

GRACE HILL SETTLEMENT HOUSE
FORM 990
TAX YEAR 2010

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20__

Do not send to the IRS. Keep for your records. See instructions on back.

2010

Department of the Treasury Internal Revenue Service

Name of exempt organization

GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

Name and title of officer

AUTHORIZED SIGNER, AUTHORIZED SIGNER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 17115193.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CBIZ MHM, LLC to enter my PIN 63141 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 10/18/2011

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43592936425 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 08/08/2011

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRACE HILL SETTLEMENT HOUSE			D Employer identification number 23-7216273
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	2600 HADLEY STREET			
City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63106			E Telephone number (314) 539-9500	
F Name and address of principal officer: RODERICK L. JONES 2600 HADLEY STREET ST. LOUIS, MO 63106			G Gross receipts \$ 17,115,193.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ WWW.GRACEHILL.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1903 M State of legal domicile: MO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING OPPORTUNITIES FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES TO BE STRONGER, HEALTHIER, AND MORE SELF-RELIANT.		
	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	29.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	258.
	6 Total number of volunteers (estimate if necessary)	6	1,118.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,321,793.	16,654,899.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	639,797.	309,851.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,373.	20,167.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,531.	130,276.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,990,494.	17,115,193.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	184,525.	638,901.
	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)	6,679,911.	7,492,925.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,765.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,333,675.	9,445,603.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,198,111.	17,577,429.	
19 Revenue less expenses. Subtract line 18 from line 12	792,383.	-462,236.	
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)	7,081,837.	7,268,015.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,213,071.	4,897,590.
		2,868,766.	2,370,425.

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			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00291982
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 36-4256931		Phone no. 314-692-2249	
	Firm's address ▶ ONE CITYPLACE DR., STE. 570 ST. LOUIS, MO 63141				
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:
PROVIDING OPPORTUNITIES FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES TO
BE STRONGER, HEALTHIER, AND MORE SELF-RELIANT.

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 13,022,774. including grants of \$ 13,689.) (Revenue \$ 152,592.)
ATTACHMENT 1

4b (Code: _____) (Expenses \$ 2,118,952. including grants of \$ 73,137.) (Revenue \$ 0.)
ATTACHMENT 2

4c (Code: _____) (Expenses \$ 700,433. including grants of \$ 552,075.) (Revenue \$ 8,662.)
ATTACHMENT 3

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 148,597.)

4e Total program service expenses ▶ 15,842,159.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE REQUIRED
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN FRASER 2600 HADLEY STREET ST. LOUIS, MO 63106 314-584-6910

