

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GRAND STREET SETTLEMENT, INC.		D Employer identification number 13-5562230
	Doing business as		E Telephone number 212-674-1740
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 32,231,834.
	80 PITT STREET		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10002		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: ROBERT CORDERO SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.GRANDSETTLEMENT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1916 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	606
	6 Total number of volunteers (estimate if necessary)	6	400
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,153,473.	31,510,450.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,554.	2,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,071.	440,371.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-18,084.	58,024.
		27,353,014.	32,010,845.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	98,564.	119,261.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,848,870.	18,678,564.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	2,500.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 690,682.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,924,128.	10,239,539.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,871,562.	29,039,864.	
19 Revenue less expenses. Subtract line 18 from line 12	481,452.	2,970,981.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	20,641,747.	24,798,623.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,247,615.	7,806,337.
	13,394,132.	16,992,286.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	ROBERT CORDERO, EXECUTIVE DIRECTOR Type or print name and title		04/03/2022		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	04/01/22	<input type="checkbox"/>	P00543209
Firm's name ▶ PKF O'CONNOR DAVIES, LLP			Firm's EIN ▶ 27-1728945		
Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633			Phone no. 914-381-8900		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,415,281. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O - EARLY CHILDHOOD SERVICES

4b (Code:) (Expenses \$ 8,661,125. including grants of \$ 119,261.) (Revenue \$ 2,000.) SEE SCHEDULE O - YOUTH AND COMMUNITY DEVELOPMENT PROGRAMS

4c (Code:) (Expenses \$ 970,619. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O - SENIOR SERVICES

