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Form 990	Return of Organization Exempt From	Income Ta	x	OMB No. 1545-0047
Department of the Treatintemat Revenue Service	Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code ( by Do not enter social security numbers on this form as it ms Go to www irs gov/Form990 for instructions and the late	at he made nublic	ndations)	2018 Open to Public
A For the 2018	ralendar year, or tax year beginning and ending	est information.		Inspection
B Check if applicable	C Name of organization	-	D Employer A	dentification number
Address change	GRANDMONT ROSEDALE DEVELOPMENT CO	\BD	D Campanyer R	dewilloguou nomber
	Daing business as	JRP	20.00	
Name change	Number and street (or P.O. box if mail is not detivered to street address)	Room/suite	38-281 E Telephone r	85952
Inital return	19800 GRAND RIVER AVE.	(CDD) IV SQU(B		10mber 87-4732
Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	<del></del>	3200	<u> </u>
<u>س</u>	DETROIT MI 48223	J	a c	<u>ಟ 661,</u> 050
Amended return	F Name and address of principal officer	<del>-                                    </del>	G Gross receipt	<u>α ουτγουτ</u>
Application pending	SHERITA SMITH	H(a) is the a gro	oup return for aut	ordinates Yes X N
	19800 GRAND RIVER AVENUE	H(b) Are 组 sub	anda slati wakidi	ed? Tyes N
	DETROIT MI 48223		allach a list (se	<b></b> 🗀
I Tax-exempt status:	X 604(0)(9) 504(4) / 1	<b>式</b>	CILCAY C IOC (S	as a solucional
J Website W	W. GRANDMONTROSEDALE. COM			
K Form of organization	X Corponation Trust Association Other	H(c) Group exer		
	nmary	Year of formation 1	789 M	State of legal domicals M
	cribe the organization's mission or most significant activities:	~		<del></del>
R See	Schedule O		··· • .	
E				
<b>[</b>			,	
See See 2 Check thi	hov I if the omanization discoult and as	<u> </u>		
	box if the organization discontinued its operations or disposed of more than	n 25% of its net as	1 1 .	
S A MUNICIPAL C	voting members of the governing body (Part VI, line 1a)	.,		15
4 Number of Total num	independent voting members of the governing body (Part VI, line 1b)			15
5 Total num	per of individuals employed in calendar year 2018 (Part V, line 2a)		5 ]	<u> </u>
S e logal unu	per of volunteers (estimate if necessary)	,,	6 6	50
7a Total unre	ated business revenue from Part VIII, column (C), line 12		7a	
b Net unrela	ed business taxable income from Form 990-T, line 38	······································	7b	C
a Contribute	20 and wants (Dard VIII I - 41)	Pnor Year		Current Year
9 Program s	ns and grants (Part VIII, line 1h)		,117	<u>486,829</u>
5 10 haratas	ervice revenue (Part VIII, line 2g)		,460	114,270
6 10 investmen	income (Part VIII, column (A), lines 3, 4, and 7d)	10	<u>, 2</u> 06	7,540
Other revo	nue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)		,315	6,031
12 Total reve	ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	994	,098	614,670
13 Grants an	similar amounts paid (Part IX, column (A), lines 1-3)			0
14 Benefits p	id to or for members (Part IX, column (A), line 4)			
15 Salaries, o	her compensation, employee benefits (Part IX, column (A), fines 5-10)	311	,895	377,434
🖁   16a Profession	I fundraising fees (Part IX, column (A), line 11e)			0,1,402
b Yotal fund	aising expenses (Part IX, column (D), line 25) 19,635			<del>_</del>
I I/ Other exp	nses (Part IX, column (A), lines 11a-11d, 11f-24a)	458	, 153	339,247
18 Total expe	ises. Add lines 13-17 (must equal Part IX, column (A), line 25)		048	716,681
l 19 Revenue i	ss expenses Subtract line 18 from line 12	224		-102,011
툿홿		Beginning of Curre	nt Year	End of Year
W 10	(Part X, line 16)	2,192,		2,077,414
늦뭐 _,	es (Part X, line 26)		983	307,945
<sup>౽</sup> 급 22 Net assets	or fund balances Subtract line 21 from line 20	1,871,		1,769,469
Part II Sig	ature Block			
Under penalties of p	jury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the t	haet of my b-	- t- totad ban anbahun
true, correct, and cor	play Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowled	-⊶villy kill ige	omougo anu voiki, it is
			T 11.	12.10
Sign 🖊 💀	puls of Miles		Dete	- <del>1</del>
	HERITA SMITH EXECU	TUE DIE	ECTOR	
lere	or print name and bile	TATE DIV	PCTOK	
	eparer's name Preparer's signature	Date		PTIN
Тур		1	Check X	, i
Print/Type	CLAUSEN LIAGON & CONTROL		9 self-employer	Ø P01051094
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PrinkType Paid JASON F	Jason F. Clausen P.C.			27-4097479
PrintType Paid  Preparer Jason F Firm's nam  Jason F Firm's nam	Jason F. Clausen P.C. 31408 Harper Ave., PMB 244	Firm	'S EIN 4	27-4097479
Paid JASON F Preparer Jse Only Firm's sddr	Jason F. Clausen P.C. 31408 Harper Ave., PMB 244 Saint Clair Shores, MI 48082-2601	Firm	's EIN	27-4097479 36-216-4673
Paid JASON F Preparer Jse Only Firm's addr flay the IRS discuss	Jason F. Clausen P.C. 31408 Harper Ave., PMB 244	Firm	'S EIN 4	27-4097479

	8 GRANDMONT RO	SEDALE DEV	ELOPMENT COR	KP38-2885952	<u> </u>	Page 2
Part III	Statement of Progra	m Service Acc	omplishments			Tel
1 Dright de	Check if Schedule O	contains a respo	<u>nse or note to any l</u>	ine in this Part III	<u> </u>	<u> </u>
See Se	escribe the organization's mis	isian				
Beg. Di	medaite 6					••• • • •
* **						,
• -••	••••			· · · · · · · · · · · · · · · · · · ·	*** ** ** ***	
2 Did the c	organization undertake any sig	as margorq ineaflux	vices during the year wh	ich were not listed on	the	
	m 990 or 980-EZ?		, , , , , , , , , , , , , , , , , , ,			Yes X No
	describe these new services					
3 Did the o	organization cease conducting	, or make significant	changes in how it cond	ucts, any program		
services?					,	Yes X No
	describe these changes on S					
4 Describe	the organization's program s	ervice accomplishme	ants for each of its three	largest program servi	ces, as measured by	
expenses	Section 501(c)(3) and 501(c)	c)(4) organizations a	re required to report the	amount of grants and	aliocations to others,	
the total	expenses, and revenue, if any	y, for each program	service reported			
4a (Code.	) (Expenses \$	652,925	including grants of \$		) (Revenue \$	
See Sc	chedule 0	.5,7,5,	monowy grants or a	• • • • • • • • • • • • • • • • • • • •	) (veseine &	
•	***************************************		**** * ** *	•••		,,
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	*** **** ***					••
4b (Code.	) (Expenses \$		including grants of \$		) (Revenue \$	<del></del>
N/A	. , ,			••	, (i.o.o	.,, /
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•	• • • • • • • • • • • • • • • • • • • •		• • • •			
4c (Code	) (Expenses \$		including grants of \$		) (Revenue \$	
n/a		1		. ,,,	, , , , , , , , , , , , , , , , , , , ,	,
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				- 155		
	,			• • • • • • • • • • • • • • • • • • • •	. ,,,,	
4d Other prod	gram services (Describe in Si	chedule O.)				
(Expenses		including grants of	of\$	) (Revenue \$		)
	gram service expenses	652,9				
<u> </u>	<del></del>			·· ··· ···		5am 000 mass)

Form 990 (2018) GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952

Part IV: Checklist of Required Schedules

			1 20	Т
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	+
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	1 2	X	╁
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	J	<del>  ^</del>	╁
	candidates for public office? If "Yes," complete Schedule C, Part I	١,	ĺ	i
ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	⊢–	4
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	١.		i
;	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.	4_		ł
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	1 _	1	l
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	├	ł
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (	1	ľ	l
	"Yes," complete Schedule D, Part I	1 _	ł	l
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		ł
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			l
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u> 7	ļ.,	ļ
	complete Schedule D, Part III			ı
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8_		Ļ
	custodian for amounts not littled in Det V. as another in the custodian for amounts not littled in Det V. as another in littled in Det V. as another in little in Det V. as another in Det V. 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	1		l
	Del the preparation discolor as though a state of the sta	9	X	L
	Ord the organization, directly or through a related organization, hold assets in temporarily restricted	1 1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		L
	If the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI.	1 1		Ì
	VII, VIII, IX, or X as applicable	1 1	J	
2	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	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	116	ł	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		$\neg \neg$	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
ſ	The result of th			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	l	
3	Did the organization report an amount for other liabilities in Part X, fine 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	<del>                                     </del>	~~	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	_11f	i	
•	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	├ <del>```</del>		
	Schedule D, Parts XI and XII ,	120	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	<del>^</del>	_
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		_
	Did the organization maintain an office, employees, or agents outside of the United States?	13	$\dashv$	_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	$\dashv$	_
	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		- [	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	$\rightarrow$	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1	- 1	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		- 1	
	Did the organization report a total of more than \$45,000 et al.	16		_
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1	1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
	bid the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a?	$\top$		
	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<del></del>	$\neg$	_
_	domestic government on Part IX, column (A), line 12 // "Yes," complete Schedule I, Parts I and II	21	1	2
	· · · · · · · · · · · · · · · · · · ·		990 (	