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

Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) RODERICK L. JONES PRESIDENT & CEO	40.00	X		X			167,367.	0.	12,768.	
(2) CAROL WALKER BOARD CHAIR	3.00	X		X			0.	0.	0.	
(3) MARK C. DARRELL BOARD VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) FRANK THURMAN, JR. BOARD VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) VIRGINIA R. CAMPBELL BOARD SECRETARY	1.00	X		X			0.	0.	0.	
(6) JENIFER WYSS BOARD TREASURER	1.00	X		X			0.	0.	0.	
(7) DIANNA S. ADORJAN TRUSTEE	1.00	X					0.	0.	0.	
(8) CRISTEN BARNES TRUSTEE	1.00	X					0.	0.	0.	
(9) CHARLES CLAGGETT TRUSTEE	1.00	X					0.	0.	0.	
(10) DARCELLA K. CRAVEN TRUSTEE	1.00	X					0.	0.	0.	
(11) DRESDEN MCINTOSH FARRAND TRUSTEE	1.00	X					0.	0.	0.	
(12) TIM FOGERTY TRUSTEE	1.00	X					0.	0.	0.	
(13) REBECCA GLENN TRUSTEE	1.00	X					0.	0.	0.	
(14) RUTH HAYS TRUSTEE	1.00	X					0.	0.	0.	
(15) EVERETT JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(16) C. NORMAN JONES TRUSTEE	1.00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) ANDY KRANDZIEFF TRUSTEE	1.00	X						0.	0.	0.
(18) REV. MICHAEL KINMAN TRUSTEE	1.00	X						0.	0.	0.
(19) DAVID LAVALLE TRUSTEE	1.00	X						0.	0.	0.
(20) CECELIA G. LUECKING TRUSTEE	1.00	X						0.	0.	0.
(21) JENNIFER L. MCCLEARY TRUSTEE	1.00	X						0.	0.	0.
(22) WILLIAM J. MCGOWAN TRUSTEE	1.00	X						0.	0.	0.
(23) DOROTHY MARTIN TRUSTEE	1.00	X						0.	0.	0.
(24) CATHY S. MEEKS TRUSTEE	1.00	X						0.	0.	0.
(25) JOHN MUELLER TRUSTEE	1.00	X						0.	0.	0.
(26) RICK PROEHL TRUSTEE	1.00	X						0.	0.	0.
(27) CATHERINE RODGERS-EDMONDS TRUSTEE	1.00	X						0.	0.	0.
(28) LINDA ROOS TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								167,367.	0.	12,768.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 4								0.	0.	0.
d Total (add lines 1b and 1c)								167,367.	0.	12,768.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	733,599.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	14,752,134.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,169,166.					
	g Noncash contributions included in lines 1a-1f: \$		105,825.					
	h Total. Add lines 1a-1f			16,654,899.				
Program Service Revenue				Business Code				
	2a PROGRAM SERVICE REVENUE		624100	309,851.	309,851.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			309,851.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,167.			20,167.	
	4 Income from investment of tax-exempt bond proceeds . . .			0.				
	5 Royalties			0.				
	6a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			52,856.			52,856.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS INCOME		900099	77,420.				77,420.	
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			77,420.					
12 Total revenue. See instructions			17,115,193.	309,851.			150,443.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	638,901.	638,901.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	167,367.		167,367.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,733,830.	5,107,206.	543,632.	82,992.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	290,698.	104,817.	185,881.	0.
9 Other employee benefits	817,557.	811,227.	6,330.	0.
10 Payroll taxes	483,473.	368,756.	95,324.	19,393.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	86,540.	56,655.	29,885.	0.
c Accounting	79,148.	13,160.	65,988.	0.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	5,319,940.	5,187,322.	59,153.	73,465.
12 Advertising and promotion	48,120.	22,635.	10,325.	15,160.
13 Office expenses	180,167.	166,016.	13,598.	553.
14 Information technology	402,713.	397,693.	2,881.	2,139.
15 Royalties	0.			
16 Occupancy	1,334,723.	1,313,650.	20,858.	215.
17 Travel	74,163.	71,058.	2,826.	279.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	137,337.	87,996.	36,747.	12,594.
20 Interest	31,422.	0.	31,422.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	207,948.	23,513.	184,435.	0.
23 Insurance	208,181.	206,328.	1,853.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SEE SCHEDULE O _____	1,335,201.	1,265,226.	0.	69,975.
b _____				
c _____				
d _____				
e _____				
f All other expenses _____			0.	
25 Total functional expenses. Add lines 1 through 24f	17,577,429.	15,842,159.	1,458,505.	276,765.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	211,231.	1	1,164,229.
	2 Savings and temporary cash investments	412,964.	2	2,409.
	3 Pledges and grants receivable, net	1,095,301.	3	1,390,312.
	4 Accounts receivable, net	1,202,928.	4	1,707,682.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	284,670.	9	263,089.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,722,297.		
	b Less: accumulated depreciation	10b 4,271,113.	2,564,925.	10c 2,451,184.
	11 Investments - publicly traded securities	1,034,048.	11	0.
	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	275,770.	15	289,110.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,081,837.	16	7,268,015.	
Liabilities	17 Accounts payable and accrued expenses	3,429,209.	17	4,310,510.
	18 Grants payable		18	
	19 Deferred revenue	35,890.	19	123,590.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	488,661.	23	250,290.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	259,311.	25	213,200.
	26 Total liabilities. Add lines 17 through 25	4,213,071.	26	4,897,590.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,065,073.	27	509,558.
	28 Temporarily restricted net assets	1,803,693.	28	1,860,867.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,868,766.	33	2,370,425.	
34 Total liabilities and net assets/fund balances	7,081,837.	34	7,268,015.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,115,193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,577,429.
3	Revenue less expenses. Subtract line 2 from line 1	3	-462,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,868,766.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-36,105.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,370,425.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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 in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
--	---

