	sual Render ObjectId: 20	02303189349304685 - Submiss	ion: 2023-	11-14	TIN: 95-4309251
MMII	Return of Or	ganization Exempt From	n Incom	e Tax	OMB No. 1545-0047
nJJU	Under section 501(c), 527, or	4947(a)(1) of the Internal Revenue Co	de (except p	ivate foundation	3) 2022
		cial security numbers on this form as it r			Open to Public
artment of the Treasur nal Revenue Service	y ► Go to <u>www.irs.g</u>	ov/Form990 for instructions and the	e latest infor	mation.	Inspection
For the 2022	calendar year, or tax year begin	nning 01-01-2022 , and ending 12-	31-2022		
heck if applicable:	C Name of organization Grace Resource Center Inc			D Employer id	lentification number
Address change Name change				95-430925	1
Initial return	Doing business as				
Final return/terminate Amended return		nail is not delivered to street address) Room/	suite	E Telephone nu	mber
Application pendin	g 45134 N Sierra Highway			(661) 940-5	5272
	City or town, state or province, cou Lancaster, CA 93534	intry, and ZIP or foreign postal code		G Gross receipt	ts \$ 726 636
	F Name and address of princip	al officer:	H(a) Is t	his a group return	
	Jeremy Johnson 45134 N Sierra Highway		sub	ordinates?	🗌 Yes 🗹 No
F	Lancaster, CA 93534			all subordinates uded?	□ Yes □No
Tax-exempt status	S01(c)(3) □ S01(c)()	(insert no.) 4947(a)(1) or 527		No," attach a list.	
website: 🕨 gr	aceresources.org		Gro Gro	up exemption nur	
orm of organizatio	n: 🗹 Corporation 🗌 Trust 🗌 Asso	ociation 🗍 Other 🕨	L Year of for	mation: 1991 M 9	State of legal domicile: CA
6					
	1mary escribe the organization's mission o	or most significant activities:			
		assistance and other immediate need to	the thousands	of needy and hor	meless people living in
our area.					
	nis box 🕨 🗌			1	1
3 Number	of voting members of the governi	ng body (Part VI, line 1a)	• • •	•	3 13
4 Number	of independent voting members o	f the governing body (Part VI, line 1b)			4 12
5 Total nu	mber of individuals employed in ca	alendar year 2022 (Part V, line 2a) .			5 12
6 Total nu	mber of volunteers (estimate if ne	cessary)	· · ·		6 450
		t VIII, column (C), line 12			7- 0
b Net unr				-	
	elated busilless taxable income fro	m Form 990-T, Part I, line 11			7b
Contribu				rior Year	7b Current Year
	itions and grants (Part VIII, line 1h)			7b Current Year 692,035
9 Program	utions and grants (Part VIII, line 1h n service revenue (Part VIII, line 2g)		rior Year 1,180,294	7b Current Year 692,035
9 Program10 Investm	utions and grants (Part VIII, line 1h n service revenue (Part VIII, line 2g ent income (Part VIII, column (A),)		rior Year 1,180,294 10	7b Current Year 692,035 0 85
9 Program10 Investm11 Other re	utions and grants (Part VIII, line 1h n service revenue (Part VIII, line 2g lent income (Part VIII, column (A), evenue (Part VIII, column (A), lines)) lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		rior Year 1,180,294 10 43,588	7b Current Year 692,035 692,035 0 692,035 34,512 34,512
9 Program10 Investment11 Other res12 Total res	utions and grants (Part VIII, line 1h n service revenue (Part VIII, line 2g lent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu)) lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ust equal Part VIII, column (A), line 12)		rior Year 1,180,294 10	7b Current Year 692,035 692,035 0 692,035 34,512 34,512 726,636 726,636
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 9 Program 10 Investment 11 Other restance 12 Total restance 13 Grants at Benefits 	utions and grants (Part VIII, line 1h a service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, paid to or for members (Part IX, c)) lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ust equal Part VIII, column (A), line 12) column (A), lines 1–3)		rior Year 1,180,294 10 43,588 1,223,892	7b Current Year 692,035 692,035 0 0 34,512 726,636 0 0 0 0
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 9 Program 10 Investm 11 Other re 12 Total re 13 Grants a 14 Benefits 15 Salaries 16a Professi b Total func 17 Other e: 18 Total ex 19 Revenue 20 Total as 21 Total lia 22 Net asso Part II Sign 	utions and grants (Part VIII, line 1h a service revenue (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, paid to or for members (Part IX, colu onal fundraising fees (Part IX, colu draising expenses (Part IX, column (D), kpenses (Part IX, column (A), lines penses. Add lines 13–17 (must equ e less expenses. Subtract line 18 fr sets (Part X, line 16) bilities (Part X, line 26) ets or fund balances. Subtract line nature Block perjury, I declare that I have exam)	Beginnin	rior Year 1,180,294 10 43,588 1,223,892 569,170 312,994 882,164 341,728 g of Current Year 1,012,388 146,573 865,815 nd statements, ar	7b Current Year 692,035 () 692,035 () 34,512 726,636 726,636 () 484,460 () 253,839 738,299 -11,663 -11,663 End of Year 992,700 138,548 854,152 nd to the best of my ()
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9 Program 10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16a Professi b Total fund 17 Other e: 18 Total ex 19 Revenue 20 Total as 21 Total lia 22 Net asse art II Signer Penalties of knowledge.	utions and grants (Part VIII, line 1h in service revenue (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, paid to or for members (Part IX, colu draising expenses (Part IX, column (P), kopenses (Part IX, column (A), lines penses. Add lines 13–17 (must equ e less expenses. Subtract line 18 fr sets (Part X, line 16) bilities (Part X, line 26) ets or fund balances. Subtract line nature Block perjury, I declare that I have exam ef, it is true, correct, and complete ture of officer)	Beginnin g schedules a ficer) is based	rior Year 1,180,294 10 43,588 1,223,892 569,170 312,994 882,164 341,728 g of Current Year 1,012,388 146,573 865,815 nd statements, ar on all information 023-11-14	Zb Current Year 692,033 000000000000000000000000000000000000
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d			check U if self-employed	P00843792
parer	Firm's name For Cobb Doerfler & Associates	СРА	Firm's EIN 🕨 9	5-3036552
e Only	Firm's address Þ PO Box 2770		Phone no. (661)	948-2661

