedule R?				3b	
4 Des	cnbe in Part XIII the inten			wment funds					
Part V	l Land, Building	s, and Equi	ipment.						
	Complete if the	organization	answered "Yes"	on Form 990, P	art IV, line	11a. See	Form 990, Part	X, line 10	0
	Description of property		(a) Cost or other ba	asis (b) Cost o	r other basis	(c) A	ccumulated	(d) Book v	/alue
			(investment)	(0	ther)	dep	recation		
1a Land			ļ						
b Build	dings		1,254,	655		 	228,628	1,02	6,027
c Leas	sehold improvements					ļ			
d Equ	pment			087		L	29,445	1	3,642
e Othe				642		<u> </u>	23,642		
Total. Add	lines 1a through 1e (Co	lumn (d) must	equal Form 990, Part	X, column (B), line	10c)			1,03	9,669

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b See Form 990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	
(1) Financial				
	eld equity interests			
(3) Other		<u> </u>		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				_
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			Cost of end-of-year market value	
(1)				
(3)				
(4)		+		
(5)		+		
(6)		+		
(7)		 		
(8)			 	
(9)		+		
	nn (b) must equal Form 990, Part X, col (B) line 13)		 	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description		(b) Book value	_
(1)	 			
(2)		· <u></u>		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f See Form 990, Part X,	
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	_		
(2) TENA	NT DEPOSITS	5,475		
(3)				
_(4)	· · · · · · · · · · · · · · · · · · ·		Į.	
(5)				
(6)]	
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(8)			_	
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)	5,475	<u> </u>	
	r uncertain tax positions. In Part XIII, provide the text of the fo	-		_
organization's	liability for uncertain tax positions under FIN 48 (ASC 740) (Check here if the text of the f	ootnote has been provided in Part XIII	

Schedule D (Form 990) 2016 GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 811,924 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 394 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 394 e Add lines 2a through 2d 811,530 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 505,082 b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 505,082 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 1,316,612 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 759,553 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Pnor year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 759,553 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 505,082 **b** Other (Describe in Part XIII) 4b 505,082 c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 1,264,635 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part XI, Line 4b - Revenue Amounts Included on Return - Other NET OF PROPERTY COSTS 505,082 Part XII, Line 4b - Expense Amounts Included on Return - Other PROPERTY COSTS IN NET REVENUE \$ 505,082

Schedule D (Form 990) 2016 GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public

Name of the organization GRANDMONT ROSEDALE	DEVELOPM	ENT	C	ORP	Employer identificate 38-28859	
Part I Fundraising Activities. Complete if	the organizatio	n ans	swer			
Form 990-EZ filers are not required to Indicate whether the organization raised funds through a				Check all that apply		
			_	ernment grants		
b Internet and email solicitations	Solicitation					
- -	g Special fun	draisir	ng ev	ents		
d In-person solicitations2a Did the organization have a written or oral agreement w	ath any industrial (ام داد ما		fficam directom taletoes		
or key employees listed in Form 990, Part VII) or entity					,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu	ndraisers) pursuar	nt to a	greer	nents under which the fu	indraiser is to be	
compensated at least \$5,000 by the organization		(III) Did			(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(H) Activity	raiser custo	dy or	(iv) Gross receipts	(or retained by)	(or retained by)
or entry (condraiser)	}	contr contribu		from activity	fundraiser listed in col (i)	organization
		Yes	No			
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GRANDMONT ROSEDALE DEVELOPMENT CORP 38-2885952 Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MISC. FUNDRAISI None (add col (a) through ∞l (c)) (event type) (event type) (total number) 19,644 19,644 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 19,644 19,644 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 19,644 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash pnzes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % % Yes Yes 6 Volunteer labor Νo No 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2016	GRANDMONT	ROSEDALE	DEVELOPMENT	CORP	38-288	5952	Page 3
11	Does the organization conduct gaming	activities with nonme	embers?					Yes No
12	Is the organization a grantor, beneficiar	y or trustee of a trust,	, or a member of a	partnership or other entit	ty		_	_
	formed to administer charitable gaming	-					∐ ,	Yes No
13	Indicate the percentage of gaming acti	vity conducted in				ı	1	
a	The organization's facility					}	13a	
14	An outside facility Enter the name and address of the pe	man who propores th	o organization's co	minelanasial avanta bask	- and	Į	13b	%
14	records	rson who prepares the	e organization's ga	ming/special events book	s and			
	Name							
	Address							
15a	Does the organization have a contract revenue?	with a third party from	n whom the organi	zation receives gaming			П	Yes No
b	If "Yes," enter the amount of gaming re	evenue received by th	e organization	\$	and	the	ш	.es []e
_	amount of gaming revenue retained by		=	•	una			
С	If "Yes," enter name and address of the							
	Name							
	Address							
16	Gaming manager information							
	Name							
	Gaming manager compensation \$							
	Description of services provided							
	Director/officer Em	ployee	Independent con	tractor				
17	Mandatory distributions							
а	Is the organization required under state	e law to make chanta	ble distributions fro	m the gaming proceeds	to			
	retain the state gaming license?			5 0 .				Yes No
b	Enter the amount of distributions require	red under state law to	be distributed to d	other exempt organization	s or			_
	spent in the organization's own exemp							
Par	t IV Supplemental Informa							
	Part III, lines 9, 9b, 10b See instructions	, 15D, 15C, 16, an	id 17b, as appii	cable. Also provide a	any addit	lional Inform	ation.	
	Oce mandenons							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

GRANDMONT ROSEDALE DEVELOPMENT CORP

38-2885952

Form 990 - Organization's Mission

The Grandmont Rosedale Development Corporation is a non-profit, community-based organization working to preserve and improve the Grandmont Rosedale Neighborhoods of northwest Detroit. We take a comprehensive approach to community revitalization, with programs designed to renovate vacant homes, assist local homeowners and businesses, beautify our community and keep our neighborhoods safe and vibrant.

Form 990, Part III, Line 4a - First Accomplishment

- Stabilizing and enhancing property values;
- •Preserving the area's stock of quality single-family homes;
- •Providing affordable home ownership opportunities for low and moderateincome families.

Under this program, GRDC identifies, acquires and renovates vacant and deteriorating houses within the Grandmont/Rosedale neighborhoods. These properties are in turn sold to new families who will own and occupy them. As of the end of 2016, GRDC has bought, renovated and sold 109 homes. We renovated and sold 5 homes in 2016.

Other stabilization programs include blight remediation, neighborhood clean-up, foreclosure prevention outreach and neighborhood marketing.

Form 990, Part III, Line 4d - All Other Accomplishment Public Safety Organizing:

Employer identification number

38-2885952

GRDC works closely with law enforcement agencies and local residents to promote community policing and improve public safety in our community. We organize bi-monthly meetings and periodic training workshops on topics relates to public safety and support neighborhood watch and citizen patrol activities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Copy of Form 990 is presented at Board Meeting for approval.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors approves compensation for Executive Director.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
NET OF PROPERTY COSTS \$ -505,082

PROPERTY COSTS IN NET REVENUE

\$

505,082