# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

2017
Open to Public Inspection

ΑΙ	For the	2017 calendar year, or tax year beginning $AUG I$ , $20I$ , and	ل ending	UL 31, 201	8
В	Check if applicable:	C Name of organization		D Employer iden	tification number
	Address change	GRACE PLACE FOR CHILDREN AND FAMILIES	IN		
	Name change	Doing business as		65-	1229558
	Initial return	,	Room/suite	E Telephone num	
	Final return/ termin-	PO BOX 990531			-234-2400
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,465,324.
F	return	NAPUES, PU STITO-0000		H(a) Is this a group	
L	Applica tion pending	F Name and address of principal officer: DAVID TOBIASZ SAME AS C ABOVE		for subordina	
_	Tay ava		or 527	H(b) Are all subordinate	
		mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) ce: ► WWW • GRACEPLACENAPLES • ORG	01 321	H(c) Group exemp	n a list. (see instructions)
		organization: X Corporation Trust Association Other	1 Year		M State of legal domicile: FL
		Summary	<b>L</b> 10a1	or formation.	Tivi Otato or logal dofficile, 2 2
	1 E	Briefly describe the organization's mission or most significant activities: GRACI	E PLAC	E PUTS FAI	TH INTO
Governance	7	ACTION BY PROVIDING PATHWAYS OUT OF POVER			
nai	2	Check this box   if the organization discontinued its operations or dispos	sed of more	than 25% of its net	assets.
S e	3 1	Number of voting members of the governing body (Part VI, line 1a)			3 9
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4 9
Se Se	5 1	otal number of individuals employed in calendar year 2017 (Part V, line 2a)			5 189
∠i <u>‡</u> i	6 7	otal number of volunteers (estimate if necessary)			6 550
Activities &	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_	<u> </u> b	Net unrelated business taxable income from Form 990-T, line 34	······		7b 0.
	l			Prior Year	Current Year
ē	8 (	Contributions and grants (Part VIII, line 1h)		7,009,669	_
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0 4,732	
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>4,732</u> -11,719	
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,002,682	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	45 6	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,724,130	
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0	
Expenses	h 7	Total fundraising expenses (Part IX, column (D), line 25)	59.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,077,898	. 1,466,809.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,802,028	
	19 F	Revenue less expenses. Subtract line 18 from line 12		4,200,654	-106,422.
20.	ű,	•	Ве	ginning of Current Yea	r End of Year
sets	20 1	Total assets (Part X, line 16)		12,498,652	. 12,626,166.
Net Assets or	21 7	Total liabilities (Part X, line 26)		1,024,559	
2	22 1	Net assets or fund balances. Subtract line 21 from line 20		11,474,093	. 11,367,671.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
<u> </u>		Signature of officer		I Date	
Sig		DAVID TOBIASZ, CFO/COO		Dato	
Hei	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		KERRY J. NELSON, CPA KERRY J. NELSON,	CPA 1	.2/13/18 if self-em	
		Firm's name REHMANN ROBSON LLC		Firm's EIN	
		Firm's address 6609 WILLOW PARK DR, STE 100		5 = 114	
_		NAPLES, FL 34109		Phone no. 2	39-254-5057
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		21
С		11c		Х
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated infancial statements for the tax year molecuse a restricted that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	990	X
		L'O KNO	~~I I	ついすつ

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		\ <sub>3,7</sub>
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٦,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del>
<u>-</u>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	189			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		<u>X</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					7.7
	any contributions that were not tax deductible as charitable contributions?			6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
				7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	is requ	irea	7.		х
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		2	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7	7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	and the second section is a second section of the second section of the second section of the second	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا ۵۰۰ ا				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c		1/10		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14a 14b		
IJ	in 103, has it lined a 10th 120 to report these payments: If "No," provide an explanation in Schedule	<del>;</del> U			990	(2017)
				. 5111		(/