	Lancaster, CA 93539			
May 1	he IRS discuss this return with the preparer shown above? See Instructions	Yes	No	
For F	Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y	Fo	orm 99	0 (2022)
	Page 2			
	990 (2022)			Page 2
Pa	Statement of Program Service Accomplishments			
1	Check if Schedule O contains a response or note to any line in this Part III			
To pr	ovide food, shelter, clothing, medical assistance and other immediate need to the thousands of needy and homeless peop	le living	, in our	area.
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?	□ Y	es 🔽	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	
	If "Yes," describe these changes on Schedule O.	0	Tes (
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	e total e	expense	s,
4-	(Code:) (Expenses \$ 651.925 including grants of \$) (Revenue \$		``	
4a	Our mission is to help people know Jesus by providing food and services to those in need. Those served are the homeless, the impoverished			
	Services offered include grocery distribution, hot meal service, family monitored visits, free clothing, showers, diapers and wipes, hygiene it			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
-			,	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
			,	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 651,925			
		F	orm 99	0 (2022)
	Page 3			
-	990 (2022)			Page 3
Ра	t 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)? If "Yes," complete		Yes	
	Schedule A 🕲	1		
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor adviced funds or any similar funds or accounts for which donors have the visit			
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			No
-	Schedule D, Part I 🗐	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😒	7		No

8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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? If "Yes," complete Schedule D, Part IV 🗐	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI. 🗐	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐	11b		No
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? If "Yes," complete Schedule D, Part VIII 😼	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕲	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😼	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔞	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2022)

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Form	990 (2022)			Page 4
Pa	rt 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? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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? \cdot . \cdot	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV			

nstructions for	applicable	TIIIng	thresholds	, conditions	, ana	exceptions):

	instructions for applicable ming thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	204		NU
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t 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 3			
b	Enter the number of Forms W-2G included on 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	Yes	
		F	orm 99	0 (2022)
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Form	990 (2022)			Page 5
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
h	this return	2b		No
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 2h		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E.	Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?	5a		No

3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \ldots .	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\ .$	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No		

