			EXTENDED TO JUNE 15, 202		_	
_	m 9	ON	Return of Organization Exempt Fro			OMB No. 1545-0047
Foi	m J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	-		
		of the Treasury enue Service	Do not enter social security numbers on this form as it	-	-	Open to Public Inspection
-			► Go to www.irs.gov/Form990 for instructions and the lar year, or tax year beginning AUG 1, 2018 and endi		UL 31, 2019	Inspection
	Check if		f organization	ing O	D Employer identific	ation number
2	applicab	le:	, organization			
	Addre	GRAC	E PLACE FOR CHILDREN AND FAMILIES IN	•		
	Name chang	ge Doing b	usiness as		65-12	29558
	Initial	Numbe		m/suite	E Telephone number	
	Final	1/	OX 990531		239.4	55.2707
_	termin ated	City or	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,792,316.
Ľ	Amer returr Appli	INAPL	ES, FL 34116-6066		H(a) Is this a group ret	
	tion pendi		nd address of principal officer: TIM BARONE		for subordinates?	
-	T	empt status:	AS C ABOVE X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	H(b) Are all subordinates inc	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or GRACEPLACENAPLES.ORG	327	H(c) Group exemption	st. (see instructions)
				I Year o		State of legal domicile: FL
	art I					
	1	Briefly descrit	be the organization's mission or most significant activities: GRACE F	PLACI	E PUTS FAITH	INTO
Governance			BY PROVIDING PATHWAYS OUT OF POVERTY			
r na	2	Check this bo	$x ightarrow \begin{tabular}{ll} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	of more	than 25% of its net asse	ts.
eve Ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			9
			dependent voting members of the governing body (Part VI, line 1b)			9
ς Υ	5		of individuals employed in calendar year 2018 (Part V, line 2a)			180
Activities &	6		of volunteers (estimate if necessary)			550
Act	7a		d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 38			
		Contributions	and grants (Dart) (III line 1h)		Prior Year 3,428,871.	<u>Current Year</u> 5,677,819.
en	8		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)		0.	0.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		-138,372.	7,576.
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,058.	-16,996.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,276,441.	5,668,399.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
y,	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,916,054.	2,058,003.
Exnenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	12,850.
xDe	b b		ing expenses (Part IX, column (D), line 25) 459,610.	_	1 1 5 5 9 9 9	
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,466,809.	1,952,181.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,382,863.	4,023,034.
	<u>19</u>	Revenue less	expenses. Subtract line 18 from line 12		-106,422.	1,645,365.
ts ol		Total assist	Dart V line 16		ginning of Current Year	<u>End of Year</u> 13,741,860.
Asse	면 20 1 21		Part X, line 16) 5 (Part X, line 26)		1,258,495.	728,824.
Net Assets or	21		s (Part X, line 26) fund balances. Subtract line 21 from line 20		11,367,671.	13,013,036.
	art II				,,.,.,.	_0,010,0000
Und	der pen	-	I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my l	nowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which p			
Sig	jn	Signatur	e of officer		Date	