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 11, 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.)
- 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 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.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 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 that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,051,333.	14,225,302.	14,371,440.	16,321,793.	16,654,899.	75,624,767.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,051,333.	14,225,302.	14,371,440.	16,321,793.	16,654,899.	75,624,767.
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.						75,624,767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,051,333.	14,225,302.	14,371,440.	16,321,793.	16,654,899.	75,624,767.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,526.	93,968.	60,447.	36,916.	20,167.	294,024.
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 IV.) . ATTCH. 1	639,473.	33,576.	21,440.	13,531.	77,420.	785,440.
11 Total support. Add lines 7 through 10						76,704,231.
12 Gross receipts from related activities, etc. (see instructions)				12		1,924,124.
13 First five 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 2010 (line 6, column (f) divided by line 11, column (f))	14	98.59%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.56%
16a 33 1/3 % support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. 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 - 2009. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	639,473.	33,576.	21,440.	13,531.	77,420.	785,440.
TOTALS	<u>639,473.</u>	<u>33,576.</u>	<u>21,440.</u>	<u>13,531.</u>	<u>77,420.</u>	<u>785,440.</u>

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
--	---

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF ST. LOUIS 910 N. 11TH STREET ST. LOUIS, MO 63101	\$ 733,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE SW WASHINGTON, DC 20250	\$ 396,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	U.S. DEPT. OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 11,613,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MISSOURI DEPT. OF ECONOMIC DEVELOPMENT 808C SPECIALITY DRIVE DEXTER, MO 63841	\$ 981,157.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OTHER CASH CONTRIBUTIONS < 2% OF LINE 1H 2600 HADLEY STREET ST. LOUIS, MO 63106	\$ 1,063,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GOVERNMENT GRANTS < 2% OF LINE 1H 2600 HADLEY STREET ST. LOUIS, MO 63106	\$ 1,215,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	NONCASH CONTRIBUTIONS < 2% OF LINE 1H 2600 HADLEY STREET ST. LOUIS, MO 63106	\$ 105,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ENVIRONMENTAL PROTECTION AGENCY 901 N. FIFTH SWMD/APDB KANSAS CITY, KS 66101	\$ 546,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	DONATED MATERIALS AND STOCK - SEE SCHEDULE M FOR FURTHER DETAIL	\$ 105,825.	VARIOUS

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions.

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

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2-7 Questions about easement details, 8-9 Reporting requirements.

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

Form for Part III with questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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 are a 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 programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XI V 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? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		156,184.		156,184.
b Buildings		1,501,033.	896,676.	604,357.
c Leasehold improvements		2,489,924.	1,984,225.	505,699.
d Equipment		1,468,382.	1,390,212.	78,172.
e Other		1,106,774.		1,106,774.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,451,186.

Part VII Investments - Other Securities. 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) DUE TO AFFILIATED AGENCY	157,779.	
(3) DEFERRED RENT	55,421.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	213,200.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,115,193.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,577,429.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-462,236.
4	Net unrealized gains (losses) on investments	4	65,437.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-101,542.
9	Total adjustments (net). Add lines 4 through 8	9	-36,105.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-498,341.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,601,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	65,437.
b	Donated services and use of facilities	2b	407,988.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	13,340.
e	Add lines 2a through 2d	2e	486,765.
3	Subtract line 2e from line 1	3	17,115,193.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,115,193.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	17,985,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	407,988.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	407,988.
3	Subtract line 2e from line 1	3	17,577,429.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,577,429.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

OTHER CHANGES IN NET ASSETS FROM FORM 990 TO FINANCIAL STATEMENTS

SCHEDULE D, PART XI, LINE 8

PENSION PLAN CHANGES	\$ (114,882)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ 13,340

	\$ (101,542)

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12

SCHEDULE D, PART XIII, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

FIN 48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS RECEIVED AN INTERNAL REVENUE SERVICE (IRS) DETERMINATION LETTER STATING THAT IT IS EXEMPT FROM FEDERAL TAX ON INCOME FROM ITS RELATED, EXEMPT ACTIVITIES. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