8

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule 0</i> .	14b		-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	_		
-	parachute payment(s) during the year?	15		No
6	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .			
.6	If "Yes," complete Form 4720, Schedule O.	16		No
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that			
	would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		orm 99	0 (202
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	Page 6			
	000 (2022)			Page
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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	-
		o" resp	oonse to	-
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Pa Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Nullines" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Schedule O. See instructions. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Schedule O. See instructions. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Schedule O. See instructions. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Inters 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Inters 8a, 8b, or 10b below, describe the circumstance, processes, or changes in Schedule O. Inters 8a, 8b, or 10b below, describe the circumstance, processes, or changes in Schedule O. Inters <td>o" resp </td> <td>• •</td> <td></td>	o" resp 	• •	
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Pa Se 1a 2 3	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "M. lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI	23	• •	No No No
Pa Se 1a 2 3 4	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "M. lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	234	• •	No No No
Pa 5e 1a 2 3 4 5	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "M. lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5	• •	No No No No
Pa Se 1a b 2 3 4 5 6	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "M. lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	234	• •	No No No
Pa Se 1a b 2 3 4 5 6	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Milines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI Image: Check if Schedule 0 contains a response or note to any line in this Part VI ction A. Governing Body and Management Image: Check if Schedule 0 contains a response or note to any line in this Part VI Image: Check if Schedule 0 contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Image: Check if Schedule 0 Enter the number of voting members included in line 1a, above, who are independent Image: Check if	2 3 4 5 6	• •	No No No No No
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Pa Se 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Milines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI Image: Check if Schedule 0 contains a response or note to any line in this Part VI ction A. Governing Body and Management Image: Check if Schedule 0 contains a response or note to any line in this Part VI Image: Check if Schedule 0 contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Image: Check if Schedule 0 Enter the number of voting members included in line 1a, above, who are independent Image: Check if	2 3 4 5 6 7a	• •	No No No No No
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	15 Did the process for determining compens	ation of the follo	owing	persons includ	e a i	revie	w and	d ap	proval by indepe	ndent		
b Other officers or key employees of the cognization	a The organization's CEO. Executive Directo	or, or top manag	iemen	t official						. 15a	No	
H [*] M [*] to line 12a or 12b, describe the process on Schedule 0. See instructions. Is Dott be organization invest in, controls assets on participation in goint working a minimum within a minimum many method. Is M [*] to line the organization follow a written policy or procedure requiring the organization to evaluate the participation of the organization follow a written policy or procedure requiring the organization to evaluate the participation of the organization of the organization of the organization follow a written policy or procedure requiring the organization to evaluate the participation of the organization of the form 1990 is required to be filed. Is the states of the organization follow a written policy or procedure requiring the organization to evaluate the participation of the organization of the organization is been minimum of the participation of the organization is been minimum of the participation of the organization or the organization of the organization of the organization or the organization org organization org organization org org organization or the	•										<u> </u>	
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In piret ventures arisegements under applicable federal tax key, and take sizes to Singuard the organization's event 166 Section 2. Disclosure 1 19 Lift the states with which a copy of the Form 500 is required to be filed# 19 Section 5104 croupines an organization to make its Form 1023 (1024 or 1024-A, if applicable), 900, and 900-T (section 51104 (1024 or 1024-A, if applicable), 900, and 900-T (section 51104 (1024 or 1024-A, if applicable), 900, and 900-T (section 51104 (1024 or 1024-A, if applicable), 900, and 900-T (section 5. Conflict diverset 10 Description 16 Social So White the region with one seculated. Description 16 Social So White the region with pressness the arguinzation factor for the seculation 100-100 (1024 or 1024-A, if applicable), 900, and 900-T (section 7. Trustees, Key Employees, Highest Compensated Employees, and taking arguing the interest taking with a white the seculation 100-100 (1024 or 1024-Size Term 900 (2022) Page 7 Form 990 (2022) Page 7 Form 990 (2022) Page 7 Is comparation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and taking arguing the taking Highest Compensated Employees, and taking arguing the approximation for direct director taking the application of the approximation for director for taking takin											No	
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17 List be states with which a copy of this Form 990 is required to be filed? 18 Section 16 (1) (2)(3) of why available for public inspection. Indicate how you made these available. (Pack all that apply). In our which is a file of the presion who presents the evaluation. The capating in Schedule 0 (whether (and if iso, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the taxy wet. 19 Describe in Schedule 0 whether (and if iso, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the taxy wet. 10 Down 4031 M Stores highway Immeter (A) 499537(10 Down 4031 M Stores highway Immeter (A) 499537(11 Compensation of Officers, Directors, Trusteese, Key Employees, Highest Compensated Employees. 12 Condet Stores highway Immeter (A) 499537(12 Compensation of Officers, Directors, Trusteese, Key Employees, Highest Compensated Employees. Immeter (A) 4000 form the ange of the person was paid. 12 Compensation of Officers, Directors, Trusteese, Key Employees, Highest Compensated Employees. Immeter (A) 4000 form the ange of the person was paid. 14 Officers, Directors, Trusteese, Key Employees, Highest Compensated Employees. Immeter (A) 4000 form the ange of the person was paid. 14 Of	status with respect to such arrangements	;; .	• •		•	•	•			16b		_
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(2) Shawii Caluweli			х								0		0		0
Director		0.00)												
(10) Mark McNett		1.00				x					0		0		0
Treasurer		0.00					_								
(11) Jeremy Hartley		1.00				x					0		0		0
President		0.00					_								
(12) Velo Wright		1.00				х					0		0		0
Vice President		0.00	-				-								
(13) Sean Appleton	·		x								0		0		0
Director		0.00)				_						_		
							_								
							_								
													Form	990 (2	2022)
				- Pac	ie 8 ·										
Form 990 (2022)															
Part VII Section A. Officers, Di	rectors, Ti	ustees, k	ey Er	nploy	ees,	and H	ligh	est C	om	pensated	Emp	loyees (con	itinued		age 8
		1	-				5						,		
(A) Name and title	(B) Average	Position			k mor				Repo	D) ortable		(E) eportable		(F) timated	
	hours per week (list	box, un a		irecto			ficer		froi	ensation m the	fro	npensation m related	com	int of ot pensati	ion
	any hours for related	ind 🕽			Off	em	Fo	org		ation (W- .099-		anizations /-2/1099-		om the ization	
	rganizations elow dotted	livid T	nstitut rustee	tional s;	Ney en Officer	ploy	Former	MIS	SC/1	099-NEC)	MISC	(/1099-NEC)		elated	ns
	line)	bor al			Key employee Officer	60							5		
		Individual trustee or director			/ 9 0/	employee							1		
		ě				io di							1		
						a d	2						<u> </u>		
							-								
						-									
						-	_								
						_									
													 		