Here	TIMOTHY BARONE, CFO										
	Type or print name and title										
	Print/Type preparer's name P	Preparer's signature	Date	Check	PTIN						
Paid	JEFFREY E. HERT, CPA JI	EFFREY E. HERT,	CPA 04/09,	/20 self-employed	₽00066715						
Preparer	Firm's name FEHMANN ROBSON LLC	C		Firm's EIN 🕨 🕄	38-3567911						
Use Only	Firm's address 🖕 6609 WILLOW PARK I	DR, STE 100									
	NAPLES, FL 34109			Phone no. 239-	-254-5057						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
832001 12-3	LHA For Paperwork Reduction Act Notice,	see the separate instructions			Form 990 (2018)						
a .		TAN MERCENT			137						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GRACE PLACE PUTS FAITH INTO ACTION BY PROVIDING PATHWAYS OUT OF DOUBLEDERY, DY EDUCATION OF DOUBLEDERY, DY EDUCATION OF DOU
	POVERTY BY EDUCATING CHILDREN AND FAMILIES. OUR VISION IS THAT ALL
	FAMILIES IN GOLDEN GATE (COLLIER COUNTY, FL) HAVE ACCESS TO EDUCATION TO BREAK THE CYCLE OF POVERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$951,374. including grants of \$) (Revenue \$)
	BRIGHT BEGINNINGS FAMILY LITERACY PROGRAM - 228 PARENTS AND 321
	CHILDREN ATTENDED THE BRIGHT BEGINNINGS PROGRAM. THE PARENTAL PORTION OF THE PROGRAM WORKS TO CULTIVATE CONFIDENT, CAPABLE AND LITERATE
	PARENTS PREPARED TO GUIDE THEIR CHILD THROUGH THE CRUCIAL YEARS OF
	EARLY DEVELOPMENT. THE EARLY CHILDHOOD EDUCATION PORTION OF THE PROGRAM
	AIMS TO ENSURE THAT THE CHILDREN ARE PREPARED TO ENTER KINDERGARTEN
	READY TO LEARN. BRIGHT BEGINNINGS EARLY CHILDHOOD EDUCATION BALANCES
	BOTH TEACHER-DIRECTED AND CHILD-INITITATED LEARNING. PACT TIME PROVIDES
	OPPORTUNITY TO REINFORCE NEWLY LEARNED PRACTICES IN THE PRESENCE OF
	TEACHERS. BY ENGAGING BOTH THE PARENT AND CHILD, THE PROGRAM PROVIDES
	A COMPREHENSIVE MODEL TO CREATE AN EDUCATION CULTURE BEYOND THE
	CLASSROOM, INTO THE HOME.
4b	(Code:) (Expenses \$1,902,747. including grants of \$) (Revenue \$)
	SCHOOL AGE PROGRAMS - 404 STUDENTS (ELEMENTARY, MIDDLE, AND HIGH
	SCHOOL) PARTICIPATED IN THE PROGRAM. SCHOOL AGE PROGRAMS INCLUDE
	ACADEMY OF LEADERS AFTER-SCHOOL PROGRAM AND AP LEADERSHIP PROGRAM. THE MISSION OF THE ACADEMY OF LEADERS AFTER-SCHOOL AND SUMMER PROGRAM
	(K-12) IS TO IMPROVE STUDENT ACHIEVEMENT IN CORE ACADEMIC SUBJECTS,
	DEVELOP LEADERSHIP HABITS AND PROVIDE OPORTUNITIES FOR STUDENTS TO
	LEARN THE 21ST CENTURY SKILLS NEEDED TO BE COLLEGE AND CAREER READY.
	THE AP LEADERSHIP PROGRAM IS A COLLEGE ACCESS PROGRAM WHOSE MISSION IS
	TO EMPOWER HIGH SCHOOL STUDENTS WHO ARE CONSIDERED AT-RISK TO ACCESS
	AND ENROLL IN POST-SECONDARY EDUCATION. THE COLLEGE ACCESS PROGRAM
	PROVIDES SUPPORT TO STUDENTS PREPARING FOR APPLYING TO COLLEGE.
4c	(Code:) (Expenses \$317,125. including grants of \$) (Revenue \$)
	ADULT LITERACY - 299 ADULTS WERE ENROLLED IN ADULT EDUCATION CLASSES.
	ADULT EDUCATION'S PROGRAM MISSION IS TO FURNISH THE KNOWLEDGE AND SKILLS NECESSARY FOR ADULT LEARNERS TO SUCCEED IN THE ACQUISITION OF
	THE ENGLISH LANGUAGE AND TO NURTURE THE ASSIMILATION PROCESS TO THE
	CULTURE OF THE UNITED STATES. COURSES WITHIN ADULT EDUCATION INCLUDE:
	ADULT ENGLISH AS A SECOND LANGUAGE, FINANCIAL LITERACY AND CITIZENSHIP.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (2018)
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2304	2 2018.05070 GRACE PLACE FOR CHILDREN 43410

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Form 990 (2018)			CHILDREN	AND	FAMILIES	IN	65-1229558	Page 3
Part IV Checklist of R	equired S	chedules						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Tes	
•		1	х	
2	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 25	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4				x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	6		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>-</u>		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			- v
	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		77	
	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,			
	Part VI	<u>11a</u>	X	
b	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 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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			
	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х
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 Form 990 (2018)
 GRACE
 PLACE
 FOR
 CHILDREN
 AND
 FAMILIES
 IN
 65-1229558
 Page 4

 Part IV
 Checklist of Required Schedules
 (continued)
 Continued)
 Continued
 Continue

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	
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			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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? <i>If</i> "Yes,"	26		x
27	complete Schedule L, Part II 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,			
	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			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		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		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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		
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?		v	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	I
I UI	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
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	990 (2018) GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229	558	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 180			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	46		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
46	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ
	If "Yes," complete Form 4720, Schedule O.			