For	m 990 (2018) GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952		F	age 4
	Part IV Checklist of Required Schedules (continued)		_ <u> </u>	age 1
22	Did the emprires of the second		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		T	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	X
LJ	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		1	ſ
249	employees? If "Yes," complete Schedule J	23		X
,,_	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	1		
b	Did the primarization invest and extended of the victorial state of the primarization invest any extended of the victorial state of the v	24a		X
	The state of the s	24b		<u> </u>
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization acrt as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	L	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
ь	Is the organization awars that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<u> </u>
	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		}	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<u>_x</u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ł	
	disqualified persons? If "Yes," complete Schedule L, Part II	1	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	$\rightarrow$	<u> </u>
	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	1. 1	1	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	27		<u>X</u> _
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1 1	١.	٠,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u> </u>
	Schedule L, Part IV			40
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	-+	<u>x</u> _
	was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L, Part IV	[	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	$-\!\!+$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	—-	<u>X</u>
	conservation contributions? If "Yes," complete Schedule M	00	ı	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	-+	$\frac{\mathbf{x}}{\mathbf{x}}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes,"	31		<u></u>
	complete Schedule N, Part II			v
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	$\dashv$	<u>X</u>
	securis 301 7701-2 and 301.7701-37 if "Yes," complete Schedule R. Part I	92		v
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III,	33	-+	<u>X</u>
	or rv, and Part v, line 1	24	- 1	<u>x</u> _
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
Þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- V-	-†	<del></del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule H, Part V, line 2	_36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del> -
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37	- [	<b>X</b> _
8 1	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and			<del></del>
_	137 Note. All Form 990 filers are required to complete Schedule O.	38	- 1	<b>X</b> _
Par	Manager and things and tax compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		. [	]
ا ما		1	es I	No
la l	Enter the number reported in Box 3 of Form 1096 Enter -0- If not applicable		1	
<b>b</b> 1	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		ļ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	eportable gaming (gambling) winnings to prize winners?	1c	<u>x                                    </u>	
		Form	9 <b>90</b> (2	018)

- D	m 990 (2018) GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952		F	age !
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
2a	Enter the number of employees reported on Form W-3, Transmittel of Wags and Tax	_	Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 10	1	<b>'</b>	ļ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	┥"		ļ
	Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<u>_x</u>	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1.		١
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	ļ	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1	1	
ь	If "Yes," enter the name of the foreign country:	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	١,		
þ	Did any taxable party notify the ovariestic test there is a factor at any time during the tax year?	5a		<u> </u>
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		<u> </u>
6a	Does the cyredistrict below a small enter the state of the cyredistrict below a small state of the cyredistrict below a small enter the state of the cyredistrict below as the	5c		
·	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	- 1	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	. ł	X
٠	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	66	i	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods	1 1	- 1	
	and services provided to the payor?	7a	- 1	X
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\neg +$	
Ċ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>  '''  </del>		
	required to file Form 8282?	70	- 1	x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	$\rightarrow$	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1 }	- 1	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	~-	<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	—┼	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<u>X</u>
	sponsoring organization have excess business holdings at any time during the year?		- 1	
9	Sponsoring organizations maintaining donor advised funds.	8	~-	
а	Did the sponsoring organization make any taxable distributions under section 4956?	<b>\</b>	- }	
b	Did the eponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
0	Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts included on Eart VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:		i	
a a	Georgia (See Superior)			
	Gross income from members or shareholders		i	
	Gross income from other sources (Do not net amounts due or paid to other sources	l		
	against amounts due or received from them.)			
2a :	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>1</u> 2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	- 1	
a i	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\neg +$	
. !	Note. See the instructions for additional information the organization must report on Schedule O	1111		
D I	Enter the amount of reserves the organization is required to maintain by the states in which			
t	the organization is licensed to issue qualified health plans	İ		
C E	Enter the amount of reserves on hand			
a I	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\dashv$	x
b i	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		-	<u>~</u>
1	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	+	
e	excess parachute payment(s) during the year?		-	₩.
i	f "Yes," see instructions and file Form 4720, Schedule N	15	$\dashv$	<u>X</u>
	s the organization an educational institution subject to the section 4968 excise tax on net investment income?		-	
		44 1		X
_ f	f "Yes," complete Form 4720, Schedule O.	16	_  -	<del></del> -

DAA

_	1990 (2018) GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952			age 6
Pξ	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	500 II	ารเกน	xions.
==	Check if Schedule O contains a response or note to any line in this Part VI			1
<u> 260</u>	tion A. Governing Body and Management		–	r <del></del>
_	and the second s	$\leftarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	1 1	. !	1
	If there are material differences in voting rights among members of the governing body, or	} {		,
	If the governing body delegated broad authority to an executive committee or similar	1 1		1
	committee, explain in Schedule O.	{ }		, '
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 15	4 (		
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 customanly performed by or under the direct	1.1		
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
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	1_1		3.7
	one or more members of the governing body?	7a		<u>x</u>
p	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		72
	stockholders, or persons other than the governing body?	76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1 1	v	·
a	The governing body?	8a	X	$\vdash \vdash$
ь	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	<u> </u>
9	Is there any officer, director, trustee, or key employes listed in Part VII, Section A, who cannot be reached at	1.1	l	v
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	1 8 T	٠, ٦	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>6 CO</u>		
			Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
D	if "Yes," did the organization have written policies and procedures governing the activities of such chapters,	]]		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_ <del>_</del>	├
11a		11a	<u>_x</u>	<del> </del> -
p	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	v	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	X	$\vdash$
Þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126		<del></del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		₩.
	describe in Schedule O how this was done	12c	_ <del>_</del>	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		$\vdash \vdash$
15	Did the process for determining compensation of the following persons include a review and approval by	1 1		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 45-	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	v
D	Other officers or key employees of the organization	15b		X
<b>.</b>	If "Yes" to line 15e or 15b, describe the process in Schedule O (see instructions)			
16a	Old the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	]]		v
	with a taxable entity during the year?	16a		<u> </u>
D	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	1.5		ĺ
<del></del> -	organization's exempt status with respect to such arrangements?	1 <u>6b</u>		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	•	•	
18				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
4.6	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			
	HERITA SMITH 19800 GRAND RIVER AVENUE	20	7. 4	723
	ETROIT MI 48223 313	<u>~38′</u>	<u>/ = 4</u>	132

	ge 7
art VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ınd
Independent Contractors	_
Check if Schedule O contains a response or note to any line in this Part VII	Ц.
ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the anization's tax year	
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of inpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid</li> </ul>	

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

(A) Name and Title	(B) Average hours per week (% any	box	, unio	58 pe	iion more rson i firecto	than on s both s mirusie	6) (e)	(O) Reportable compensation from the	(E) Reportable compansation from related organizations (W-2/1099-MISC)	(F) Es@mated amount of other compensation from the
	hours for related organizations below dolled ime)	Individual bustee or director	Insiananal Irusiae	Officer	Xay employee	Hijhesi compensated Pempleyae	Fermer	organization (W-2/1099-MISC)	(M-21099-MSC)	organization and related organizations
(1) RENEE KENT		1		_						
BOARD PRESIDENT	1.00	x		X		Ш		0	0	0
(2) WILLIAM FREY		Ĺ	}			11			}	
BOARD VICE PRESIDENT	1.00	x		x				o	o	0
(3) FRANK RABEN	0,00	╎				$\vdash \uparrow$	7			
•	. 1.00			}			ŀ		_	_
BOARD TREASURER	0.00	X	_	X	_	<b>├</b> -}	_	0	0	0
(4) VICKI HOLMES	1.00	1								
BOARD SECRETARY	0.00	x		x	}	} }		o	o	0
(5) CHARLOTTE WRIGH		†		<del>  •</del>	┌╴		—			<del>_</del>
	1.00	İ		ŀ						_
DIRECTOR	0.00	X	<b>.</b>	<u> </u>	<b>_</b> _	11-		0	0	
(6) JOHN EDWARDS	1.00	1		l	l	11				
DIRECTOR	0.00	x	l	l		ĺĺ		o	O	O
(7) KEVIN JOHNSON		1								
	1.00	.]		1		1 1		_		
DIRECTOR	0.00	↓ <u>x</u>	├	├	<del> </del>	┞╌┼		0	0	
(8) ANNIE MAE HOLT	1.00	1		}	1	1 1				
DIRECTOR	0.00	$ \mathbf{x} $	ì	•	Ì	] ]		o	0	
(9) DESIRAE TOLBERT				$\Box$		$\Box$				
	1.00	.		(	{	1 1				_
DIRECTOR	0.00	X	├	<del> </del>	├—	$\vdash$		0	0	
(10) OLIVER COLE	1.00	}			1	ĺΙ				
DIRECTOR	0.00	$\mathbf{x}$	1			$\{\ \}$		o	0	
(11) KEN WOLFE		T			Γ	$\Box$				
	1.00	<b>\</b>	1						•	(
DIRECTOR	0.00	X	L	<u>_</u>	L_	┸		<u> </u>	0	Farm <b>990</b> (2011