ON JANUARY 1, 2009, THE ORGANIZATION ADOPTED RECENTLY ISSUED ACCOUNTING RULES FOR UNCERTAIN TAX POSITIONS. THESE RULES REQUIRE FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSITION IF A POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE RULES ALSO PROVIDE GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, TRANSITION, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN

Part XIV Supplemental Information *(continued)*

TAX POSITIONS. THERE WERE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE AS OF DECEMBER 31, 2010 AND 2009. THE ORGANIZATION'S TAX RETURNS FOR TAX YEARS 2007 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GRACE HILL SETTLEMENT HOUSE

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

23-7216273

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 RENT ASSISTANCE	470.	474,552.			
2 UTILITY ASSISTANCE	250.	24,581.			
3 NEIGHBORHOOD STIPENDS	70.	3,555.			
4 TUITION ASSISTANCE	17.	3,533.			
5 TRANSPORTATION ASSISTANCE	97.	968.			
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, QUESTIONS 2

GRACE HILL SETTLEMENT HOUSE SEGREGATES GRANT FUNDS INTO EACH COST CENTER.

THE ACCOUNTING POLICIES AND PROCEDURES HAVE BEEN DESIGNED SO THAT THE

MONITORING GRANT FUNDS ADHERE TO OMB-A110, OMB-A122, OMB-A133, AND THE

COMPLIANCE SUPPLEMENT FOR A-133.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GRACE HILL SETTLEMENT HOUSE

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

23-7216273

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 in 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 (e.g., 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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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 in 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 from the organization or a related organization? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in 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** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2010

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RODERICK L. JONES	(i)	167,367.	0.	0.	3,347.	12,768.	183,482.
	(ii)	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization
GRACE HILL SETTLEMENT HOUSE

Employer identification number
23-7216273

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	5.	60,040.	FMV
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 ▶ (<u>ATCH 1</u>)			45,785.	
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 IV, Donee Acknowledgement **29** 0.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard contributions?		X
32 a 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EDUCATIONAL MATERIALS	X		45,785.	FMV
TOTALS			<u>45,785.</u>	

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

REVIEW OF THE 990 BY THE GOVERNING BODY

PART VI, SECTION B, LINE 11B

THE BOARD CHAIRMAN REVIEWED THE FORM 990.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

EMPLOYEES COMPLETE CONFLICT QUESTIONNAIRES ON AN ANNUAL BASIS AT OR NEAR
THE TIME OF THE ANNUAL BENEFIT ENROLLMENT PERIOD. THE BOARD IS ASKED TO
COMPLETE A QUESTIONNAIRE AT THE TIME OF THE ANNUAL BOARD MEETING IN MAY.
ALL FORMS ARE REVIEWED BY HUMAN RESOURCES.

COMPENSATION DETERMINATION

PART VI, SECTION B, LINE 15

THE BOARD APPROVES THE COMPENSATION OF THE CEO AND HAS GRANTED THE CEO
THE AUTHORITY TO HIRE STAFF. SALARIES AND PAYGRADES ARE REVIEWED AND
ADJUSTED PERIODICALLY SO AS TO BE IN LINE WITH THE JOB / JOB
DESCRIPTIONS. THE ORGANIZATION USES AN OUTSIDE FIRM TO CONDUCT THE
SALARY SURVEY (AAIM).

AVAILABILITY OF INFORMATION TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
---	--

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, QUESTION 5

PENSION PLAN CHANGES	\$ (114,882)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ 13,340
NET UNREALIZED GAINS ON INVESTMENTS	\$ 65,437

	\$ (36,105)

OTHER FEES FOR SERVICES

FORM 990, PART IX, LINE 11G

YOUTH IN NEED	2,634,749
CONSULTANT FEES	102,510
GH HEALTH CENTERS	7,112
ST. LOUIS PUBLIC SCHOOLS	808,643
CONTRACTUAL SERVICES	1,536,283
YOUTH IN NEED - ARRA	130,485
OTHER PROFESSIONAL FEES	94,112
MISCELLANEOUS	6,046