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Form **990** (2018)

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Form 990	(2018)
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GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558

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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
Section A. Governing Body and Management	

				Yes	
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 0.				
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 officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the		<u>-</u>		
3	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
					X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?			Х	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
-	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				
	This section b requests information about policies not required by the internal new			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		10a		- 11
D		• • •	104		
				v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	-,			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
	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	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	000 T (Section 501)	c)(2)c only)	availat	
10	for public inspection. Indicate how you made these available. Check all that apply.		5)(5)5 UNIY)	avallar	JIE
	X Own website Another's website X Upon request Other (explain i				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy	and finance	ial	
	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 book TIMOTHY BARONE - 239.255.7223	s and records			
	PO BOX 990531, NAPLES, FL 34116				
					(201

Form 990 (20		PLACE FOR		-		-	65-1229558	Page 7			
Part VII	Compensation of Office	ers, Directors, '	Frustees, Key	Emplo	yees, Highest	Compe	nsated				
I	Employees, and Independent Contractors										
(Check if Schedule O contains a	a response or note	to any line in this P	art VII							
Section A	Officers Directors Trustees	Key Employees	and Highest Com	ansata	d 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 report-

able 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.

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

(A) Name and Title	(B) Average		(C) Position (do not check more than c					(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	not cl , unles cer an	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer		Highest compensated employee	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARIO VALLE	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) DEBORAH MATHEWS FINCH	2.00									
DIRECTOR		Х						0.	0.	0.
(3) CRAIG GOODRICH	2.00								-	
DIRECTOR		Х						0.	0.	0.
(4) JOSEPH BARNETTE, JR	2.00							_	-	
DIRECTOR		Х						0.	0.	0.
(5) ERIK LUTGERT	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL MCGRATH	2.00									
DIRECTOR		Х						0.	0.	0.
(7) PATRICIA JILK	2.00								•	0
SECRETARY		Х		Х				0.	0.	0.
(8) JAMES BOSSCHER	2.00			37					0	0
TREASURER	2 00	Х		Х		-		0.	0.	0.
(9) MICHAEL MCNAMARA	2.00	х						0.	0.	0
DIRECTOR	10 00	~						0.	0.	0.
(10) DAVID TOBIASZ CHIEF FINANCIAL OFFICE - PARTIAL YEA	40.00			x				112 026	0.	0 711
(11) TIM FERGUSON	40.00			Δ		-		113,036.	0.	9,711.
CHIEF EXECUTIVE OFFICER	40.00			х				151,387.	0.	10,316.
(12) BARBARA EVANS	40.00			Δ				151,507.	0.	10,510.
CHIEF DEVELOPMENT OFFICER - PARTIAL	40.00			х				113,036.	0.	8,843.
(13) MARIANNE LAMBERTSON	40.00			21				115,050.		0,0450
NEW CHIEF DEVELOPMENT OFFICER		1		х				0.	0.	0.
(14) TIM BARON	40.00							U .		J
NEW CHIEF FINANCIAL OFFICER		1		х				0.	0.	0.
		-								
										Farma 990 (0010)

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Form 990 (2018)

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2018.05070 GRACE PLACE FOR CHILDREN 434105.1

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	- 1 / 1								FAMILIES IN		229	558	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		oloy I	ees,			ghes	t C		· · /				
	(A) Name and title	(B) Average hours per week	age Position (do not check more that box, unless person is b			than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount o other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om the anizati d relate anizatio	e ion ed
			•											
			-											
			-											
			•											
			-											
			-											
	Sub-total								377,459.		0.	2	8,8'	70. 0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								377,459.		0.	2	8,8'	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3			2
3	Did the organization list any former officer,	director, or tru	istee	e. ke	v en	nolor	vee	orl	highest compensated er	nplovee on			Yes	No
	line 1a? If "Yes," complete Schedule J for su	ich individual		· · · · · · ·					• ·			3		Х
4	For any individual listed on line 1a, is the sum and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>commu</i>	•							•			5		Х
	tion B. Independent Contractors								t	100 000 - (
1	Complete this table for your five highest con the organization. Report compensation for t	-									Jensa		om	
	(A) Name and business								(B) Description of s		С	(C compe		n
	NGELIS DIAMOND CONSTRU		FL	3	41	09			GENERAL CONT FOR CONSTRUC		1	,59	2,50	01.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos 1		ted	above) who received m	ore than				
		E.										Form	990 (ž	2018)