Form 990 (2018) GRANDMON								NT CORP38-288				P:	age 8
		rust T	ees,			ploye	es	<del></del> _	ated Employees (continu	1ed)			
(A) Name and the	(E) Average hours per week (Est any hours for	off	x, unit	Pos check esc pe	1/80m	nan or s tiod as	e) en	(D) Reportable compansation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estma ameun othe compens from t	ted 1 of r ation	
	neighed organizations below dolled line)	ar director	Inskulianel trustee	Officer	Kay emplayee	Highest comparisated employee	Fermer	(W-2/1099-MISC)	( <u> </u>	l	organize	non Led	
(12) MARSHA BRUHN	1.00	X				- 2		0	0				0
(13) DALE THOMSON	1.00												_
DIRECTOR (14) PHIL SCHLOOP		X	-	-	-	$\vdash$	-	0	0				_0
AT-LARGE	0.00	X		L	L			0	0				_0
(15) BERNARD MORG	AN 1.00 0.00	x						o	o				0
(16) SHERITA SMIT	40.00					П							
EXECUTIVE DIRECTOR	0.00	-	-	X	-	H	1	73,335	0				_0
		-	-		_	-	-			-			
···· ·· ·· · · · · · · · · · · · · · ·								<u></u>					
1b Sub-total	ets to Part VII,		ction	, . A .				73,335		-			
d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from			ed to	tho	se li	sted s	bov	73,335 ve) who received more that	an \$100,000 of				
3 Did the organization list any fi employee on line 1s? If "Yes,	ormer officer, di " complete Sche	recto dule	or, or	trus	stee, ch ii	key e ndlvidu	:mp ral	sloyee, or highest compen	esated		3	Yes	No X
4 For any individual listed on lin organization and related organization	e ta, is the sum nizations greater	of tha	repoi in \$1	rtable 150,0	9 co 900?	mpens If "Ya	satio s,"	on and other compensation complete Schedule J for a	such	Ì	4		x
5 Did any person listed on line for services rendered to the o									or individual		5		x
Section B. Independent Contract  1 Complete this table for your fi	ive highest come	ens	ated	inde	pen	dent c	oni	tractors that received more	e than \$100,000 of				
compensation from the organi	(A) business address	omp	ensa	ikon	TOF	une ca	<u>len</u>		ithin the organization's tax (8) Ion of services	: year	co	(C) mpensali	00
						$\downarrow$							
		_				_					 		
						-							
									<del></del>				
2 Total number of independent received more than \$100,000	contractors (incl	uding	g but	t not	lımi	ted to	tho	ose listed above) who				·	
TOOTEN THOSE WATER PROVIDED	or compensario	,,,,	,,, u	. <del> (</del> /	HALL		_					000	

Pa	rt '	90 (2018) GRANDMONT VIII Statement of Rev	/Anie	3					Page Page
		Check if Schedule	O cc	ntains	a respons				<u></u>
άω.		· ·				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	12	Federated campaigns	1a			•		<u>,,</u>	· · · · · · · · · · · · · · ·
5일	b	Membership dues	1b				,		
2₹		Fundraising events	1c	,	20,072	]			, ,
5	¢	Related organizations	1d			1	<b>,</b>	'	1
įξ	8	Government grants (contributions)	1e			1	` '		
rrogram service Revenue Communications, Crist, Crants	f	All other contributions, gifts, grants, and similar amounts not included above	1f	.,	466,757			,	,
and		Noncesh contributions included in lines 1: Total, Add lines 1a-1f,	a-1f	\$		486,829		•	
<u> </u>					Busn Cade		<u>'</u>		
호	2a	• • • • • • • • • • • • • • • • • • • •		. ,,		101,593	101,593		
2	þ	FARMERS MARKET				12,677	12,677		
동	C				<u></u>				
ē	đ		٠.						
	е				<u></u>				
[[		All other program service reve							
_	ġ	Total. Add lines 2a-2f			111/1	114,270			
	3	Investment income (including	divide	nds, inte	erest,			-	
1		and other similar amounts)	,,,,		_	7,540	7,540		
- 1	4	Income from investment of tax	-exem	pt bond	proceeds			*	
ı	5	Royalties							
		(r) Real		(ī)	Personal	•			<del>                                     </del>
	6a	Gross rents							
	ь	Less: rental exps					,		
	C	Rental inc. or (loss)							
1.	_d	Net rental income or (loss) .							
- [ ]	7a	Gross amount from (i) Securities		(0)	) Other		~	<del></del>	<del>-</del>
		sales of assets Other than inventor				ĺ			ì
	b	Less cost or other				)			-
ı		bass & sales exps.	J			٠,	•		1
	c	Gain or (loss)	1						
		Net gain or (loss)					'i		
ιΙ,		Gross income from fundraising ever		• ,		<del>-</del>		-	<del> </del>
		(not including \$ 20,0° of contributions reported on fine 1c)	72						
:		See Part IV, line 18			2 120		.		
1			a_		2,130	,	·		1
<b>;</b>		Less direct expenses	ρĹ				ŀ		
١,	) )	Net income or (loss) from funda	raising	events	<del>-</del>	2,130			
1,		Gross income from garning activities							
1		See Part IV, line 19	a_						
		Less: direct expenses	ьГ						
		Net income or (loss) from game	ng a <u>c</u> t	ivities	····		1		
10		Gross sales of inventory, less					T		
		returns and allowances	a		44,456	1			1
		Less cost of goods sold	ь∟		46,386	ļ	Į		1
$\vdash$	C	Net income or (loss) from sales	of inv	entory.	_	-1,930	-1,930		<u> </u>
$\vdash$		Misostaneous Revenue			Butn Code				
111		Other Revenue		į	<u> </u>	5,831	5,831		
1	b		, ,						
	С								·
		All other revenue	•						
1		Total. Add lines 11a-11d				5,831			<del></del>
		Total revenue. See instructions			· · · ·	614,670	125,711		<del></del>

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Part I		penses			Page
Section 5	501(c)(3) and 501(c)(4) organizations must or Check if Schedule O contains a respo	omplete all columns, All ot	her organizations must co	mplete column (A).	
Do not i	nclude amounts reported on lines 6b,		<del></del>	<u></u>	
	Bb, and 10b of Part VIII	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	nts and other assistance to domestic organizations	<del>+</del>	expenses	general supenses	expenses
	domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	viduals, See Part IV, line 22			,	
	nts and other assistance to foreign				
	anizations, foreign governments, and foreign				
	viduals See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
	mpensation of current officers, directors,		<del></del>		<u>, , , , , , , , , , , , , , , , , , , </u>
	itees, and key employees	73,336	66,002	5,867	1,46
	npensation not included above, to disqualified	70/500	00/002	3,007	
	ions (as defined under section 4958(f)(1)) and			1	
	sons described in section 4958(c)(3)(B)				
7 Oth	er salaries and wages	236,127	212,515	18,890	4,72
	sion plan accruals and contributions (include				<u> </u>
	ion 401(k) and 403(b) employer contributions)				
9 Oth	er employee benefits	41,265	37,138	3,302	82
10 Pay	roll taxes	26,706	24,036	2,137	53
11 Fee	s for services (non-employees):			-/	
a Mar	nagement				
<b>b</b> Leg:				~	
c Acc	ounling	9,983	8,984	799	20
d Lobi	bying		<del></del>		
e Profe	essional fundraising services. See Part IV, line 17		<del>-</del> -		
f Inve	stment management fees				·
<b>g</b> Other	(If line 11g amount exceeds 10% of line 25, column				
(A) an	mount, list line 11g expenses on Scheduls ()	29,989	26,991	2,399	59
2 Adv	ertising and promotion	552	208	18	32
	28 éxpénses	26,411	23,768	2,113	53
14 Infor	mation technology	4,840	4,362	381	
15 Roya	altres ,		7 1		<del></del>
6 Occi	upancy	34,500	32,743	1,406	_35
7 Trav		2,284	2,056	182	4
	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
	ferences, conventions, and meetings			-	<u> </u>
0 Inter	· • • • • • • • • • • • • • • • • • • •	14,300	13,995	244	6
	ments to affiliates				
	reciation, depletion, and amortization	43,487	41,141	1,877	46
	rance	23,135	21,386	1,400	34
	expenses. Itemize expenses not covered				<del></del> -
	e (List miscellaneous expenses in line 24e, if				
	Ae amount exceeds 10% of line 25, column				
	mount, list line 24e expenses on Schedule O.)			<u>``</u>	
	IRECT PROGRAM EXPENSES EPAIRS	105,169	105,169		
		20,972	20,410	449	11
	ISC. FUNDRAISING	8,759			8,75
	ANK CHARGES	4,840	4,706	107	2
	ther expenses	10,026	7,315	2,550	16
	functional expenses. Add lines 1 through 24e	716,681	652,925	44,121	19,63
	costs. Complete this line only if the inzelion reported in column (B) joint costs				
from a	a combined educational campaign and	<b>!</b>			
fundra	Bising solicitation. Check here   if				
tollow	ing SOP 98-2 (ASC 958-720)		1	I	