4d Other program services (Describe on Schedule O.) (Expenses \$ 245,532. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 24,292,557.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 136	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT CORDERO EXECUTIVE DIRECTOR	31.50 3.50			X			279,826.	0.	64,191.	
(2) WILLING CHIN DEPUTY EXECUTIVE DIRECTOR	35.00 0.00				X		182,222.	0.	35,856.	
(3) CLOVIS THORN MANAGING DIRECTOR OF DEVELOPMENT	35.00 0.00					X	168,628.	0.	34,094.	
(4) THANH H. BUI MANAGING DIRECTOR OF YOUTH SERVICES	31.50 3.50					X	148,738.	0.	31,272.	
(5) ELSA PEREIRA MANAGING DIRECTOR OF OPERATIONS	35.00 0.00					X	147,248.	0.	9,752.	
(6) AYANA REEFE HEAD START/EARLY HEAD START DIRECTOR	35.00 0.00					X	118,696.	0.	26,122.	
(7) MARIA C DEJESUS MANAGING DIRECTOR OF HUMAN RESOURCES	35.00 0.00					X	125,838.	0.	17,732.	
(8) SYLVIA M. MONTERO CHAIR	2.00 0.10	X		X			0.	0.	0.	
(9) RALPH W. ROSE PRESIDENT	10.00 0.00	X		X			0.	0.	0.	
(10) ALBERTO JIMENEZ SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(11) ALAN JAY BRAZIL TREASURER	2.00 0.00	X		X			0.	0.	0.	
(12) ADAM ANGELOWICZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) DIANA R. BREEN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) ANDREW G. CELLI, JR. DIRECTOR	1.00 0.20	X					0.	0.	0.	
(15) BRETT DEARING DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) STEPHEN DEDYO DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) ALEXANDER GARDNER DIRECTOR	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT GEWIRTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) TRACIE F. GOLDING-GERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) BRIAN GOMEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) TAMEKA GREEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) WILLIAM HUBBARD DIRECTOR	1.00 0.10	X						0.	0.	0.
(23) TAMARA HUBINSKY DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) BRYAN KOPLIN DIRECTOR	1.00 0.10	X						0.	0.	0.
(25) DAVID M. LEE DIRECTOR	1.00 0.10	X						0.	0.	0.
(26) JOYCE LEE DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,171,196.	0.	219,019.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,171,196.	0.	219,019.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BTQ FINANCIAL, 80 BROAD STREET, 15TH FLOOR, NEW YORK, NY 10004	FINANCIAL SERVICES	933,317.
LITTLE BELL CHILDCARE CORP 629 51ST STREET, BROOKLYN, NY 11220	DAY CARE SERVICES	800,414.
G & T CHILDCARE CORP 775 50TH STREET, BROOKLYN, NY 11220	DAY CARE SERVICES	704,768.
CONSTRUCTOMICS, LLC, 40 BROAD STREET, 4TH FLOOR, NEW YORK, NY 10004	CONSTRUCTION SERVICES	630,128.
KREATIVE KARE DAY CARE CENTER, INC. 292 PALMETTO STREET, BROOKLYN, NY 11237	DAY CARE SERVICES	403,884.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like KENNETH W. LIEBMAN, SUMYA OJAKLI, AMY R. PASQUARIELLO, VICTOR RASUK, TENILLE PHAM SKELTON, JENNA SHEN, NICHOLAS STEIN, and MARIO TUFANO.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	433,755.				
	b Membership dues					
	c Fundraising events					
	d Related organizations	25,580.				
	e Government grants (contributions)	26,762,913.				
	f All other contributions, gifts, grants, and similar amounts not included above	4,288,202.				
	g Noncash contributions included in lines 1a-1f	\$ 108,897.				
	h Total. Add lines 1a-1f	31,510,450.				
Program Service Revenue	2 a COMMUNITY CENTER	900099	2,000.	2,000.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		119,855.		119,855.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	541,505.			
		(ii) Other				
	b Less: cost or other basis and sales expenses		220,989.			
	c Gain or (loss)		320,516.			
d Net gain or (loss)		320,516.		320,516.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	8a					
b Less: direct expenses						
8b						
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
	9a					
b Less: direct expenses						
9b						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
	10a					
b Less: cost of goods sold						
10b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	900099	29,202.		29,202.	
	b REFUNDS	900099	28,822.		28,822.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		58,024.			
12 Total revenue. See instructions		32,010,845.	2,000.	0.	498,395.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,534.	22,534.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	96,727.	96,727.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	615,700.	542,617.	53,292.	19,791.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,161,682.	12,484,719.	1,225,283.	451,680.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	323,335.	284,956.	27,986.	10,393.
9 Other employee benefits	2,305,503.	2,031,842.	199,554.	74,107.
10 Payroll taxes	1,272,344.	1,121,318.	110,128.	40,898.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,472.	440.	12,028.	4.
c Accounting	992,963.	35,049.	957,574.	340.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,500.			2,500.
f Investment management fees	64,144.		64,144.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,125,896.	3,816,639.	273,882.	35,375.
12 Advertising and promotion	500.	18.	482.	
13 Office expenses	2,596,722.	2,314,262.	249,755.	32,705.
14 Information technology	156,118.	98,322.	55,829.	1,967.
15 Royalties				
16 Occupancy	621,039.	423,783.	196,865.	391.
17 Travel	44,546.	32,718.	11,786.	42.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	231,294.	229,320.	500.	1,474.
20 Interest	5,958.		5,958.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	216,835.		216,835.	
23 Insurance	294,818.	13,988.	280,830.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	219,346.	212,974.	2,883.	3,489.
b PARENT AND PARTICIPANT	216,207.	208,956.	7,251.	
c REPAIRS AND MAINTENANCE	157,934.	152,175.	5,759.	
d CLASSROOM	100,347.	100,347.		
e All other expenses	182,400.	68,853.	98,021.	15,526.
25 Total functional expenses. Add lines 1 through 24e	29,039,864.	24,292,557.	4,056,625.	690,682.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,114,478.	1	770,896.
	2 Savings and temporary cash investments	1,777,237.	2	7,337.
	3 Pledges and grants receivable, net	6,299,617.	3	10,202,143.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	239,177.	9	161,485.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,063,937.		
	b Less: accumulated depreciation	10b 1,797,892.	10c	5,266,045.
	11 Investments - publicly traded securities	6,877,058.	11	8,284,283.
	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	35,899.	15	106,434.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,641,747.	16	24,798,623.	
Liabilities	17 Accounts payable and accrued expenses	2,393,394.	17	2,241,519.
	18 Grants payable		18	
	19 Deferred revenue	58,073.	19	61,444.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	250,000.	23	650,000.
	24 Unsecured notes and loans payable to unrelated third parties	1,132,405.	24	1,092,405.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,413,743.	25	3,760,969.
	26 Total liabilities. Add lines 17 through 25	7,247,615.	26	7,806,337.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,989,803.	27	9,795,257.
	28 Net assets with donor restrictions	5,404,329.	28	7,197,029.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,394,132.	32	16,992,286.
	33 Total liabilities and net assets/fund balances	20,641,747.	33	24,798,623.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,010,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,039,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,970,981.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,394,132.
5	Net unrealized gains (losses) on investments	5	1,399,563.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-772,390.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,992,286.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2** A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8** A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations _____
- g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20900493.	20954131.	23003294.	27090690.	31510450.	123459058
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1282952.	1282952.	1282952.	2672707.	2537074.	9058637.
4 Total. Add lines 1 through 3	22183445.	22237083.	24286246.	29763397.	34047524.	132517695
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						132517695