832008 12-31-18

				<u>OR CHILD</u> R	EN AND FAM	<u> ILIES IN</u>	65-1229	9558 Page 9
Par								
		Check if Schedule O cont	tains a response	or note to any line			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Federated campaigns	1a					
ts, Grants Amounts	k	b Membership dues	1b					
Am 6		c Fundraising events		237,588.				
Gifts, ilar An	C	d Related organizations	1d					
is, (e	e Government grants (contribut	tions) 1e	548,360.				
r i S	f	f All other contributions, gifts, grar						
jt j		similar amounts not included abo						
Contributions, Gift and Other Similar		g Noncash contributions included in lines						
σī	ł	h Total. Add lines 1a-1f			5,677,819.			
	0.4	-		Business Code				
lice	2 8							
Ser/		b						
ver Ver		cd						
gra Re								
Program Service Revenue		e f All other program service reve	enue	+				1
-		g Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			7,576.			7,576.
	4	Income from investment of ta						
	5	Royalties	·· <u>·</u> ·····	►				
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	k	b Less: rental expenses						
	C	c Rental income or (loss)						
	C	d Net rental income or (loss) .		►				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		▶				
ne	8 8	a Gross income from fundraisin including \$237,5						
ven								
Be		contributions reported on line Part IV, line 18		106 921				
Other Revenue	L	b Less: direct expenses	a "	123,917				
ð		c Net income or (loss) from fund	draising events	<u>► 23,517</u>	-16,996.			-16,996.
		a Gross income from gaming a			_ , , , , , , , , , , , , , , , , , , ,			
	- •	Part IV, line 19						
	ł	b Less: direct expenses						
		c Net income or (loss) from gan						
		a Gross sales of inventory, less						
		and allowances						
	k	b Less: cost of goods sold						
		c Net income or (loss) from sale		>				
		Miscellaneous Revenu	le	Business Code				
	11 a	a						
	k	b						
		c						
	C	d All other revenue		L				
		e Total. Add lines 11a-11d				0	<u>^</u>	0 400
	12	Total revenue. See instructions		🕨 🕻	5,668,399.	0.	0.	-9,420. Form 990 (2018)
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⁹ 2018.05070 GRACE PLACE FOR CHILDREN

Form 990 (2018) GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 10 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).

Seci	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	222 276	1	185 000	
	trustees, and key employees	398,376.	172,098.	175,286.	50,992.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,468,208.	1,062,893.	106,840.	298,475.
7 8	Other salaries and wages Pension plan accruals and contributions (include	I, IO, 200.	1,004,093.	100,040.	4J0,4/J.
0	section 401(k) and 403(b) employer contributions)	33,981.	22,483.	5,136.	6,362.
9	Other employee benefits		22,100.		0,0020
10	Payroll taxes	157,438.	104,166.	23,796.	29,476.
11	Fees for services (non-employees):	- ,			
а	Management				
	Legal				
	Accounting	14,500.		14,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	12,850.			12,850.
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		46 207	10 5 6 7	1 005
13	Office expenses	65,799.	46,207.	18,567.	1,025.
14	Information technology				
15	Royalties	275,291.	261,494.	12,543.	1,254.
16 17	Occupancy Travel	275,251.	201,494.	12, 545.	1,2340
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,962.		19,962.	
20	Interest	37,069.	36,225.	652.	192.
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	469,902.	459,564.	7,988.	2,350.
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.)	606 106	COC 12C		
а	PROGRAM SUPPLIES	686,136.	686,136.	1 0 0 0	214
b	UTILITIES & TELEPHONE	120,123.	118,744.	1,065.	314.
с	STAFF DEVELOPMENT VEHICLE EXPENSES	96,439. 96,030.	86,701. 96,030.	5,843.	3,895.
d		70,930.	18,505.		52,425.
	All other expenses	4,023,034.	3,171,246.	392,178.	459,610.
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,023,034.	5,11,210.	552,170.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
83201	0 12-31-18	L. L.	1	1	Form 990 (2018)

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Form **990** (2018)