Part X				Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)	Γ	(B)
<del></del>		Beginning of year	L	End of year
	Cash—non-interest bearing	736,646	1	505,750
2 5	Savings and temporary cash investments		2	L
3 F	Pledges and grants receivable, net	261,421	3	149,650
1	Accounts receivable, net	7,842	4	3,632
	coans and other receivables from current and former officers, directors,			,
	rustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		5	
6	oans and other receivables from other disqualified persons (as defined under section	,		
4	1958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		ŀ	
	ponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7 N	Notes and loans receivable, net	133,589	7_	124,804
10 11	oventories for sale or use	3,898		180,246
9 P	Prepaid expenses and deferred charges	21,208	9	34,442
	and, buildings, and equipment cost or			
	ther basis Complete Part VI of Schedule D 10a 1,385,809			
	ess accumulated depreciation 10b 338,123	1,005,356		1,047,686
12 Ir	nvestments—publicly traded securities		11	
13 fr	nvestments—other securities. See Part IV, line 11	21,003	12	21,204
	nvestments—program-related. See Part IV, line 11		13	
	When accate See Dart IV Iron 11	1 500	_14	10 000
	otal assets. Add lines 1 through 15 (must equal line 34)	1,500	15	10,000
	occumis payable and accrued expenses	2,192,463	16	2,077,414
1	Grants payable	19,321	17	29,216
1	Deferred revenue		18	
1 .	ax-exempt bond liabilities		19	
	scrow or custodial account liability Complete Part IV of Schedule D	7,002	20 21	6,518
ا مما	oans and other payables to current and former officers, directors,	7,002	21	
	ustees, key employees, highest compensated employees, and			
di	isqualified persons Complete Part II of Scheduls L		22	
23 S	ecured mortgages and notes payable to unrelated third parties	285,087	23	260,398
	Insecured notes and loans payable to unrelated third parties		24	200,398
	ther liabilities (including federal income tax, payables to related third		-24	
	arbes, and other flabilities not included on lines 17-24) Complete Part X			
	Schedule D	9,573	25	11,813
26 To	otal Ilabilities, Add lines 17 through 25	320,983	26	307,945
	rganizations that follow SFAS 117 (ASC 958), check here   X   and			301/213
	omplete lines 27 through 29, and lines 33 and 34.		- {	
27 U	nrestricted net assets	1,517,628	27	1,439,961
28 Te	emporanty restricted net assets	353,852	28	329,508
	ermanently restricted net assets		29	
0	rganizations that do not follow SFAS 117 (ASC 958), check here and			
	emplete lines 30 through 34.		l	
	apital stock or trust principal, or current funds	Į.	30	
27 Ui 28 Te 29 Pe 00 60 30 Ce 31 Pe	aid-in or capital surplus, or land, building, or equipment fund		31	-
32 R	etained earnings, endowment, accumulated income, or other funds		32	
33 To	otal net assets or fund balances	1,871,480	33	1,769,469
34 To	otal trabilities and net assets/fund balances	2,192,463	34	2,077,414

Form 990 (2018)

om 990 (2018) GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952			_ Pa	age 12
Part XI: Reconciliation of Net Assets	•			
Check if Schedule O contains a response or note to any line in this Part XI				. X
1 Total revenus (must equal Part VIII, column (A), line 12)	1	6	14,	670
2 Total expenses (must equal Part IX, column (A), line 25)	2	. 7	16,	681
3 Revenue less expenses Subtract line 2 from line 1	3	-1	02,	011
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,8	71,	480
5 Nst 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 in Schedule O)	9			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
33, column (B))	10	1,7	59,	469
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990.  Cash X Accrual Other				Г
If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	`	ļ
Schedule O.		ĺ		ł
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		l
Separate basis Consolidated basis Both consolidated and separate basis				1
b Were the organization's financial statements audited by an independent accountant?		26	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		1 1		
X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	x	1
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				
the Single Audit Act and OMB Circular A-133?		3а		l x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		- Va		<b>-:-</b> -
required audit or sudits explain why in Schedule O and describe any steps taken to undergo such audits		зь		
	• • • • •		990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 601(c)(3) organization or a section 4947(s)(1) nonexempt chantable trust.

OMB No. 1545-0047

Department of the Treasury Attach to Form 990 or Form 990-EZ.					Open to Public		
Internal Rovenue Service	_ Go to	www.lrs.gov/Form990 for ir	structions and th	ne latest informatio	on.	Inspection	
Name of the organization		OSEDALE DEVELOR		E	imployer identification	tion number	
Part I Reason 1	or Public Chari	ty Status (All organization	ns must comp	lete this part.) S	ee instruction	ons	
The organization is not a pri	ivate foundation beca	use it is: (For lines 1 through 1:	2. check only one	box )	Tag Wilde		
1 A church, conveni	tion of churches, or a	ssociation of churches describe	d in section 170	(b)(1)(A)(i).	1	<b>~ 1</b>	
2 A school describe	d in section 170(b)(	1)(A)(II). (Attach Schedule E (F	om 990 or 990-E2	Z))	<u>K</u>	.) T	
3 A hospital or a co	operative hospital sei	rvice organization described in	section 170(b)(1)	-, , (Δ)(iii)	l	<i>/</i>	
		ed in conjunction with a hospita			ii) Enter the ho	renitallo nama	
city, and state:	· • • • • • • • • • • • • • • • • • • •	д-повы по-т - поорш	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ny. Emer die ne	spirate traine,	
5 An organization of	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
section 170(b)(1	)(A)(iv). (Complete Pa	art II)					
7 X An organization th	at normally receives a	governmental unit described in a substantial part of its support	rection 170(b)(1 from a governmen	l)(A)(v). tal unit or from the (	general public		
	ion 170(b)(1)(A)(vi)						
8 A community trust	described in section	170(b)(1)(A)(vi). (Complete P	art II.)		_		
or university or a r	non-land-grant college	escribed in section 170(b)(1)(a e of agriculture (see instructions	A)(ix) operated in a ) Enter the name,	conjunction with a la city, and state of th	ind-grant college e college or	₽	
10 An organization th	at normally receives	(1) more than 33 1/3% of its si	apport from contrib	utions, membership	fees, and gros	., . S	
Support from gross	incs related to its exe s investment income :	impt functions—subject to certa and unrelated business taxable	in exceptions, and	(2) no more than 3.	3 1/3% of its		
acquired by the on	ganization after June	30, 1975. See section 509(a)	7). (Complete Parl	iulian (ax) liulii uu HUIA	161162262		
		d exclusively to test for public a					
		exclusively for the benefit of, t			out the numose	er.	
of one or more pu	blicly supported organ	nizations described in section (	509(a)(1) or sectio	n 509(a)(2), See se	ection 509(a)(3	3)_	
Check the box in the	ines 12a through 12d	that describes the type of supp	corting organization	and complete lines	12e, 12f, and	12g	
a Type I. A supp	oorting organization o	perated, supervised, or controll	ed by its supported	d organization(s), tvi	pically by giving	1	
the supported	organization(s) the po	wer to regularly appoint or elec-	t a majority of the	directors or trustees	of the		
		complete Part IV, Sections A					
b Type II. A sup	porting organization s	supervised or controlled in conn	ection with its sup	ported organization(	s), by having		
control or man	agement of the suppo	orting organization vested in the	same persons that	at control or manage	the supported		
		e Part IV, Sections A and C.					
ils supported (	ronally integrated. A voanization(s) (see ir	supporting organization operators structions) You must comple	led in connection \	with, and functionally	/ Integrated wit	n.	
d Type III non-t	unctionally integral	ed. A supporting organization of	versted in connec	lia M, D, aliu E. Kon wilh do aumond	od omno-otion	./a\	
that is not fund	tionally integrated. Th	ne organization generally must	satisfy a distributio	n requirement and s	eo organizator an attentivorasi	(S)	
requirement (s	ee instructions), You	must complete Part IV, Secti	ons A and D, and	i Part V.	All discillations	,	
e Check this box	if the organization re	ceived a written determination (	rom the IRS that it	is a Type I Type II	. Type III		
functionally inte	egrated, or Type III n	on-functionally integrated suppo	orling organization.		, . yp		
	of supported organiza		,,			. []	
g Provide the following	ng information about	the supported organization(s)					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization	(v) Amount of mon		(vf) Amount of	
organization		(described on lines 1–10 above (see instructions))	Balled in your governing document?	support (666	' l	other support (666	
		Cooks (See Marketoney)	Yes No	enstructions)	1	mszryczona)	
(A)			162 100	<u> </u>			
(B)				-			
(C)							
(D)							
(E)			<del>                                     </del>				
		<u> </u>	<b>  </b>				
Total				! !	}		
	Notice, see the instru	ptions for Form 990 or 990-EZ,			chedule A (Ford	n 990 or 990-EZ) 2018	