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	22183445.	22237083.	24286246.	29763397.	34047524.	132517695
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	118,878.	158,855.	146,137.	141,071.	119,855.	684,796.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	34,894.	17,690.	42,401.	20,996.	58,024.	174,005.
11 Total support. Add lines 7 through 10						133376496
12 Gross receipts from related activities, etc. (see instructions)					12	584,793.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.36 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.31 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
c 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section 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).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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 that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**ADP REFUND**

2016 AMOUNT: \$ 4,177.

FIRE DAMAGE CLAIMS

2016 AMOUNT: \$ 6,779.

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 3,533.

2017 AMOUNT: \$ 1,097.

2018 AMOUNT: \$ 18,195.

2019 AMOUNT: \$ 20,996.

2020 AMOUNT: \$ 29,202.

VOIDED PRIOR YEAR CHECKS

2016 AMOUNT: \$ 20,405.

HOLIDAY PARTY FEES

2017 AMOUNT: \$ 2,250.

REFUNDS

2017 AMOUNT: \$ 14,083.

2018 AMOUNT: \$ 24,206.

2020 AMOUNT: \$ 28,822.

VENDING MACHINE INCOME

2017 AMOUNT: \$ 260.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2020

Name of the organization

GRAND STREET SETTLEMENT, INC.

Employer identification number

13-5562230

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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 ▶ \$ _____

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).

Name of organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>9,781,332.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>9,096,491.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>5,086,686.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>1,081,680.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>638,543.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization **GRAND STREET SETTLEMENT, INC.** Employer identification number **13-5562230**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically 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 conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 organization 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 easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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? Yes No

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,625,998.	3,741,434.	3,784,774.	3,794,715.	3,460,798.
b Contributions					
c Net investment earnings, gains, and losses	377,342.	48,022.	122,011.	219,503.	374,918.
d Grants or scholarships					
e Other expenditures for facilities and programs	135,180.	163,458.	165,351.	229,444.	41,001.
f Administrative expenses					
g End of year balance	3,868,160.	3,625,998.	3,741,434.	3,784,774.	3,794,715.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 89.4700 %
 - c Term endowment 10.5300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		150,573.	7,370.	143,203.
c Leasehold improvements		492,849.	491,561.	1,288.
d Equipment		2,102,364.	1,298,961.	803,403.
e Other		4,318,151.		4,318,151.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,266,045.

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) ADVANCES FROM GOVERNMENT AGENCIES	670,349.
(3) PAYCHECK PROTECTION PROGRAM LOAN	3,090,620.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,760,969.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	35,912,464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,399,563.	
	b Donated services and use of facilities	2b	2,600,365.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	3,999,928.	
3	Subtract line 2e from line 1		3	31,912,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,144.	
	b Other (Describe in Part XIII.)	4b	34,165.	
	c Add lines 4a and 4b	4c	98,309.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	32,010,845.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	32,349,765.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	2,600,365.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	807,845.	
	e Add lines 2a through 2d	2e	3,408,210.	
3	Subtract line 2e from line 1		3	28,941,555.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,144.	
	b Other (Describe in Part XIII.)	4b	34,165.	
	c Add lines 4a and 4b	4c	98,309.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	29,039,864.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF DONOR CONTRIBUTIONS RESTRICTED TO ENDOWMENT WHOSE PRINCIPAL MUST REMAIN INTACT IN PERPETUITY. INCOME EARNED MAY BE USED FOR GENERAL PURPOSES.