1b Sub-Total															
c Total from continuation sheets t d Total (add lines 1b and 1c) .	-									66,685				2	6,223
2 Total number of individuals (inclu	ding but not	limited to		listed	above) who	rece	ived n	nore		,000				
of reportable compensation from															
													Ye	s N	lo
3 Did the organization list any forn line 1a? If "Yes," complete Sched				e, key	emplo [.]	yee, o	r hig •	hest c	omp	ensated er	nploy	ee on 3			
4 For any individual listed on line 1	a, is the sun	n of reporta	able co								he	3	_	N	lo
organization and related organiza	tions greate		0,0003	? If "Ye	es," co							••• 4	,	N	١o

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

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. (B) (A) (C)

(A)	(8)	(0)
Name and business address	Description of services	Compensation

No

Total number of indep compensation from the	endent contractors (incl	uding but not limite	d to those listed abov	e) who received m	ore than \$100,000	of
compensation from t						Form 990 (2022)
			Page 9			
rm 990 (2022)			J			Dage
	nt of Revenue					Page 9
Check if So	chedule O contains a res	ponse or note to an				<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns ntributions, its. Grants, Membership dues . herAmt	. <u>1a</u> . <u>1b</u>					
nilar holingdraising events	. 1c					
d Related organizations	5 1d					
e Government grants (con 122,651	tributions) 1e					
 All other contributions, g and similar amounts not above 						
569,384 g Noncash contributions in	cluded in					
lines 1a - 1f:\$	1 g					
h Total. Add lines 1a-1	f	. • 692,035				
		Business Code				
2a						
Service Revenue						
ice.						
Ser						
-						
,						
f All other program	service revenue.					
	2a-2f 🕨	C	<u></u>			
	e (including dividends, in	terest, and other	89			89
	tment of tax-exempt bo		0			
5 Royalties	(i) Real	►	0			
		(II) Personal				
6a Gross rentsb Less: rental	6a					
expenses c Rental income	6b		-			
or (loss)	6 c e or (loss)					
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	7Ь					
Gain or (loss)	7c					
d Net gain or (loss		• • •	0			
Gross income from from from from from from from from	undraising events of					