	eduls A (Form 990 or 990-EZ) 2018 GR	ANDMONT R	OSEDALE I	DEVELOPME	NT CORP38	-2885952	Page 2
ł	art ii Support Schedule for	Organizations	: Described in	Sections 17	O(b)(1)(A)(is)	and 170/h)/1\/	A \
	(Complete only if you cr	lecked the box	on line 5 / a	r X of Partion	if the organize	ation failed to a	ualify under
_	T GIT III. II TIO OIGAIIIZAUL	on fails to quati	fy under the te	ests listed belo	w, please con	plete Part III)	adiny dilabi
	Einou At Labuc anbboll	<del>_</del>				· · · · ·	
Cal	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,814,096	1,469,952	709,837	764,117		6,244,831
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	2,814,096	1,469,952	709,837	764,117	486,829	6,244,831
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)				1		0,241,631
6	Public support. Subtract line 5 from line 4	<u> </u>					18,792
	tion B. Total Support		<u> </u>				6,226,039
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2045 T	(-) 00.4	T		
7	Amounts from line 4		(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends,	2,814,096	1,469,952	709,837	764,117	486,829	6,244,831
Ū	payments received on securities toans, rents, royalties, and income from similar sources			97,714	108,727	109,133	315,574
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)						
11	Total support. Add lines 7 through 10						6,560,405
12	Gross receipts from related activities, etc.	(see instructions)				12	843,136
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
<del>~</del>	organization, check this box and stop her	'A		<u> </u>			. ▶ □
	tion C. Computation of Public S	upport Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (line 6	, column (f) divided	l by line 11, colun	nn (f))		14	94.90%
15	Public support percentage from 2017 Sche	edule A. Part II, line	e 14			15	96.18%
16a	33 1/3% support test-2018. If the organ	uzation did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qual	ifies as a publicly a	supported organization	ation			► X
b	33 1/3% support test-2017. If the organ	ization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or	more, check	
	ins box and stop here. The organization	qualifies as a publi	ich supported org	anization			▶□
17a	10%-facts-and-circumstances test~20	18. If the organizat	on did not chack	a box on lins 13, 1	16a, or 16b, and lii	ne 14 is	, . <u> </u>
	10% or more, and if the organization meet	is the "facts-and-cir	cumstances" test,	check this box ar	id stop here Exp	olain in	
	Part VI how the organization meets the "fa	acts-and-circumstar	ices" test. The or	ganization qualifies	as a publicly sup	ported	
b	organization  10%-facts-and-circumstances test-20  15 is 10% or more, and if the organization	17. If the organizati	ion did not check :	a box on line 13, 1	6a, 16b, or 17a, a	and line	•
	Explain in Part VI how the organization me	els the "facte-and	rimumotenaes* *^	test, crieck this b	vx and stop here	; ,,,,	
	supported organization	rora ara 1600-alia-	Concurrences (8	at the organization	ın quaiines as a p	publicly	. 🗀
18	Private foundation, if the organization did				eck this box and s		
					• • • •		▶ ⊔
					Sci	nedule A (Form 990	or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 GRZ	ANDMONT F	OSEDALE	DEVELOPME	NT CORP3	3-2885952	Page 3
P	art III Support Schedule for	Organizations	Described in	n Section 509	(a)(2)		
	(Complete only if you ch	ecked the box	on line 10 of	Part I or if the	organization fa	ailed to qualify (	under Part II.
	If the organization fails to	o qualify under	the tests liste	d below, plea	se complete P	art II.)	
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014\	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gitta, 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 lax-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				<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					1	
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 7s and 7b		1				
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		- 1	1	· .— ·	<del></del>	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b)/2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			1	3-7-12-	147 24 1	100 100
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			, ;			
¢	Add lines 10a and 10b	_/_					
11	Net income from unrelated business activities not included in fine 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	e organization's fi	rst, second third	fourth, or fifth toy	vear as a section		
-	organization, check this box and stop her	re	, overie, unit_		, var as a asset())	A MONON	▶ □
Sec	tion C. Computation/of Public S		entage		· · · · · · · · · · · ·	<del>" </del>	<u> </u>
15	Public support percentage for 2018 (line 8			imp (f)		15	%
16	Public support percentage from 2017 Sch	Adule A Dart III is	0, 10, 00% ine 15	······ \///,.		··· //· / <del></del>	
	tion D. Computation of Investm	ent Income C	ercentare	<u> </u>	<del> </del>		<u> %_</u>
17	Investment income percentage for 2018 (			13 column (6)		17	
18	Investment income percentage from 2017			13. Widnii (1))		· ···· * <del> </del>	
				no 14 ood ! 45		\ <u>18</u>	%_
. 70	17 is not more than 33 1/3%, check this bi	oneguon did not c	The organization	no 14, and line 18	ous more than 33 '	1/3%, and line	⊾ m
ь	33 1/3% support tests _2047 If the and	ov auc alch uste ov auc alch uste	hock a bov == !:::	quannes as a pu	roikiy supported o	rganization (	▶ ᠘
D	33 1/3% support tests -2017. If the organics than 33 1/3% stands the	anizaron dig not c	TIECK BIDOX ON IME	14 or line 19a, a	no line 16 is more	than 33 1/3%, and	' . ┌┐
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di	iis oox and stop i d not check a box	rere. The organization line 14, 19a, a	ation qualifies as or 19b, check this	a publicly supported box and see unstr	uctions	". · <b>ૅ</b> ¦
		<del>-</del>				Schedulo A (Form 9	90 or 990-EZ) 2018
DAA							\

	edule A (Form 990 or 990-EZ) 2018 GRANDMONT ROSEDALE DEVELOPMENT CORP38-288 art IV Supporting Organizations	3595 <u>2</u>		Page 4
, -	(Complete only if you checked a box in line 12 on Part Lift you checked 122 of Port Lie	omplete S	Section	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and coction A. All Supporting Organizations	Part I, cor	nplete	
Sec	ction A. All Supporting Organizations	mpiete Pa	rt V.)	
			Υ	<del></del>
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Pari VI how the supported programments are designated if designated by	i	. 1	
	class of 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	<b>-</b>	┞──┤	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
	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	<u> </u>	-	<del></del> ;
	(b) and (c) below.	За		
þ	The rest of the re	Ψa	<del>-</del> -	<del></del>
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		l l	
	organization made the determination.	3ь	Ī	1
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<del></del> -
	purposes? If "Yes," explain in Part VI what controls the organization but in place to ensure such use	3c		1
4a	was any supported organization not organized in the United States ("foreign supported organization")? If			
	"res," and it you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	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	- 1 1	1	:
_	despite being controlled or supervised by or in connection with its supported organizations.	46	l	
C	Did the organization support any foreign supported organization that does not have an IRS determination		7	ı
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		- 1	;
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	]	ı	1
E-	purpases,	4c	1	
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	1 1	1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			· ·
	(ii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
ь	was accomplished (such as by amendment to the organizing document).	5a		
_	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	1 1		
c	Substitutions only Was the cubethan the substitute that	5b		
6	Substitutions only Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether is the few of support)	5c		
-	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		į	
	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		1	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	1 1	- 1	'
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(as 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),			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ),			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8	<del></del>	<del></del>
	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.			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.			
Ç	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	86	-	
	from, assets in which the supporting organization also had an interest? If "Yes " provide detail to Part VI	00		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		<del>-</del>
	4043/6 (magning and a Think The III and a Thin	4 1	- 1	

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018

Sched	ule a (Form 990 or 990 EZ) 2018 GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885	952		Page 5
Pai	t IV: Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 1		;
а	A person who directly or indirectly controls, either atone or together with persons described in (b) and (c)	i i		1
	below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
C	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	110		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	$\Box$		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	[ [		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			i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	] 1		
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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		,
Sect	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			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		- 1	;
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	ĺ	,
Sect	on D. All Type III Supporting Organizations			
0001	an at the maching a gammana.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	
•		1 1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	_ j _ j		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1-1-		<del></del> -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		(	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_ i _ i	ľ	
	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		1	•
<del></del>	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations	<del></del>		
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see Instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	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	instructions	s).	
_		r	<del></del> ¬	
	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- Į - Į	ı	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	- 1 1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1 1		
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	-		
	reasons for the organization's position that its supported organization(s) would have engaged in these	- } - }		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[ [		
	trustees of each of the supported organizations? Provide datails in Part VI	_3a	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		36		
AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard Schedule A		or 990-	FZ) 2011