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

	Check if Schedule O contains a response or note to any line in this Part VI					.	X
Sec	tion A. Governing Body and Management						
				_	Ye	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			2			X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t 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 99	90 wa	s filed?	. 4			X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		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 ap	point	one or				
	more members of the governing body?			7a	ı		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			88	_ X	ζ	
b	Each committee with authority to act on behalf of the governing body?			8b	, X	ζ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	t the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)				
					Ye	es	No
10a	Did the organization have local chapters, branches, or affiliates?			10	а		X
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	<b>o</b>		
11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a X	\	
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?	12	) X	\	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe				
	in Schedule O how this was done			12		-	
13	Did the organization have a written whistleblower policy?			13	: X	2	
14	Did the organization have a written document retention and destruction policy?			14	. 2	2	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			15		-	
b	Other officers or key employees of the organization			15	) X	2	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a				
	taxable entity during the year?			16	а	_	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?			16	<b>o</b>		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup FL$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only)	availal	ole		
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, ar	ıd finar	ncial		
	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 boo	ks an	d records:				
	DAVE TOBIASZ - 239-234-2407						
	PO BOX 990531 NAPLES FL 34116						

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box,	not cl , unles	Pos heck i ss per	more son is	than o	an an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARIO VALLE	4.00								•	
BOARD CHAIR		Х		Х				0.	0.	0.
(2) JOHN WASMER DIRECTOR	2.00	х						0.	0.	0.
(3) STAN RUSSELL	2.00	Λ						0.	0.	· ·
TREASURER	2.00	х		х				0.	0.	0.
(4) GERALDINE MILLER	2.00								<u> </u>	
DIRECTOR		х						0.	0.	0.
(5) ERIK LUTGERT	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JULIANA MEEK	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) PATRICIA JILK	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JAMES BOSSCHER	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL MCNAMARA	2.00								•	
DIRECTOR	40.00	Х						0.	0.	0.
(10) DAVID TOBIASZ	40.00			,,				101 050	0	0 106
CHIEF FINANCIAL OFFICER	40.00			Х				101,852.	0.	9,126.
(11) TIM FERGUSON CHIEF EXECUTIVE OFFICER	40.00			х				124 022	0.	10 064
(12) BARBARA EVANS	40.00			^				134,023.	0.	10,064.
CHIEF DEVELOPMENT OFFICER	40.00			х				101,852.	0.	8,436.
CHILI DEVELOTMENT OFFICER								101,032.	0.	0,430.
-										
								1		Form <b>990</b> (2017)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)	B) (C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	irecto	r/trust	ee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations	compensation
	related	or di	ee.			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	organizations	ustee	nstitutional trustee		96	npens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		ploye	st con yee	_			organizations
	line)	divid	ıstitu	Officer	Key employee	lighes mplo	Former			Organizations
-						_ e				
1b Sub-total	ı				<u> </u>			337,727.	0 .	27,626.
c Total from continuation sheets to Part VI								0.	0	
d Total (add lines 1b and 1c)								337,727.	0 .	
Total number of individuals (including but n							o re			, , ,
compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,		3
										Yes No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	y en	olqn	yee,	or	highest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual		4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										ation from
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	r wi	hin		ear.	
(A)	addraga							(B)	am daga	(C)
Name and business							_	Description of s		Compensation
DEANGELIS DIAMOND CONSTRU		пт	2	11	^ ^		- 1	GENERAL CONTI		062 161
6635 WILLOW PARK DRIVE, N	IAPLES,	гы	٥.	4 L	09			FOR CONSTRUCT	LION	863,161.
KIRBY BUILDING SYSTEMS								METAL BUILDII	ATC.	141 470
124 KIRBY DR, PORTLAND, TN 37148 MET								MEINT POITDII	NG	141,470.
							$\dashv$			
							$\exists$			

Form **990** (2017)

Total number of independent contractors (including but not limited to those listed above) who received more than

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
•	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
J	trustees, and key employees	384,300.	166,018.	169,092.	49,190.		
6	Compensation not included above, to disqualified	222/222					
•	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	1,358,169.	1,166,977.	30,769.	160,423.		
8	Pension plan accruals and contributions (include	-	-		-		
	section 401(k) and 403(b) employer contributions)	27,007.	20,660.	3,098.	3,249.		
9	Other employee benefits						
10	Payroll taxes	146,578.	112,133.	16,812.	17,633.		
11	Fees for services (non-employees):						
а	Management						
b	Legal						
С	Accounting	14,500.		14,500.			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)						
12	Advertising and promotion	64.606	25 252	15.500			
13	Office expenses	64,606.	37,859.	17,508.	9,239.		
14	Information technology						
15	Royalties	252 510	246,962.	4 202	1 262		
16	Occupancy	252,518.	240,902.	4,293.	1,263.		
17	Travel						
18	Payments of travel or entertainment expenses						
40	for any federal, state, or local public officials	4,691.		4,691.			
19 20	Conferences, conventions, and meetings	37,719.	36,889.	641.	189.		
20 21	Interest Payments to affiliates	J1,11J•	30,003.	041.	107•		
22	Depreciation, depletion, and amortization	452,198.	442,250.	7,687.	2,261.		
23	Insurance		,,	.,	_,		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
_	amount, list line 24e expenses on Schedule 0.)  PROGRAM SUPPLIES	331,812.	331,812.				
a b	UTILITIES & TELEPHONE	107,415.	105,052.	1,826.	537.		
C	VEHICLE EXPENSES	75,441.	75,441.	1,020.	337•		
d	CAPITAL CAMPAIGN	65,385.	, , , , , , ,		65,385.		
	All other expenses	60,524.	60,524.		23,303.		
25	Total functional expenses. Add lines 1 through 24e	3,382,863.	2,802,577.	270,917.	309,369.		
26	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, , , , , , , , , , , ,	.,	,		
٠	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
					Form <b>990</b> (2017)		