PART X, LINE 2:

THE SETTLEMENT RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE SETTLEMENT HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE SETTLEMENT IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RELATED PARTY ELIMINATION INCLUDED PER AUDIT - GRANDLO CAFE, INC.	25,580.
EVENT EXPENSES REPORTED ON PART IX, LINE 24	8,585.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	34,165.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED PARTY EXPENSES INCLUDED PER AUDIT - GRANDLO CAFE, INC.	35,455.
WRITE-OFF OF PLEDGE RECEIVABLES	772,390.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	807,845.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RELATED PARTY ELIMINATION INCLUDED PER AUDIT - GRANDLO CAFE, INC.	25,580.
EVENT EXPENSES REPORTED ON PART IX, LINE 24	8,585.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	34,165.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

**Open to Public
Inspection**

Name of the organization **GRAND STREET SETTLEMENT, INC.** Employer identification number **13-5562230**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS FOR PARTICIPANTS/VOLUNTEERS	84	86,988.	0.		
SCHOLARSHIPS	16	9,739.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION AWARDS STIPENDS TO INDIVIDUALS WHO SPEND TIME ON GSS PROJECTS AS WELL AS STUDENTS WHO ATTEND THE ACTIVITIES OFFERED BY THE ORGANIZATION. THE STUDENTS ARE AWARDED STIPENDS AS AN INCENTIVE TO ATTEND SCHOOL, AND ACHIEVE HIGH GRADES.

ALL GRAND STREET SETTLEMENT EMPLOYEES WHO HAVE BEEN EMPLOYED BY THE ORGANIZATION FOR AT LEAST ONE YEAR AND ARE IN GOOD STANDING ARE ELIGIBLE FOR A SCHOLARSHIP. THE SCHOLARSHIPS ARE TO BE USED FOR EDUCATIONAL

Part IV Supplemental Information

DEVELOPMENT THAT WILL BENEFIT THEIR AREA OF WORK.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **GRAND STREET SETTLEMENT, INC.**
 Employer identification number: **13-5562230**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a 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 not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT CORDERO EXECUTIVE DIRECTOR	(i)	253,476.	26,350.	0.	27,288.	36,903.	344,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLING CHIN DEPUTY EXECUTIVE DIRECTOR	(i)	182,222.	0.	0.	6,045.	29,811.	218,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLOVIS THORN MANAGING DIRECTOR OF DEVELOPMENT	(i)	168,628.	0.	0.	5,560.	28,534.	202,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THANH H. BUI MANAGING DIRECTOR OF YOUTH SERVICES	(i)	148,738.	0.	0.	4,874.	26,398.	180,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELSA PEREIRA MANAGING DIRECTOR OF OPERATIONS	(i)	147,248.	0.	0.	4,852.	4,900.	157,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

ROBERT CORDERO RECEIVED A TAXABLE DISCRETIONARY BONUS OF \$26,350 IN HIS
2020 W-2.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **GRAND STREET SETTLEMENT, INC.** Employer identification number **13-5562230**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	108,897.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GRAND STREET SETTLEMENT, INC.

Employer identification number

13-5562230

FORM 990, PART I, LINE 1:

FOUNDED IN 1916, THE CORPORATION PROVIDES RESIDENTS OF NEW YORK CITY
WITH THE TOOLS AND SUPPORT THEY NEED TO OVERCOME CHALLENGING
CIRCUMSTANCES AND BUILD PRODUCTIVE LIVES AND FUTURES, AS FURTHER
DESCRIBED IN THE CERTIFICATE OF INCORPORATION. ITS COMPREHENSIVE AND
INTEGRATED ARRAY OF CULTURALLY RELEVANT PROGRAMS AND SERVICES ASSIST
MORE THAN 13,500 AREA RESIDENTS OF ALL AGES ANNUALLY FROM TODDLERS IN
EARLY HEAD START AND DAY CARE TO SCHOOL-AGE YOUTH PARTICIPATING IN
EDUCATIONAL AND RECREATIONAL AFTERSCHOOL PROGRAMS, TO PROGRAMS FOR
YOUNG ADULTS AND SENIOR CITIZENS, INCLUDING PROVIDING HOUSING TO
SENIORS. THE CORPORATION ALSO SUPPORTS THE MISSION AND PURPOSE OF THE
GRAND STREET SETTLEMENT SENIOR HOUSING DEVELOPMENT FUND CORPORATION, A
SPONSORED PROJECT OF THE CORPORATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRAND ST. SETTLEMENT EXPANDS OPPORTUNITIES FOR LOW-INCOME FAMILIES AND
INDIVIDUALS BY PROVIDING CULTURALLY RELEVANT SERVICES THAT SUPPORT
COMMUNITY BUILDING, ADVOCACY, SELF-DETERMINATION AND AN ENRICHED
QUALITY OF LIFE. SINCE ITS FOUNDING IN 1916, GRAND ST. SETTLEMENT HAS
OFFERED A CONTINUUM OF INNOVATIVE PROGRAMS RANGING FROM EARLY CHILDHOOD
AND YOUTH DEVELOPMENT TO COMMUNITY SUPPORT FOR ADULTS AND SENIORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EARLY CHILDHOOD:

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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GRAND ST. SETTLEMENT SERVICED 894 CHILDREN (AGES BIRTH TO FIVE) AND THEIR FAMILIES IN 28 EARLY CHILDHOOD EDUCATION SITES IN THE LOWER MANHATTAN AND BROOKLYN. IN FY21, 156 FAMILIES IN THE EARLY CHILDHOOD PROGRAMS ACHIEVED THEIR GOALS OF COMPLETED A DEGREE PROGRAM, JOB TRAINING PROGRAM, RECEIVING LEGAL ASSISTANCE, OR OTHER KEY ACCOMPLISHMENTS. THIRTEEN FAMILY MEMBERS COMPLETED DEGREE GRANTING PROGRAMS. GSS LINKED ELIGIBLE CHILDREN TO COMPREHENSIVE SPECIAL NEEDS SERVICES AND THERAPIES SUCH AS OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY. FAMILIES RECEIVED ALL SPECIAL NEEDS SERVICES FOR FREE, AND THE TOTAL VALUE OF THOSE SERVICES WAS APPROXIMATELY \$12,000 PER CHILD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YOUTH AND COMMUNITY DEVELOPMENT PROGRAMS:

GSS PROVIDED OVER 3,000 HOURS OF OUT-OF-SCHOOL LEARNING ACTIVITIES TO OVER 5,300 SCHOOL-AGE CHILDREN FROM LOW-INCOME COMMUNITIES IN NEW YORK CITY. THIS INCLUDES AFTERSCHOOL AND SUMMER DAY CAMP AT SCHOOLS AND COMMUNITY CENTERS ACROSS THE LOWER EAST SIDE AND BROOKLYN. GSS YOUTH PROGRAMS ARE PROVEN TO IMPROVE ATTENDANCE, GRADES, GREATER PARTICIPATION IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) EDUCATION, AND COMMUNITY SUPPORTS FOR YOUTH. IN FY2021, GSS EXPANDED ITS STEM LEARNING CURRICULUM TO 585 PUBLIC SCHOOL STUDENTS WHO LIVE IN PUBLIC HOUSING.

IN FISCAL YEAR 2021, GSS RECEIVED A GRANT FROM BEST BUY TO OPEN A TEEN TECH CENTER IN THE FORMER GRANDLO CAFE SPACE AT 168 BROOME ST. THE SPACE UNDERWENT A CAPITAL RENOVATION, AND THE TEEN TECH CENTER PROGRAM WILL OPEN IN THE NEXT FISCAL YEAR.

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SENIOR SERVICES:

GSS IS COMMITTED TO ENSURING THAT OLDER ADULTS FROM THE LOW-INCOME COMMUNITIES WE SERVE HAVE THE SERVICES AND SUPPORT NEEDED TO AGE IN PLACE AND REMAIN ACTIVE MEMBERS OF THE COMMUNITY. BEYOND BEING A SERVICE PROVIDER, GSS FUNCTIONS AS A GATHERING PLACE THAT HONORS THIS PERIOD OF LIFE FOR ITS TREMENDOUS POTENTIAL FOR PERSON GROWTH, WISDOM, AND CREATIVITY, IMPROVING QUALITY OF LIFE BY OFFERING AMPLE OPPORTUNITIES FOR SENIORS TO VOLUNTEER AND EXPLORE THE RICH CULTURAL AND LINGUISTIC DIVERSITY THAT DEFINES THE LOWER EAST SIDE. OUR PRIMARY NEIGHBORHOOD SENIOR CENTER, THE GRAND COALITION OF SENIORS, IS LOCATED WITHIN OUR HEADQUARTERS BUILDING AT 80 PITT ST., ADJACENT TO LARGE NEW YORK CITY HOUSING AUTHORITY (NYCHA) DEVELOPMENTS, THE GOMPERS HOUSES, THE BARUCH HOUSES, AND NEAR SEVERAL OTHER NYCHA AND AFFORDABLE HOUSING COMPLEXES. THE GRAND COALITION OF SENIORS SERVES NEARLY 2,000 PEOPLE A YEAR. GSS ALSO OPERATES SENIOR PROGRAMS AT A NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) IN THE BARUCH HOUSES WITH 800 PARTICIPANTS. GSS SERVES SENIORS AT OUR HUD 202 SENIOR HOUSING FACILITY ON EAST 6TH ST., WHICH SERVES 108 SENIOR RESIDENTS, AND AT THE ESSEX CROSSING COMMUNITY CENTER AT 175 DELANCEY ST. IN ESSEX CROSSING, WHICH SERVES 150 SENIORS WHO LIVE IN THE BUILDING.