Schedule A (Form 990 or 990-EZ) 2018 GRANDMONT ROSEDALE DEVEL  Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	OPMEN:	CORP38-2885	952 Page (
- The minimum and and and an analysis and an a	g Organ	izations	
are an are a grant and are an are a decinifing float	on Nov. 20	), 1970 (explain in Part V	I). See
instructions. All other Type III non-functionally integrated supporting organization	is must co	mplete Sections A throug	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		L
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)
Aggregate fair market value of all non-exempt-use assets (see			<del></del>
instructions for short tax year or assets held for part of year).		•	i .
a Average monthly value of securities	1a		<b>'</b>
b Average monthly cash balances	16		·
c Fair market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d	<del></del>	
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 Recoveries of prior-year distributions	7		<del></del> -
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)	11		
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),	أوأ		
7 Check here if the current year is the organization's first as a non-functionally integra	atod Trac	III runnortino amanis stiri	. /000
instructions).	oren ikha	··· anthorning organization	1 (920)

Schedule A (Form 990 or 990-EZ) 2018

Schedu	No A (Form 990 or 990-EZ) 2018 GRANDMONT ROSEDAL Non-Functionally Integrated 509(a)(3			
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	10S65		
	Amounts paid to perform activity that directly furthers exempt purpos			<del> </del>
_	organizations, in excess of Income from activity	35 3. 3-pp 3.132		
3	Administrative expenses paid to accomplish exempt purposes of sur	ported prognizations		
4	Amounts paid to acquire exempt-use assets			1
5	Qualified set-eside amounts (prior IRS approval required)			<del>                                     </del>
-6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions, Add lines 1 through 6.			T
	Distributions to attentive supported organizations to which the organi	ization is responsive		
•	(provide details in Part VI) See instructions.			
9	Distributable amount for 2018 from Section C. line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(ili) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	UnderdisInbutions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See Instructions	,		
3	Excess distributions carryover, if any, to 2018		,	· · · · · · · · · · · · · · · · · · ·
	From 2013	· ·	7	
	From 2014	, ,		
	From 2015			
	From 2016	<u> </u>		
	From 2017	T		
	Total of lines 3a through e			
	Applied to underdistributions of prior years	<del></del> -		, , , , , , , , , , , , , , , , , , ,
_	Applied to 2018 distributable amount	<u> </u>	<del></del>	
	Carryover from 2013 not applied (see instructions)	<u> </u>		
_ <u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f	<u> </u>	·	
-4	Distributions for 2018 from	<del> </del>		
•	Section D. line 7:	]		'
	Applied to underdistributions of prior years	1	·	
	Applied to 2018 distributable amount	<del></del>		
$\overline{}$	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if	<del>                                     </del>		
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions	1		<b>,</b>
-6	Remaining underdistributions for 2018. Subtract lines 3h	<del>                                     </del>		<del>                                     </del>
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	ļ.		l
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7	<del>                                     </del>		<del>                                     </del>
	Excess from 2014	1		<del>                                     </del>
	Excess from 2015	†		<del>                                     </del>
	Excess from 2016	<del>                                     </del>		<u> </u>
$\overline{}$	Excess from 2017			
	Excess from 2018	<u> </u>		<del> </del>
			Schedule /	A (Form 990 or 990-EZ) 2018

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	om 990 or 990-EZ) 2018 GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952 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, 2
	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 I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

T-129 P0051

Name of the organizati	on		Employer Identification number
GRANDMON	T ROSEDALE DEVELOPMENT CORP		38-2885952
Part I , Or	rganizations Maintaining Donor Advised Formplete if the organization answered "Yes" or	unds or Other Similar Funds Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1 Total number	at end of year	(4) 25 101,000 005	(ay - 1. to one data accounts
2 Aggregate va	alue of contributions to (during year)		
	alue of grants from (during year)	<del></del>	
	lue at end of year		
	nization inform all donors and donor advisors in writing th	at the second hold in dense actional	
	organization's property, subject to the organization's ex		∏ Yes ∏ No
	nization inform all grantaes, donors, and donor advisors in		[] *## [] NO
	table purposes and not for the benefit of the donor or do		
	permissible private benefit?	nor advisor, or for any other purpose	Yes No
	enservation Easements.	···· · · · · · · · · · · · · · · · · ·	
	mplete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1 Purpose(s) of	conservation easements held by the organization (chec	k all that apply).	
Preservat	ion of land for public use (e.g., recreation or education)	Preservation of a historically imp	oortant land area
Protection	of natural habitat	Preservation of a certified histor	ic structure
Preservat	ion of open space	_	
2 Complete line	s 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a cor	nservation
	the last day of the tax year.		Held at the End of the Tax Year
a Total number	of conservation easements		2a
<b>b</b> Total acreage	restricted by conservation easements		2b
<ul> <li>Number of co</li> </ul>	inservation easements on a certified historic structure Ind	duded in (a)	2¢
	nservation easements included in (c) acquired after 7/25		
historic struct	ure listed in the National Register		2d
3 Number of co	inservation easements modified, transferred, released, en	dinguished, or terminated by the organization	zation during the
tax year		•	-
4 Number of sta	ates where property subject to conservation easement is	located	
5 Does the orga	anization have a written policy regarding the periodic mo-	nitoring, inspection, handling of	
	d enforcement of the conservation easements it holds?		Yes No
6 Staff and volu	inteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	easements during the year
	•		
7 Amount of ex	penses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation easi	ements during the year
\$			
	inservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(8	
	/70(h)(4)(B)(ii)?		, , 🔲 Yes 🗌 No
9 in Part XIII, d	escribe how the organization reports conservation easem	ients in its revenue and expense statem	ent, and
	, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes the
	accounting for conservation easements.	18	
Part III Ord	ganizations Maintaining Collections of Art mplete if the organization answered "Yes" on	, Historical Treasures, or Othe Form 900 Part IV line 8	er Similar Assets.
	flion elected, as permitted under SFAS 116 (ASC 958), r		d belease about
works of art it	nistorical treasures, or other similar assets held for public	avbiblios advistos or consert in fur	d Darance Sheet
nublic service	provide, in Part XIII, the text of the footnote to its finance	exhibition, education, or respect in fur	merance of
h If the omaniza	tion elected, as permitted under SFAS 116 (ASC 958), t	o somet in its source efficiency and be	NS
works of art 1	nistorical treasures, or other similar assets held for public	o report in its revenue statement and ba	Marke sneet
	provide the following amounts relating to these items	exhibition, education, or research in fur	merance or
	ncluded on Form 990, Part VIII, line 1		•
	Suded in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	<b>»</b>
	tion received or held works of art, historical treasures, or		Provide the
	unts required to be reported under SFAS 116 (ASC 958) ded on Form 990, Part VIII, line 1	relating to inese ttems	•
	od in Form 990, Part X ,	• • • • • • • • • • • • • • • • • • • •	. \$
	duction Act Notice, see the Instructions for Form 99	0.	Schedule D (Form 990) 2018