# Form 990 (2017) Part X Balance Sheet

Par	ιΛ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,792,035.	1	1,957,267.
	2	Savings and temporary cash investments			252,371.	2	256,496.
	3	Pledges and grants receivable, net			1,350,066.	3	117,056.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited em	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
္က		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B '1			36,236.	9	35,423
	10a	Land buildings and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	11,205,519.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,235,113.	8,847,184.	10c	9,970,406.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	1		14		
	15	Other assets. See Part IV, line 11			220,760.	15	289,518
	16	Total assets. Add lines 1 through 15 (must equa			12,498,652.	16	12,626,166
	17	Accounts payable and accrued expenses		22,512.	17	285,141.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	1		21		
ړ	22	Loans and other payables to current and former	officers				
116		key employees, highest compensated employee	s, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
֡֡֞֜֞֡֡֡֞֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unrela		1	999,645.	23	973,354.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par					
		parties, and other liabilities not included on lines					
		Schedule D	ŕ		2,402.	25	0.
	26	Total liabilities. Add lines 17 through 25			1,024,559.	26	1,258,495.
		Organizations that follow SFAS 117 (ASC 958					
ູ		complete lines 27 through 29, and lines 33 an					
ဥ	27	Unrestricted net assets			4,486,363.	27	10,089,766.
alar I	28	Temporarily restricted net assets			6,987,730.	28	1,250,928.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	26,977.		
ב ב		Organizations that do not follow SFAS 117 (A					
<u> </u>		and complete lines 30 through 34.					
is	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
ĭ	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances			11,474,093.	33	11,367,671.
	34	Total liabilities and net assets/fund balances		1	12,498,652.	34	12,626,166.

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

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

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

Act and OMB Circular A-133?

Form **990** (2017)

За

X

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRACE PLACE FOR CHILDREN AND FAMILIES IN

Employer identification number

		GRAC	E PLACE FOI	R CHILDREN A	ND FAI	<b>MILIES</b>	SIN	6	5-1229558	
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.			
Γhe	organ	nization is not a private found								
1		A church, convention of ch	•		•		I)(A)(i).			
2		A school described in <b>sect</b>								
3		A hospital or a cooperative					i).			
4		A medical research organiz						iii). Enter	the hospital's name,	
		city, and state:	•					•	•	
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). (C								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	•				• •	general i	public described in	
		section 170(b)(1)(A)(vi). (C	•		· ·				•	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in conju	ınction with a la	and-grant	college	
		or university or a non-land-g				-		-	*	
		university:								
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	ontributio	ns, membershi	p fees, ar	nd gross receipts from	
		activities related to its exen								
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	ınization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carr	y out the	purposes of one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r <b>section</b> :	509(a)(2).	See <b>section 5</b> 0	09(a)(3). (	Check the box in	
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	oically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees	s of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	(s), by hav	/ing	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage	e the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,	
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.			
d			<b>integrated.</b> A supp	orting organization oper	ated in co	nnection w	ith its support	ed organi:	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and a	an attentiv	veness	
	_	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga					Type I, Type II	, Type III		
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	I (iv) Is the orga	nization listed	(v) Amount of r	monetany	(vi) Amount of other	
	,	organization	(11) [11]	(described on lines 1-10	in your governi	ng document?	support (see ins	,	support (see instructions)	
				above (see instructions))	Yes	No			1	
Γota	al									