SENIOR SERVICES CHANGED SIGNIFICANTLY IN FY2021. THE PROGRAM CAREFULLY AND SLOWLY REOPENED AS PANDEMIC-RELATED HEALTH AND SAFETY MEASURES ALLOWED. IN JUNE, 2021, THE GRAND COALITION OF SENIORS AT 80 PITT ST. WAS RELOCATED TO THE ESSEX CROSSING COMMUNITY CENTER AT 175 DELANCEY

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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ST. SO THAT THE 80 PITT ST. BUILDING COULD UNDERGO THE LONG-PLANNED CAPITAL RENOVATION PROJECT. SENIORS EXPERIENCED LITTLE DISRUPTION OF SERVICES, AND SHUTTLE VANS WERE USED TO ACCOMMODATE SENIORS IF THEY WERE FURTHER AWAY FROM ESSEX CROSSING. FOOD DISTRIBUTION CONTINUED TO HOMEBOUND SENIORS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILIES/BENEFITS ASSISTANCE:

THROUGH OUR BENEFITS ASSISTANCE (FORMERLY KNOWN AS SINGLE STOP) PROGRAM AND OTHER SOCIAL WORKER SUPPORT, IN FISCAL YEAR 2020, GSS SECURED BENEFITS AND SERVICES FOR 1,074 FAMILIES TOTALING OVER \$2.7 MILLION WORTH OF ASSISTANCE. GSS SUPPORTS FAMILIES IN MEETING THEIR FINANCIAL GOALS INCLUDING PROVIDING FREE TAX PREPARATION SERVICES TO 223 HOUSEHOLDS. GSS REFERRALS FOR LEGAL ASSISTANCE HELPED 58 WITH LEGAL ISSUES.

GSS SAW A DECREASE IN THE NUMBER OF PEOPLE NEEDED LEGAL ASSISTANCE, PRIMARILY BECAUSE OF THE PANDEMIC-RELATED EVICTION MORATORIUM. THE NEEDS FOR EVICTION-RELATED LEGAL SERVICES IS EXPECTED TO SKYROCKET WHEN THE MORATORIUM IS LIFTED.

EXPENSES \$ 245,532. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

GRAND STREET SETTLEMENT OUTSOURCED ITS FINANCIAL DEPARTMENT TO BTQ FINANCIAL. BTQ PROVIDED THE FOLLOWING SERVICES: GENERAL FINANCIAL MANAGEMENT, PLANNING AND BUDGETING, MAINTAIN THE ACCOUNTING AND FINANCIAL SYSTEM AND ASSIST WITH MANAGING THE SETTLEMENT'S GRANTS. BTQ WAS PAID

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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\$903,414 DURING FISCAL YEAR 2021 FOR THESE SERVICES.

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

GRAND STREET SETTLEMENT HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PRESENTED TO BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO KEY EMPLOYEES, BOARD MEMBERS, AND OFFICERS OF THE ORGANIZATION. UPON BEING HIRED, ALL EMPLOYEES ARE PROVIDED WITH THE EMPLOYEE HANDBOOK, WHICH INCLUDES A CONFLICT OF INTEREST POLICY. ALL EMPLOYEES ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT FORM STATING THAT THEY HAVE READ AND AGREE WITH THE POLICIES IN THE HANDBOOK. IF AN EMPLOYEE BECOMES AWARE OF A POTENTIAL CONFLICT DURING THE YEAR, THEY ARE REQUIRED TO NOTIFY EITHER THEIR SUPERVISOR OR THE EXECUTIVE DIRECTOR.

THE BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE POLICY IS UPDATED ON AN ANNUAL BASIS TO ENSURE THAT ALL POTENTIAL CONFLICTS ARE HANDLED PROPERLY. IF ANY CONFLICTS WERE TO ARISE, THEY WOULD BE HANDLED BY THE INDEPENDENT DIRECTORS OF THE BOARD TO ENSURE THAT THE CONFLICTS DO NOT AFFECT OPERATIONS. THE INTERESTED PERSON WOULD BE EXCUSED FROM VOTING ON THE CONFLICT RESOLUTION. ANY RESOLUTION WOULD BE

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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DOCUMENTED IN THE MINUTES TO THE MEETING, AND WOULD INCLUDE THE NAMES OF THE PERSONS INVOLVED, THE INDEPENDENT DIRECTORS WHO VOTED ON THE POTENTIAL CONFLICT, AND DECISION OF THE BOARD.