Schedule I	(Form 990) 2018 GRANDMO	NT ROSEDALE D	EVELOPME	ENT CORPS	8-2885952	Page 2
_ Part III	Organizations Maintain	ing Collections of A	rt. Historics	I Trascurae	or Other Simils	ar Accorde (continued)
3 Usm <sub>e</sub> colle	g the organization's acquisition, acce clion items (check all that apply)	ssion, and other records, c	neck any of the	following that are	a significant use of	its
a ∏ F	Public exhibition	d [ ] oar	or exchange p	MONEY OF THE		
ь∏з	Scholarly research	e Cothe		ologiams		
	Preservation for future generations	C □ Oule				
4 Prov	de a description of the organization's	s collections and evolute bo	ar than for the are			
XIII	as a description of the organizations	o concentra and exhiam tic	w uney tunner t	ne organization's	exempt purpose in	Part
	g the year, did the organization solo	A or manus doodings of				
lasse	is to he sold to raise funds raiber the	at or receive donations of a	π, nistorical trea	asures, or other si	mılar	
Part IV	is to be sold to raise funds rather that  Escrow and Custodial	Assangemente	of the organiza	tion's collection?	<del></del> , .,,	Yes No
	Complete if the organizat	Milangements.	n Form 000	Dort IV line O	·	
	990, Part X, Ime 21,					amount on Form
1a Is the	organization an agent, trustee, cust	odian or other intermediary	for contribution	s or other assets	oot	
indud		· · · · · · · · · · · · · · · · · · ·				Yes X No
b lf "Ye	s," explain the arrangement in Part )	(III and complete the follow	ng table:		•• ••	[] Tes [A] No
	·	, , , , , , , , , , , , , , , , , , , ,				Amount
<b>c</b> Begin	ning balance				10	70100111
<b>d</b> Addıti	ons during the year	*** *** *** **	• • •		· · · 10	
e Distrib	outions during the year				1d	
f Endin	g balance			• • •	· 1e	<del></del>
2a Did th	e organization include an amount or	Form 990 Part X line 21	for occasive or a	wintedial account i	. <u>[ 1f ]</u>	
b If "Ye	s," explain the arrangement in Part X	(III) Check here if the evolu-	no escuoir or o	astocial account i	saouny?	Yes X No
Part V	Endowment Funds.	Check here if the explai	iaion nas been	provided on Part	XIII .,	
	Complete if the organizati	on answered "Vee" or	Form 000	Doct IV/ line 4	^	
	organization of garinzation		(b) Pnor year			
1a Regin	ning of year balance	(a) Contain Year	(u) Prior year	(c) Two years bac	* (d) Three years	back (e) Four years back
b Contri	h. d			<del></del>	<del></del>	
	vestment earnings, gains, and			<del> </del>		
locon	vesoment earnings, gains, and			1	]	
losses	· · · · · · ·			<del></del>		
_	or scholarships			<b> </b>		
	expenditures for facilities and					
progra						
f Admin	strative expenses					
	f year balance					
2 Provid	e the estimated percentage of the cu	irrent year end balance (lini	1g, column (a	)) held as		
a Board	designated or quasi-endowment	%	- ,	,,		
b Perma	nent endowment %	• ',' '				
<b>c</b> Tempo	rarily restricted endowment	%				
	ercentages on lines 2a, 2b, and 2c si					
3a Are thi	ere endowment funds not in the poss	session of the organization i	hat are held an	d administered for	r the	
organiz	zation by,		nat are more an	o doministra	, wie	7/   11-
	related organizations					Yes No
	ated organizations	• • • • • •				3a(ı)
	on line 3a(ii), are the related organi	izations listed se required a	- Cabadula DA	,	,	3a(ii)
4 Describ	pe in Part XIII the intended uses of t	bo omanization's andow—	- A Guedule RV			, <u>3b</u>
Part VI	Land, Buildings, and Eq	uipmont	nt funos.			
	Complete if the omanization	wipinein.	E 000 F	3-4 154 1 44		
	Complete if the organization  Ouscopion of property	4) Cast as albackage	<u>FOIM 990, F</u>			00, Part X, line 10.
	acceptant of bobble	(a) Cost or other basis (investment)	(b) Cost or o		(c) Accumulated	(d) Book value
1a Lond		(mivecument)	(othe	n	depreciation	
1a Land . b Building		1 311 64-	<del> </del>			
		1,311,009	<b></b>		297,309	1,013,700
	old improvements	<del></del>	<u> </u>			
d Equipm	nent ,,,	45,336	<u> </u>		36,394	8,942
e Other		29,464			4,420	25,044
Total. Add li	nes 1a through 1e. (Column (d) must	equal Form 990, Part X, c	olumn (B), line	10c.)		1,047,686
	·		-			=,=±,,000

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 GRANDMONT ROSEDALE DE	EVELOPMENT	CORP38-2885952	Page 3
Part VIII Investments—Other Securities.	- F 000 P	D/ I 44h - C F 000	Dart V line 12
Complete if the organization answered "Yes" or			
(a) Description of security or category	(b) Book value	(c) Method of vi	
(including name of security)	<b></b>	Cost or end-of-year r	Hatker Asida
(1) Financial denvatives	<u> </u>		
(2) Closely-held equity interests	<u> </u>		
(3) Other	<u> </u>		
(A),	<u> </u>		
(B)			
(C),	L		
(D) ,,,, ,,	<u> </u>		
. , <b>(E)</b> ,	<u></u>		
.(F), ,	<u></u>		
,( <b>G</b> ), , , , , , , , , , , , , , , , , , ,	ļ		
(H) ,, ,		<del>_</del>	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 12.)	L		
Part VIII Investments—Program Related.			
Complete if the organization answered "Yes" or	Form 990, Part	IV, line 11c See Form 990,	Part X, line 13
(a) Description of investment	(b) Book value	(c) Mathod of va Cost or end-of-year r	
(1)		30x 3 200 019 011	
(2)	<u> </u>		
(3)	<del> </del>		
(4)	†·		
(5)			
(6)	<del> </del>		
(7)		<del></del>	<del></del>
(8)			
(9)	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	·		
Complete if the organization answered "Yes" or	Form 990 Part	IV line 11d See Form 990.	Part X. line 15
(a) Description	7 - Offit 000   7 - G/L	1.7 1.10 1.12 \$00.10.11 0.00	(b) Book value
(1)			
(2)			
(3) (4)		<del></del>	
	<del></del>	<del></del>	
(5) (C)		<del></del>	
(6)			
<u>(7)</u>			<del></del>
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<del> </del>	<del> </del>	
Part X Other Liabilities.  Complete if the organization answered "Yes" or	Earn 000 Bart	N/ fine 110 or 11f Eco Eco	m ann Dart V
	TOMIN 980, Part	iv, me rie or in. see For	111 990, Part A,
line 25.	1 12 Pt 11 11 11 11 11 11 11 11 11 11 11 11 11	<del></del>	
1. (a) Description of Izability	(b) Book value		
(1) Federal income taxes	11 0		
(2) TENANT DEPOSITS	11,8	<del>13</del>	
(3)	<del> </del>		
	<del> </del>		
(5)	ļ	<del></del>	
(6)	ļ	_	
(7)	<del> </del>		
(8)	<u> </u>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,8	13	
2. Liability for uncertain tax positions in Part XIII, provide the text of the for			
organization's liability for uncertain tax positions under FIN 48 (ASC 740) C	heck here if the text of	of the footnote has been provided i	n Part XIII
DAA		Sch	edule D (Form 990) 2018

chedule D (Form 990) 2018 GRANDMONT ROSEDALE DEVELOPMENT CORP38-2885952	2 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.	
1 Total revenue, gains, and other support per audited financial statements	1 614,670
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	,
b Donated services and use of facilities 2b	
c Recoveres of prior year grants	
d Other (Describe in Part XIII.)	30
e Add Imes 2a through 2d	3 614,670
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	3 322/3/3
a Investment expenses not included on Form 990, Part VIII, line 7b	1
· · · · · · · · · · · · · · · · · · ·	4c
c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 614,670
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1 716,681
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a 2a	į
b Pnor year adjustments	
c Other losses Zc	ł
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 716,681
4 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	
b Other (Describe in Part XIII.)	4-
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 716,681
Part XIII , Supplemental Information.	710,001
rovide 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;	Parf X line
; 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 - Ot	her
	,, ,
NET OF PROPERTY COSTS	\$ 0
	,, ,,,
Part XII, Line 4b - Expense Amounts Included on Return - O	ther
UNREALIZED LOSS ON INVESTMENT	\$, O
.,	,, ,
	•• • • • • • • • • • • • • • • • • • • •

	medute L					DMON:		:DALE	DEAR	SLOPME	ZNT.	CORP3	8-2885	<del>)</del> 52		Page 5
<u>.                                    </u>	Part X	III : S	upple	menta	<u>l Info</u>	rmatic	on <i>(contir</i>	ued)								
		,,,		- "	-			••••	•		• •			· ·		- ^
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Schedule D (Form 990) 2018

(Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities  Complete if the organization answered "Yes" on Form 990, Part IV, the 17, 18, or 19, or 19 the					OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization enswered "Yes" on Form 930, Part IV, the 17, 18, or 19, or if the Organization entered more than \$15,000 on Form 930-EZ, time 6a.						
Department of the Yressury Internal Revenue Service	Open to Public					
Name of the organization	Go to www.us.gov/Form990 to			Employer Identifica	Inspection	
GRANDMONT ROSE	DALE DEVELOP	MENT C	ORP	38-28859	52	
Part I Fundraising Activities. Com Form 990-EZ filers are not re	quired to complete 1	this part.			line 17.	
1 Indicate whether the organization raised funds	through any of the follow	ing activities.	Check all that apply	, <u> </u>		
a L Mail solicitations	e Solicitation	of non-gove	emment grants			
b Internet and email solicitations	f U Solicitation	of governm	ent grants			
c   Phone solicitations	g L Special fur	ndraising eve	ents			
d In-person solicitations						
Did the organization have a written or oral agree or key employees listed in Form 990, Part VII)     If "Yes," list the 10 highest paid individuals or e compensated at least \$5,000 by the organization.	or entity in connection wi ntitles (fundraisers) pursu	ith orofession	a) fundraising sen <i>ic</i> i	ec?	Yes No	
		(iii) Del fund-		(v) Amount paid to	(vi) Amount paid to	
<ul> <li>(i) Name and address of individual of entity (fundraiser)</li> </ul>	(ii) Activity	custody or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)	
	<del></del>	Yes No		ool (i)		
1						
2						
3		++			<del></del>	
4						
5						
<u> </u>						
7						
3				<b>-</b> -		
				~	<del></del>	
		+				
			ļ	Į		
otal		<del></del>	<del></del>			
3 List all states in which the organization is register registration or licensing	ed or licensed to solicit of	contributions of	or has been notified	it is exempt from	<del>-</del>	
· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·		, ,				
					••	