LINE 11G TOTALS	5,319,941

OTHER EXPENSES

FORM 990, PART IX, LINE 24

TEMPORARY STAFFING	114,504
FOOD - PRESCHOOL MEALS	433,662
PROGRAM SUPPLIES	245,696

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
---	--

PROGRAM EQUIPMENT	60,406
EQUIPMENT RENTAL	79,497
EQUIPMENT MAINT. AGREEMENT	25,133
SOFTWARE LICENSES FEES	18,910
POSTAGE/SHIPPING	16,903
COURIER SERVICES	688
PRINTING	30,328
SUBSCRIPTION & REF. MATERIAL	1,818
STAFF TRAINING	30,557
DUES - NATIONAL ORGANIZATION	9,200
DUES - OTHER	5,810
MISC PROGRAM EXPENSE	42,469
MISC ADMIN EXPENSE	(178)
BANK CHARGES	19,816
PAYROLL PROCESSING FEES	29,024
BAD DEBT	50,100
AUTO/TRUCK - LEASE PAYMENT	14,787
AUTO - GAS & OIL	9,879
AUTO/TRUCK REPAIRS/MAINT.	6,333
LICENSE & PERMITS	12,040
TAXES	38,209
MISCELLANEOUS	39,613

LINE 24 TOTALS	1,335,201

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
---	--

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EARLY CHILDHOOD PROGRAMS INCLUDE CHILDCARE, HEAD START, EARLY HEADSTART, AND AFTERSCHOOL PROGRAMS.

CHILD CARE PROVIDES COMPREHENSIVE CHILD DEVELOPMENT SERVICES TO LOW/MODERATE INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 3. HEAD START AND EARLY HEAD START PROVIDE SUPPORTIVE, LEARNING ENVIRONMENTS TO ENHANCE CHILDREN'S DEVELOPMENT IN CENTER AND HOME SETTINGS INCLUDED EXTENDED DAY SERVICES WHICH ALLOW PARENTS TO WORK. THE AFTER SCHOOL PROGRAM PROVIDES STUDENTS WITH ACADEMIC ENRICHMENT OPPORTUNITIES AND SUPPLEMENTAL ACTIVITIES. ACTIVITIES ARE DESIGNED TO SUPPORT THE SCHOOL DAY'S ACADEMIC PROGRAM AND INCLUDE TUTORING, MENTORING, HOMEWORK HELP, COMMUNITY SERVICE OPPORTUNITIES AS WELL AS MUSIC, ARTS, SPORTS, AND CULTURAL ACTIVITIES. IN 2010, 63 CHILDREN WERE SERVED IN THE CHILD CARE PROGRAM, 654 CHILDREN IN THE EXTENDED CARE PROGRAM, 1878 IN THE HEAD START PROGRAM AND 557 IN THE AFTERSCHOOL PROGRAM.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNITY AND ECONOMIC DEVELOPMENT PROGRAMS INCLUDE THE WOMEN'S BUSINESS CENTER, AMERICORPS TRAIL RANGER PROJECT, CLEAN AIR PROJECT, COLLEGE HILL COMMUNITY INITIATIVE, MORE TIME DOLLAR, NEIGHBORHOOD COLLEGE AND THE WHITAKER URBAN EVENING SERIES.

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
---	--

ATTACHMENT 2 (CONT'D)