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		GRACE	PLACE	FOR	CHILDREN	AND	FAMILIES	IN	65-1229558
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		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		1,957,267.	1	837,052.
	2	Savings and temporary cash investments		256,496.	2	180,461.
	3	Pledges and grants receivable, net	117,056.	3	346,551.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	d persons (as defined under			
Assets		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	1 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Co	mplete Part II of Sch L		6	
	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	–		35,423.	9	78,397.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	13,705,319.			
	b	Less: accumulated depreciation	юы 1,705,015.	9,970,406.	10c	12,000,304.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		289,518.	15	299,095.
	16	Total assets. Add lines 1 through 15 (must equal I		12,626,166.	16	13,741,860.
	17	Accounts payable and accrued expenses		285,141.	17	150,460.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Par			21	
es	22	Loans and other payables to current and former of				
oilit		key employees, highest compensated employees,				
Liabilities			d ale to all as sold as a	973,354.	22	578,364.
_	23	Secured mortgages and notes payable to unrelated		975,554.	23	570,504.
	24 25	Unsecured notes and loans payable to unrelated th Other liabilities (including federal income tax, payal			24	
	25	parties, and other liabilities not included on lines 17				
					25	
	26	Total liabilities. Add lines 17 through 25		1,258,495.	26	728,824.
	20	Organizations that follow SFAS 117 (ASC 958), o		1/200/1900	20	12070210
		complete lines 27 through 29, and lines 33 and 3				
ces	27	Unrestricted net assets		10,089,766.	27	12,845,008.
lan	28	Temporarily restricted net assets		1,250,928.	28	168,028.
I Ba	29		26,977.	29	0.	
pun		Organizations that do not follow SFAS 117 (ASC	958). check here			
Ē		and complete lines 30 through 34.	··· <i>"</i> ·································			
ts o	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equi			31	
τÀ	32	Retained earnings, endowment, accumulated inco			32	
Ř	33	Total net assets or fund balances		11,367,671.	33	13,013,036.
	34	Total liabilities and net assets/fund balances		12,626,166.	34	13,741,860.
	•			•		Form 990 (201

Form 990 (2018)

Page **11**

Form 990 (2018)

Form 990 (
Part X	Bala	ance	Sheet

Form 990 (2018) GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-12295	58 i	> _{age} 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	
	668,	
	023,	
		365.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 11,	<u>367,</u>	671.
5 Net unrealized gains (losses) on investments 5		
6 Donated services and use of facilities 6		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain in Schedule O)9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	013,	<u>036.</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		X
	Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
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?	2c X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?	3a	<u> </u>
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	3b	

Form **990** (2018)

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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Nam	e of t	the organizati		de le minieige					Employer	identification numb	oer
		j		E PLACE FO	R CHILDREN AN		ATTTES	5 IN		5-1229558	
Pa	rt I	Reason			All organizations must co					5 1225550	
					For lines 1 through 12, cl						
	Jigan M		•		e ,		,	V A V:			
1					on of churches described)(A)(I)-			
2					Attach Schedule E (Form			••			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
4			-	ation operated in col	njunction with a nospital	described	in sectio	n 170(d)(1)(A)(III). Enter	the hospital's name,	
_		city, and stat									
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 Part II.)									
-											
6			-	-	nental unit described in						
7	X	-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in	
		-		omplete Part II.)							
8		-			(1)(A)(vi). (Complete Par						
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:									
10		An organizati	on that norma	Ily receives: (1) more	e than 33 1/3% of its supp	port from o	contributio	ns, membersł	nip fees, an	id gross receipts fron	n
		activities rela	ted to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	1/3% of it	ts support f	from gross investmer	nt
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclusion	ively to test for public sat	fety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section \$	509(a)(3). 🤇	Check the box in	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	/ing	
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
с] Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d] Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		requiremer	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v.			
е		Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente		of supported c	rachizationa							
g	Prov	vide the follow	ing informatior	about the supporte						-	
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other	r
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructio	ns)
Tota	I										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3813206.	4289066.	3453942.	2069067.	4300936.	<u>17926217.</u>
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	2012206	1000000	2452042	2060067	4200026	17000017
	Total. Add lines 1 through 3	3813206.	4289066.	3453942.	2069067.	4300936.	17926217.
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)						17926217.
	Public support. Subtract line 5 from line 4.						ц/92021/.
		(a) 2014	(h) 2015	(a) 2016	(4) 2017	(a) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014 3813206.	(b) 2015 4289066.	(c) 2016 3453942.	(d) 2017 2069067.	(e) 2018	(f) Total 17926217 •
	Amounts from line 4 Gross income from interest,	5015200.	4205000.	5455542.	2005007.	4300330.	
0							
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	18,840.	13,797.	27,218.	21,263.	6,591.	87,709.
0	Net income from unrelated business	10,040.	15,157.	27,210.	21,205.	0,351.	07,705.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		9,312.				9,312.
11	Total support. Add lines 7 through 10		575120				18023238.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di [,]	vided by line 11, c	olumn (f))		14	99.46 %
	Public support percentage from 2017		•			15	99.37 %
	33 1/3% support test - 2018. If the c					ore, check this bo	x and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I				
	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 "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	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	in Part VI how the	e
	organization meets the "facts-and-circ	umstances" 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	o, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
							·····
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	' Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2017. If the						Ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 10-11-18) or 990-EZ) 2018
			15	5			-