434105.1

Schedule A (Form 990 or 990-EZ) 2017 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,		
	membership fees received. (Do not							
	include any "unusual grants.")	1586691.	3813206.	4289066.	3453942.	2069067.	15211972.	
2	Tax revenues levied for the organ-							
	ization'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	1586691.	3813206.	4289066.	3453942.	2069067.	15211972.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						15211972.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total	
7	Amounts from line 4	1586691.	3813206.	4289066.	3453942.	2069067.	15211972.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	6,468.	18,840.	13,797.	27,218.	21,263.	87,586.	
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.)	220.		9,312.			9,532.	
11	<b>Total support.</b> Add lines 7 through 10						15309090.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12		
	First five years. If the Form 990 is for					501(c)(3)		
	organization, check this box and stop						<b>&gt;</b>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.37 %	
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.44 %	
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>	
b	33 1/3% support test - 2016. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□	
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	е	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶	
					Sche	edule A (Form 990	or 990-EZ) 2017	

#### **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.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GRACE PLACE FOR CHILDREN AND FAMILIES IN

**Employer identification number** 65-1229558

Pai	art I Organizations Maintaining Donor	<b>Advised Funds or Other Similar Funds</b>	or Accounts. Complete if the
	organization answered "Yes" on Form 990, I	Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ac	dvisors in writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of th	e donor or donor advisor, or for any other purpose	conferring
Pai	•	e if the organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified h		
d			
	listed in the National Register		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminated by the	e organization during the tax
_	year ▶		
4	Number of states where property subject to conser		
5	Does the organization have a written policy regarding		
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, in	specting, nandling of violations, and enforcing con	servation easements during the year
-	Assemble for a second in a second in a second second in a second second in a second se	tion boundling of violations and outcoming on one	ations and an arrange of the contract
7	Amount of expenses incurred in monitoring, inspec  \$\blacktriangle\$ \$	ting, nandling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements of section 170	(h)(4)(P)(i)
0			
9	and section 170(h)(4)(B)(ii)?		
3	include, if applicable, the text of the footnote to the		
	conservation easements.	organization's infancial statements that describes	the organization's accounting for
Pai	art III Organizations Maintaining Collec	tions of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes		
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its revenue stater	ment and balance sheet works of art.
	historical treasures, or other similar assets held for		
	the text of the footnote to its financial statements the	•	,
b			t and balance sheet works of art, historical
	treasures, or other similar assets held for public exh		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
2	If the organization received or held works of art, his		
_	the following amounts required to be reported under		
а	D		<b>▶</b> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732053 10-09-17

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

DADD	ΥT	T.TNE	ΔR	_	OTHER	ADTIIGHMENING.

ENDOWMENT INTEREST RECLASSIFIED	13,866.
WRITE OFF OF DEMOLISHED BUILDING	-159,635.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-145,769.

#### PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME NETTED WITH EXPENSE PER FINANCIAL

STATEMENTS 13,866.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Open to Public Inspection ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

GRACE PLACE FOR CHILDREN AND FAMILIES IN

**Employer identification number** 65-1229558

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND FAMILIES. OUR VISION IS THAT ALL FAMILIES IN GOLDEN GATE (COLLIER COUNTY, FL) HAVE ACCESS TO EDUCATION TO BREAK THE CYCLE OF POVERTY.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEWED FIRST BY THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER. REVIEWED SECOND BY THE TREASURER AND FINANCE COMMITTEE. FINAL REVIEW BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS WILL BE REQUIRED TO DISCLOSE ANY BUSINESS (INCLUDING THOSE OF THEIR IMMEDIATE FAMILY) OR PERSONAL RELATIONSHIPS BETWEEN OFFICERS, TRUSTEES, KEY EMPLOYEES AND VENDORS WITH WHOM GRACE PLACE CONDUCTS BUSINESS. A SIGNATURE IN THE DESIGNATED SPACE ON THIS POLICY WILL INDICATE BOARD MEMBER AGREEMENT TO ABIDE BY THIS POLICY TO THE BEST OF HIS OR HER ABILITY.

SECTION B, LINE 15: FORM 990, PART VI,

THE EXECUTIVE COMMITTEE WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD AT ITS JULY MEETING FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE CHIEF EXECUTIVE OFFICER (AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS) BASED ON A REVIEW OF COMPARABILITY THE EXECUTIVE COMMITTEE WILL SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.

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

Schedule O (Form 990 or 990-EZ) (2017)