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

DURING THE MONTH OF JULY, THE BOARD OF DIRECTORS SHALL, SUBJECT TO THE MINIMUM ANNUAL INCREASE SET FORTH BELOW, EVALUATE THE LEVEL OF COMPENSATION AND BENEFITS BEING PAID TO THE EXECUTIVE DIRECTOR BASED UPON HIS DUTIES AND RESPONSIBILITIES, THE MANNER IN WHICH HE CARRIES OUT THOSE DUTIES AND RESPONSIBILITIES, THE COMPENSATION BEING PAID TO INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR INSTITUTIONS IN THE SAME GEOGRAPHICAL AREA, THE PANO (PROFESSIONAL ASSOCIATION OF NONPROFIT ORGANIZATIONS) COMPENSATION SURVEY, AND ANY OTHER FACTORS WHICH THE BOARD OF DIRECTORS DEEMS TO BE RELEVANT WITH RESPECT TO THE COMPENSATION PAYABLE TO EXECUTIVES OF ORGANIZATIONS IN THE STATE OF NEW YORK. PROVIDED, HOWEVER, THAT (A) THE SETTLEMENT SHALL INCREASE EMPLOYEE'S BASE SALARY BY THE AMOUNT OF NO LESS THAN THREE PERCENT (3%) PER YEAR, AND (B) THE SETTLEMENT SHALL NOT, UNDER ANY CIRCUMSTANCES, INCREASE THE AMOUNT OF COMPENSATION OR BENEFITS PAYABLE TO THE EMPLOYEE BY ANY GREATER AMOUNT IF SUCH INCREASE RESULTS IN COMPENSATION AND/OR OTHER BENEFITS THAT ARE EXCESSIVE OR UNREASONABLE OR CONSTITUTE PRIVATE INUREMENT. THIS MINIMUM INCREASE IS DISCLOSED IN THE EMPLOYMENT AGREEMENT WITH THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE LAST APPROVED HIS COMPENSATION IN FY2021.

COMPENSATION FOR THE OTHER OFFICERS OF THE ORGANIZATION IS DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY. THE BOARD OF DIRECTORS SHALL EVALUATE THE LEVEL OF COMPENSATION AND BENEFITS BEING PAID TO THE OFFICER BASED UPON HER DUTIES AND RESPONSIBILITIES, THE MANNER IN WHICH SHE CARRIES OUT THOSE

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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DUTIES AND RESPONSIBILITIES, THE COMPENSATION BEING PAID TO INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR INSTITUTIONS IN THE SAME GEOGRAPHICAL AREA, AND ANY OTHER FACTORS WHICH THE BOARD OF DIRECTORS DEEMS TO BE RELEVANT WITH RESPECT TO THE COMPENSATION PAYABLE TO EXECUTIVES OF ORGANIZATIONS IN THE STATE OF NEW YORK. THE BOARD'S DISCUSSION AND APPROVAL OF THE COMPENSATION IS DOCUMENTED IN THE MINUTES TO THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THE EXEMPT ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. IT IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT 80 PITT STREET, NEW YORK, NY 10002 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212)-674-1740.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	383,646.
MANAGEMENT AND GENERAL EXPENSES	256,245.
FUNDRAISING EXPENSES	32,936.
TOTAL EXPENSES	672,827.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	205,058.
MANAGEMENT AND GENERAL EXPENSES	14,640.
FUNDRAISING EXPENSES	2,025.
TOTAL EXPENSES	221,723.

Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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OTHER PROFESSIONAL:

PROGRAM SERVICE EXPENSES	7,195.
MANAGEMENT AND GENERAL EXPENSES	514.
FUNDRAISING EXPENSES	71.
TOTAL EXPENSES	7,780.

SECURITY SERVICES:

PROGRAM SERVICE EXPENSES	34,777.
MANAGEMENT AND GENERAL EXPENSES	2,483.
FUNDRAISING EXPENSES	343.
TOTAL EXPENSES	37,603.

HEALTH AND EDUCATION SERVICES:

PROGRAM SERVICE EXPENSES	395,762.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	395,762.