For Paperwork Reduction Act Notice, see the Instructions for Form 980 or 990-EZ

Schedule G (Form 990 or 990-EZ) 2018

_	edule G (Form 990 or 990-EZ Part II Fundraising E	2018 <b>GRANDMONT</b> Events. Complete if the org	ROSEDALE DEVELOR	On Form 990 Part IV II	ne 18. or reported more
•	than \$15,000 c	of fundraising event contribu	itions and gross income of	on Form 990-EZ, lines 1	and 6b. List events with
	gross receipts	greater than \$5,000.	<del>-</del>	<del></del>	
		(a) Event #1	(b) Event #2	(o) Other events	(d) Total events
		MISC. FUNDRAISI		None	(add col (a) through
m		(event (ype)	(event (ypu)	(total number)	οοί (c))
Revenue	1 Gross receipts	22,202			22,202
_	2 Less Contributions	20,072			20,072
	3 Gross income (line 1 minus	2,130			2,130
	4 Cash prizes				
	5 Noncash prizes ,				
enses	6 Rent/facility costs				<del></del>
Direct Expenses	7 Food and beverages				
Öğ	8 Enterlainment ., ,			<del> </del>	
	9 Other direct expenses				
		Add lines 4 through 9 in column		,	2,130
ē	art III Gaming. Com	<u>ibtract line 10 from line 3, column</u> iplete if the organization an	swered "Yes" on Form 99	0. Part IV. line 19. or re	
		ол Form 990-EZ, line 6a.			
Revenue		(a) Bingo	(a) Bingo (b) Pull laberinstant bingo/progressive bingo		(d) Total gaming (add col (d) through col (c))
ő.	1 Gross revenue			1	
	· cross rotorias				
Expenses	2 Cash prizes				
Z M	3 Noncash prizes			<del></del>	
Oirect	4 Rent/facility costs			<del> </del>	
	5 Other direct expenses	17/0	T V n/	17v-	
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary	. Add lines 2 through 5 in column	(d)	▶	
_	8 Net gaming income sumi	mary. Subtract line 7 from line 1, o	column (d)	<u>.,,</u> ▶	
		ne organization conducts gaming a o conduct gaming activities in eac	1,		Yes No
	**				
	Were any of the organization If "Yes," explain:	's gaming licenses revoked, suspe	anded, or terminated during the	tax year?	Yes No
			,		
DAA	<del></del>	<del>_</del>		Schedule G (Fo	rm 990 or 990-EZ) 2018

Sche	edule G (Form 990 or 990-EZ) 2018	GRANDMONT	ROSEDALE	DEVELOPMENT	CORP38-288	5 <b>952</b> Pag	je <b>3</b>
11	Does the organization conduct gaming a	ctivities with nonmo	embers?			Yes	No
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?	or trustee of a trust	, or a member of a	partnership or other entit	ly .	Yes	] No
13	Indicate the percentage of gaming activity			,		L (L	,
a	The organization's facility					132	%
b						13b	%_
14	An outside facility  Enter the name and address of the person records:	on who prepares th	e organization's ge	ming/special events book	s and		
	Name				*** *** ****		
	Address					,	
15a	Does the organization have a contract wirevenue?		•	zation receives gaming		Yes [	No
þ	If "Yes," enter the amount of gaming reve	nue received by th	e organization \$		and the		
С	amount of garning revenue retained by the if "Yes," enter name and address of the ti	e third party \$ hird party,					
	Nome						
	Name			.,		** * * * *	
	Address			. ,			
16	Gaming manager Information:						
	Name						
	Gaming manager compensation \$						
	Description of services provided .						
	Director/officer Employ	ree	Independent contra	actor			
17	Mandatory distributions						
8	Is the organization required under state k	w to make chenta	ble distributions from	n the gaming proceeds t	0		_
	retain the state gaming license?		.,		·· · · · · ·	Yes [	No
ь	Enter the amount of distributions required	under state law to	o of batudutaib ed	ther exempt organizations	s or		
	spent in the organization's own exempt a	ctivities during the	tax уеаг <u>\$</u>				
Pa —_	Part III, lines 9, 9b, 10b, See instructions.	15b, 15c, 16, a	e explanations and 17b, as app	required by Part I, II	ne 2b, columns ( e any additional ir 	ii) and (v), and iformation.	
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0049 2018

Open to Public . Inspection

Department of the Tressury internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer Identification number GRANDMONT ROSEDALE DEVELOPMENT CORP <u>3</u>8-2885952 Form 990 - Organization's Mission The Grandmont Rosedale Development Corporation is a non-profit, communitybased 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 removate 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 - In its 29-year history, the Grandmont Rosedale Development Corporation ...(GRDC) has successfully renovated and sold more than 115 once-abandoned houses through its Home Renovation Program. We also built 3 new houses and sold them to low/moderate-income families. - GRDC has provided home repair loans, grants and assistance to 156 homeowners. - GRDC is working to revitalize our neighborhood commercial districts. We have renovated 5 commercial buildings and have helped several small businesses find a home in the Grandmont Rosedale business community. - We renovated and opened the first neighborhood co-working space called Grand River WorkPlace at 19120 Grand River. This building functions as a business incubator and has space to lease to small and start-up businesses. The Grand River WorkPlace also functions as a hub for small business

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ,

Schedule O (Form 990 or 990-EZ) (2018)

Scheduls O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization  GRANDMONT ROSEDALE DEVELOPMENT CORP	Employer Identification number 38-2885952
resources and technical assistance.	
- We also opened The Annex: Cultural Incubator,	which serves as a versatil
event space available to the Grandmont Rosedale	business community.
We energie a weekly Neighborhood Farmore ( Mari	ket from June - October wit
- We operate a weekly Neighborhood Farmers' Mari	-
over 15 vendors, and a Community Garden each su	ımmer/fall.
Our Commercial Façade Improvement Program help	ped 38 building owners alon
Grand River update and improve their storefront	s
- GRDC has removed graffiti from over 650 build	ings. We have boarded up an
maintained hundreds of vacant houses.	
- GRDC has brought in over \$2.1 million in inve	
River streetscape. Projects include new paving.	new streetlights, new
sidewalks, decorative crosswalks, new bus stops	, landscaping, street trees
murals, and new signage throughout the district	. Another \$8 million in
Grand River streetscape investments is planned	for 2019
., ., ., ., ., ., ., ., ., ., ., ., ., .	
- GRDC has renovated 7 neighborhood parks and s	chool playgrounds. We also
installed a new football field, removated the fo	
Stoepel Park and an outdoor mosaic art gallery	euge gootu čue pácka ot att
eight new dugouts.	
- GRDC has coordinated tens of thousands of vol	unteer hours in community
beautification projects. We have repurposed over	r 15 vacant lots, planting
	Page 1 of 3
	Sabadula () (Form 990 or 990-FZ) (2018)

Schedule O (Porm 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
GRANDMONT ROSEDALE DEVELOPMENT CORP	38-2885952
gardens and community spaces.	
- GRDC operates a Vacant Property Task Force that i	
initiatives to maintain abandoned homes, conduct re	gular trash pick-up
events, flower plantings, and mower groups.	
CDDC appropriate a Community of	
- GRDC operates a Community Safety Program that inc	
resident-led elements: neighborhood safety meetings,	distribution of crime
prevention tips, coordination with local police, cri	ime alert system, and a
City-wide crime prevention and quality of life ordin	nance
- GRDC serves over 15,000 residents, 5,600 household	
more than \$50 million dollars in new investment in	the Grandmont Rosedale
communities.	
- A Board of Directors comprised of neighborhood res	
owners governs GRDC. It has a diverse professional s	staff with a variety of
expertise to carry out its programs.	· · · · · · · · · · · · · · · · · · ·
Form 900 Pout TTT at the state of the state	
Form 990, Part III, Line 4d - All Other Accomplishme	ents
Public Safety Organizing:	
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 w	orkshops on topics
relates to public safety and support neighborhood wa	tch and citizen patrol
करणकरमण्डल ।	
	Page 2 of 3

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization  GRANDMONT ROSEDALE DEVELOPMENT CORP	Employer Identification number 38–2885952
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 Exc	
	<del>, , , , , , , , , , , , , , , , , , , </del>
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation
No documents available to the public	
Form 990, Part XI, Line 9 - Other Changes in Net Ass	sets Explanation
NET OF PROPERTY COSTS	, <b>\$0</b> .
UNREALIZED LOSS ON INVESTMENT	<b>.</b> \$ ,, <b>0</b>
	··· · · · · · · · · · · · · · · · · ·
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	Page 3 of 3
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