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Schedule A (Form 990 or 990-EZ) 2018 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

Schedule A (Form 990 or 990-EZ) 2018

10b

Schedule A (Form 990 or 990-EZ) 2018 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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			
	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	<u> </u>		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Jec				
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		
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			
	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions		
2	Activities Test. Answer (a) and (b) below.	uotiono,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			
		2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
b				
	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	0L		
~	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? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<i></i>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	10-EZ)	2018

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Sche	dule A (Form 990 or 990-EZ) 2018 GRACE PLACE FOR CHILDRE			65-1229558 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	-		Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior 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		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 7

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization 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		[
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	nation. Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sec	planations required by Par 9a, 9b, 9c, 11a, 11b, and 1 tion E, lines 1c, 2a, 2b, 3a	AND FAMILIES IN 65-12 t II, line 10; Part II, line 17a or 17b; Part II 1c; Part IV, Section B, lines 1 and 2; Part , and 3b; Part V, line 1; Part V, Section B, plete this part for any additional informati	l, line 12; IV, Section C, line 1e; Part V,
832028 10-11-1	18		20	Schedule A (Form S	90 or 990-EZ) 2018

65-1229558

Schedule A

823174 04-01-18

Identification of Unusual Grants

2018

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Description of Grant	Date of Grant	Amount
ARTIN F VOLLMER	CASH BEQUEST	03/13/19	1,376,884
al Unusual Grants			1,376,884

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

6	5-	1	2	2	9	5	5	8
	5	_	4	~	~	2	2	v

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

GRACE PLACE FOR CHILDREN AND FAMILIES IN

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

Page **2**

Employer identification number

65-1229558

GRACE PLACE FOR CHILDREN AND FAMILIES IN . . _ .

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF COLLIER COUNTY 1110 PINE RIDGE ROAD NAPLES, FL 34108	\$400,156.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NAPLES CHILDREN AND EDUCATION FUND 999 VANDERBILT BEACH ROAD NAPLES, FL 34108	\$347,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE RICHARD M SCHULZE FAMILY FOUNDATION 3033 EXCELSIOR BLVD MINNEAPOLIS, MN 55416	\$ <u>251,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL CT NAPLES, FL 34109	\$653,032.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ESTATE OF MARVIN F. VOLLMER 1124 GOODLETTE ROAD N NAPLES, FL 34102	\$1,376,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CLARK FAMILY FOUNDATION, INC 868 102ND AVE N STE 302 NAPLES, FL 34108	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

GRACE PLACE FOR CHILDREN AND FAMILIES IN

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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Employer identification number

65-1229558

11230409 759633 434105.00000

2018.05070 GRACE PLACE FOR CHILDREN

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2018)		Pag
Name of or	rganization		Employer identification numbe
GRACE	PLACE FOR CHILDREN AND	FAMILIES IN	65-1229558
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entities are set of the following line entits are set of the following line entites are set of th	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea htry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) ► \$
(a) No.	· · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	it
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
()))			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	it in the second
	T		
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from		(a) Lies of sift	(d) Description of how rift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfor of aif	
		(e) Transfer of gif	L
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
823454 11-08	3-18	L. C.	Schedule B (Form 990, 990-EZ, or 990-PF) (20

11230409 759633 434105.00000

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

25 2018.05070 GRACE PLACE FOR CHILDREN 434105.1

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

Employer identification number

	GRACE PLACE FOR CHILDREN AND FAMILIES IN	65-1229558
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
_	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ion easements during the year
_	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
Iu	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance aboat works of art
Ia	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	
		i public service, provide, in Part Alli,
ь	the text of the footnote to its financial statements that describes these items.	belonce about works of out biotoxical
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public so	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	N N
~	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	N N
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