FAMILY CARE HEALTH SERVICES:

PROGRAM SERVICE EXPENSES	2,790,201.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,790,201.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,125,896.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF PLEDGE RECEIVABLES	-772,390.
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Name of the organization GRAND STREET SETTLEMENT, INC.	Employer identification number 13-5562230
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GRAND STREET SETTLEMENT, INC.** Employer identification number **13-5562230**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GRAND STREET SETTLEMENT SENIOR HDFC - 42-1607854, 200 WEST 57TH STREET, SUITE 702, NEW YORK, NY 10019	TO PROVIDE AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	GRAND STREET SETTLEMENT, INC.	X	
GRANDLO CAFE, INC. - 82-4428103 80 PITT STREET NEW YORK, NY 10002	TO CREATE PATHWAYS TO MEANINGFUL EMPLOYMENT FOR LOW-INCOME YOUTH IN NYC	NEW YORK	501(C)(3)	LINE 10	GRAND STREET SETTLEMENT, INC.	X	

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

**CHAR500
Online**For new annual filings,
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com**Open to Public
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2020**General Information**

Current Organization Name: Grand Street Settlement, Inc. Updated Name: N/A
 NY Registration Number: 01-23-70 Registration Category: DUAL
 Organization Type: Corporation EIN: 135562230
 Current Fiscal Year End: 06/30 Updated Fiscal Year End: N/A
 Organization Email: rcordero@grandsettlement.org Organization's Phone: 212-674-1740
 Tax Exempt Status: 501(c)(3) Website: www.grandsettlement.org

Organization Address

Mailing Address	Principal Address	NY State Address
80 Pitt Street New York NY 10002 UNITED STATES	80 Pitt Street New York NY 10002 UNITED STATES	NA

Primary Contact Information

First Name: Robert Last Name: Cordero Title: Executive Director
 Phone: 646-201-4212 Email: rcordero@grandsettlement.org

Third Party Preparer Information

First Name: Benjamin Last Name: Strauss Title: _____
 Firm Name: PKF O'Connor Davies, LLP Phone: 914-421-5691 Email: bstrauss@pkfod.com

Third Party Address

Street: 500 Mamaroneck Avenue
 City: Harrison State: NY
 Zip: 10528 Country: United States

Registration Category

- Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.
 Yes No
- Does the organization have assets in New York State?
 Yes No
- Is the organization incorporated or formed in New York State?
 Yes No N/A
- Does the organization solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
 Yes No
- Does the organization use a professional fundraiser or fundraising counsel?
 Yes No

Based on your responses to the above questions, this organization's registration category remains as DUAL

Annual Exemptions

- Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
 Yes No
- Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
 Yes No
- Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?
 Yes No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Which IRS form does your organization use? <u>IRS990</u>	Organization's total revenue: <u>32,010,845</u>
Organization's total contributions: <u>31,510,450</u>	Organization's total assets: <u>N/A</u>
Organization's net assets: <u>16,992,286</u>	Organization's total revenue and contributions: <u>N/A</u>
Organization's total liabilities: <u>N/A</u>	Organization's total assets/worth: <u>N/A</u>
Organization's total income: <u>N/A</u>	

Is the organization required to file form Schedule B - Schedule of contributors - with the IRS?

Yes No N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

Closing Withdrawing Dissolving None

Is this your final filing with New York State? Yes No N/A

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

Yes No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Did the organization receive government grants during this fiscal year?

Yes No

Government Grant Agency	Grant Amount
U.S. Department of Health and Human Serv	\$9,781,332.00
NYC Department of Youth and Community De	\$9,096,491.00
NYC Administration for Children's Servic	\$5,086,686.00
NYC Department of Education	\$1,081,680.00
	To be continued in Appendix page 2

Documents

Attached organization's required documents:

- IRS document
- Certified Public Accountant's Audit Report
- Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- Schedule B
- Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Executive Director	Robert	Cordero	rcordero@grandsettlement.org
Treasurer	Alan	Brazil	alan.j.brazil@gmail.com

Signature of  Date: 4/5/2022
 Executive Director, DocuSigned by: A7A75F4498704AC...

Signature of  Date: 4/5/2022
 Treasurer DocuSigned by: E500FE8A984E4B9...

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Government Grant Agency	Grant Amount
NYC Department for the Aging	\$638,543.00
NYS Office of Children and Family Services	\$468,168.00
NYS Department of Health	\$315,508.00
NYS Office for the Aging	\$229,505.00
U.S. Department of Housing and Urban Development	\$65,000.00
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A