THE WOMEN'S BUSINESS CENTER WITH A FOCUS ON WOMEN AND MINORITIES IN UNDERSERVED COMMUNITIES PROVIDES DIRECT SERVICES TO ENTREPRENEURS AND CURRENT BUSINESS OWNERS. THE AMERICORPS RANGER PROJECT WORKS ON THE RIVERFRONT TRAIL ALONG THE MISSISSIPPI RIVER WITH THE GOAL OF HABITAT RESTORATION, RECREATION AND CULTURAL EDUCATION. THE CLEAN AIR PROJECT REDUCED EMISSIONS AND IMPROVED AIR QUALITY FOR ALL RESIDENTS IN ST. LOUIS CITY. THE COLLEGE HILL COMMUNITY INITIATIVE'S GOAL IS TO IMPROVE EDUCATION, HOUSING, EMPLOYMENT, ECONOMIC DEVELOPMENT, TRANSPORTATION AND CIVIC ENGAGEMENT. THE MORE TIME DOLLAR PROGRAM ALLOWS NEIGHBORS TO EXCHANGE SERVICES WITH ONE ANOTHER IN A SYSTEM OF BARTERING. THE NEIGHBORHOOD COLLEGE OFFERS CLASSES IN COMMUNITY ENGAGEMENT AND PERSONAL GROWTH. FINALLY THE WHITAKER URBAN EVENING SERVICE IS A SERIES OF SIX OUTDOOR CONCERTS HELD DURING THE SUMMER IN NORTH ST. LOUIS CITY. IN 2010, THE BUSINESS CENTER SERVED 111 CLIENTS. THE WHITAKER CONCERT SERIES, MORE TIME DOLLAR AND NEIGHBORHOOD SERVED A TOTAL OF 1,382 PARTICIPANTS AND THE COLLEGE HILL COMMUNITY INITIATIVE, THE AMERICORPS RANGER PROJECT, CLEAN AIR, AND THE COLLEGE HILL INITIATIVE SERVED A TOTAL OF 13,829 CLIENTS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

FAMILY RESOURCE AND SUPPORT PROGRAMS INCLUDE MATERIAL ASSISTANCE; HOPE IS MOVING IN, LEGAL ASSISTANCE, LIFE SKILLS, 100 NEEDIEST, HOUSING SUPPORT AND AGING SERVICES.

Name of the organization

GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

ATTACHMENT 3 (CONT'D)

MATERIAL ASSISTANCE CONSISTED OF UTILITY, RENTAL AND FOOD ASSISTANCE, HOPE IS MOVING IN IS A PROGRAM DESIGNED TO PREVENT HOMELESSNESS, LEGAL ASSISTANCE PROVIDE FREE LEGAL COUNSEL TO LOW INCOME CLIENTS, 100 NEEDIEST IS A PROGRAM THAT DISTRIBUTES GIFTS AND OTHER NEEDED ITEMS AT CHRISTMAS, LIFE SKILLS INCLUDES FINANCIAL MANAGEMENT CLASSES, AND COMMUNITY LEADERSHIP BUILDING, AGING SERVICES ARE CONGREGATE MEALS FOR THE ELDERLY AND DISABLED AND FRIENDLY VISITATION. IN 2010, 127 SENIORS WERE SERVED MEALS, 2290 CLIENTS RECEIVED SERVICES FROM FAMILY RESOURCES AND SUPPORT AND 489 SENIORS RECEIVED HOME VISITS.

ATTACHMENT 4

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 TATJANA SCHWENDINGER TRUSTEE	1.00	X						0.	0.	0.
30 EMMA WELLS TRUSTEE	1.00	X						0.	0.	0.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FINNINGER CATERING SERVICE 6128 BARTMER ST. LOUIS, MO 63133	CATERING	355,092.
GRACE HILL HEALTH CENTERS	HEALTH SERVICES	797,554.

Name of the organization GRACE HILL SETTLEMENT HOUSE	Employer identification number 23-7216273
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ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
100 N. TUCKER ST. LOUIS, MO 63101		
KINGDOM HOUSE 1321 S. 11TH STREET ST. LOUIS, MO 63104	YOUTH ORGANIZATION	255,884.
ST. LOUIS PUBLIC SCHOOLS 801 N. 11TH STREET ST. LOUIS, MO 63101	EDUCATION	586,997.
YOUTH IN NEED 1815 BOONE'S LICK RD. ST. CHARLES, MO 63301	YOUTH ORGANIZATION	2,646,811.
	TOTAL COMPENSATION	<u>4,642,338.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

GRACE HILL SETTLEMENT HOUSE

Employer identification number

23-7216273

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

(a) Name, address, and EIN 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
(1) NORTH SIDE NEIGHBORHOOD, LLC 61-1595665 2600 HADLEY STREET ST. LOUIS, MO 63106	RENTAL	MO	46,737.	108,458.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	

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

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