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	dule D (Form 990) 2018 GRACE P t III Organizations Maintaining C	LACE FOR CE					65-12 r Asset s			age 2	
3	Using the organization's acquisition, accessi								,		
Ŭ	(check all that apply):		, one on any or the r	onowing that	are a or	grinioarit a			terno		
а	Public exhibition	d	I oan or exc	hange progra	ams						
b	Scholarly research	e		indinge pregre							
c	Preservation for future generations	-									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exer	not purpo	se in Part	XIII.			
 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 											
to be sold to raise funds rather than to be maintained as part of the organization's collection?										No	
Par											
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	sets not i	included					
	on Form 990, Part X?		•					Yes		No	
b	If "Yes," explain the arrangement in Part XIII										
		·	Ū					Amoun	t		
с	Beginning balance					1c					
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							Yes		No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on I	Part XIII]	
Par						10.					
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	/ears back	(e) Fou	r years	back	
1a	Beginning of year balance	289,518.	220,760.	194	1,710.	1	34,864.		92,	465.	
	Contributions	6,275.	54,342.	3	3,564.		61,747.		39,	160.	
	Net investment earnings, gains, and losses	6,446.	14,416.	22	2,486.		-1,901.		З,	239.	
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses	3,144.									
	End of year balance	299,095.	289,518.	220),760.	1	94,710.		134,	864.	
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:				•			
а	Board designated or guasi-endowment	91.00	%	,							
	Permanent endowment 9.00	%									
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	-	tion that are held ar	nd administer	ed for th	e organiza	ation				
	by:	5				5			Yes	No	
	(i) unrelated organizations							3a(i)	Х		
	(ii) related organizations							3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?								
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990	. Part X.	line 10.					
	Description of property	(a) Cost or of		or other		ccumulate	be	(d) Boo	k valu	e	
		basis (investm		(other)		preciation		(, 200			
1a	Land	<u>````</u>		1,922.				24	1,9	22.	
	Buildings			2,298.		773,9	95.	9,86			
	Leasehold improvements			4,963.		134,0			0,9		
	Equipment			4,476.		521,4		1,03			
	Other			1,660.		275,54			<u>6,1</u>		
	. Add lines 1a through 1e. (Column (d) must e							2,00	-		
1010		guai ruini 990, rall /					Sehedul	-			

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018	GRACE PLAC	E FOR	CHILDREN	AND	FAMILIES	IN	65-1229558	Page 3
Part VII Investments -	Other Securities.							

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

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Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 GRACE PLACE FOR CHILDREN A	ND FAMI	LIES IN	65-	1229558 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,668,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	. 2b	2,525.		
с	Recoveries of prior year grants				
d			-985.		
е	Add lines 2a through 2d			2e	1,540.
3	Subtract line 2e from line 1			3	5,667,261.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		1,138.		
с				4c	1,138.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	5,668,399.		
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial Staten	a.	Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	Expenses per F	Retur	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F	Retur	n.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a	Expenses per F	Retur	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a. 2a 2b	Expenses per F	Retur	n.
Pa 1 2 a b	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F	Retur	n.
Pa 1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Retur	n. 4,023,436.
Pa 1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n.
Pa 1 2 a b c d e	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n. 4,023,436.
Pa 1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2 , 525 .	1 2e	n. 4,023,436.
Pa 1 2 a b c d e 3 4	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	1 2e	n. 4,023,436.
Pa 1 2 a b c d e 3 4 a b	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	2,525. 2,123.	1 2e	n. <u>4,023,436</u> . <u>2,525</u> . <u>4,020,911</u> . 2,123.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	2,525. 2,123.	1 2e 3	n. 4,023,436. 2,525. 4,020,911.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO FUND FUTURE OPERATIONAL COSTS OF THE ORGANIZATION FROM THE INTEREST AND RETURNS GENERATED.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM

SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE ORGANIZATION WAS GRANTED

INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES

NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME." SUCH INCOME, PURSUANT TO

THE INTERNAL REVENUE CODE AND RELATED REGULATIONS, INCLUDES INVESTMENT

INCOME	SUCH	AS	INTEREST	RECEIVED	FROM	SOURCES	OTHER	THAN	DIRECTLY	FROM	
832054 10-29-18									Schedul	e D (Form 990) 20)18

11230409 759633 434105.00000

29

THE ORGANIZATION ANALYZES ITS INCOME TAX FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, POTENTIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2016 THROUGH 2019, THE YEARS THAT REMAIN SUBJECT TO EXAMINATION AS OF JULY 31, 2019. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JULY 31, 2019 AND 2018, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX

AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED WITH INVESTEMENT INCOME

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ENDOWMENT INTEREST RECLASSIFIED

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME NETTED WITH EXPENSE PER FINANCIAL STATEMENTS

GAIN ON SALE

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GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558 Page 5 Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued)

DONORS OR GRANTORS. THE ORGANIZATION HAS BEEN CLASSIFIED AS NOT A PRIVATE FOUNDATION.

AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY

1,138.

-985.

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19, o	or if the	2018
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati		Emplover id	entification number
		LACE FOR CHILDREN	AND	FAI	AILIES IN		65-122	
	ing Activities. complete this par	• Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solicit d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
WHIP FUNDRAISING -			Yes	No				
MADISON AVE STE 130	JU, NEW	AUCTION	X		30,375.		12,850	. 17,525.
								-
		I			30,375.		12,850	. 17,525.
		on is registered or licensed to solicit o	contrib	utions	,	it is e		
FL								
•		ice, see the Instructions for Form § FOR CONTINUATIONS	990 or 1	990-E	Z. 9	Sched	ule G (Form	990 or 990-EZ) 2018

 Schedule G (Form 990 or 990 EZ) 2018
 GRACE
 PLACE
 FOR
 CHILDREN
 AND
 FAMILIES
 IN
 65-1229558
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2 GOLF	(c) Other events NONE	(d) Total events
			GALA	TOURNAMENT	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne				(event type)		
Revenue	1	Gross receipts	197,941.	146,568.		344,509.
	2	Less: Contributions	115,048.	122,540.		237,588.
	3	Gross income (line 1 minus line 2)	82,893.	24,028.		106,921.
	4	Cash prizes				
	5	Noncash prizes		1,320.		1,320.
sesues	6	Rent/facility costs		8,493.		8,493.
Direct Expenses		Food and beverages	75,360.	12,438.		87,798.
ā	8	Entertainment	1,100.			1,100.
	9	Other direct expenses	21,211.	3,995.		25,206.
	10	Direct expense summary. Add lines 4 through	()		►	123,917.
_	11	Net income summary. Subtract line 10 from li				-16,996
Pa	nrt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
ш	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				

%

Yes

No

%

Yes

No

%

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

Other direct expenses

6 Volunteer labor

Yes

No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

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4 Direct

5

Schedule G (Form 990 or 990-EZ) 2018

Yes

Yes

No

No

Schedule G (Form 990 or 990-EZ) 2018 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-	1229558 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address 🕨	
16 Caming manager information:	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	YesNo
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Irt III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	c.
SCHEDOLE G, FARI I, DINE 2B, DISI OF TEN HIGHEST FAID FONDRAISER	5.
(I) NAME OF FUNDRAISER: WHIP FUNDRAISING	
(I) ADDRESS OF FUNDRAISER: 485 MADISON AVE STE 1300, NEW YORK, N	Y 10022
(1) ADDREDD OF FONDATIONAL 405 MADIDON AVE DIE 1900, NEW FONA, N	
832083 10-03-18 Schedule G (For	m 990 or 990-EZ) 2018

Schedule C	G (Form 990 or 990-	·EZ) (GRACE	PLACE	FOR	CHILDREN	AND	FAMILIES	IN 65-1229558	Page 4
Part IV	Supplementa	al Informa	ation _{(co}	ntinued)						
									Schedule G (Form 990 or	r 990-EZ)

SC	HEDULE J	Compensation Information	Í	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10)
•		Compensated Employees		20	١ð)
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	1	Employer	identificatio	on nui	nber
		GRACE PLACE FOR CHILDREN AND FAMILIES IN	65-1	122955	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
-						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
		ther organizations X Approval by the board or compensation c	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		x
b		e payment or change-or-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
-	contingent on the r					
а	-			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2018

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90) 2018 GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1229558

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) TIM FERGUSON	(i)	151,387.	0.	0.	4,490.	5,826.	161,703.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



434105.1

GRACE PLACE FOR CHILDREN AND FAMILIES IN 65-1

65-1229558

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:

ANNUALLY, 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.

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

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 DATA. THE EXECUTIVE COMMITTEE WILL SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization CRACE DIACE FOR CHILDREN AND FAMT	Employer identification number
GRACE PLACE FOR CHILDREN AND FAMI	LIES IN 65-1229558
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	•
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018