contributions reported on line 1c). See Part IV, line 18	7,369			
b Less: direct expenses 8b				
c Net income or (loss) from fundraising ev	/ents 🕨	7,369		7,369
9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities		0		
10aGross sales of inventory, less returns and allowances 10a	27,143			
b Less: cost of goods sold 10	•			
c Net income or (loss) from sales of inven		27,143	27,143	
11a	Business Code			
b				
Other Revenue MiscAmt				
d All other revenue				
e Total. Add lines 11a–11d		0		
12 Total revenue. See instructions	•	726,636	27,143	7,458 Form 990 (2022)

– Page 10 –

Form 990 (2022)
Part IX Statement of Functional Expenses

Page **10**

Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to an	y 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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	92,908	46,454	46,454	
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	286,373	286,373		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	79,055	71,589	7,466	
10 Payroll taxes	26,124	23,657	2,467	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	5,107		5,107	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,812	17,728	84	
12 Advertising and promotion	8,479		8,479	
13 Office expenses	29,320	27,869	1,451	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	43,294	41,151	2,143	
17 Travel	16,576	15,756	820	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			

19 Conferences, conventions, and meetings	1,419		1,419	
20 Interest	4,575	4,349	226	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,573	5,297	276	
23 Insurance	16,550	9,556	6,994	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a Food and meals	101,399	101,399		
b Miscellaneous	1,438		1,438	
c Dues and subscriptions	821		821	
d Supplies	747	747		
e All other expenses	729		729	
25 Total functional expenses. Add lines 1 through 24e	738,299	651,925	86,374	0
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).				
				Farma 000 (2022)

Form 990 (2022)

Page 11 -

Form 990 (2022)

Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX $% \left({{{\bf{N}}_{{\rm{B}}}}} \right)$. (B) End of vear (A) Beginning of year 684,360 1 625.340 1 Cash-non-interest-bearing 2 0 2 Savings and temporary cash investments . . . 3 0 3 Pledges and grants receivable, net . . 4 0 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . 0 6 0 7 7 Assets 8 0 8 Inventories for sale or use 0 9 Prepaid expenses and deferred charges . . 9 . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 538.522 171,162 367,360 10b 328,028 **b** Less: accumulated depreciation 10c 11 Investments-publicly traded securities . 11 0 12 Investments-other securities. See Part IV, line 11 . . 12 0 0 13 Investments—program-related. See Part IV, line 11 . . 13 14 Intangible assets 14 0 15 Other assets. See Part IV, line 11 $\ .$ 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . 1.012.388 16 992,700 17 Accounts payable and accrued expenses 17 18 Grants payable . . . 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to any current or former officer, director, trustee, key 22 employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties . . 140,881 23 134,359 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). 4,189 5.692 25 25 Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . 146.573 26 138.548 26 lances Organizations that follow FASB ASC 958, check here 🕨 🗹 and complete lines 27, 28, 32, and 33. 865.815 27 854.152 27 Net assets without donor restrictions . Ba 28 28 Net assets with donor restrictions Fund

Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and

root funda

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complete lines 29 through 33.

0	29		29			
ets	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31			
	32	Total net assets or fund balances 865,815	32			854,152
Net	33	Total liabilities and net assets/fund balances	33			992,700
				I	orm 99	0 (2022)
		Page 12				
Forn	n 990	(2022)				Page 12
	art XI	Reconcilliation of Net Assets				ruge
		Check if Schedule O contains a response or note to any line in this Part XI				
			- 1		<u> </u>	0
1	Tota	al revenue (must equal Part VIII, column (A), line 12)	1			726,636
2	Tota	al expenses (must equal Part IX, column (A), line 25)	2			738,299
3	Rev	enue less expenses. Subtract line 2 from line 1	3			-11,663
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			865,815
5	Net	unrealized gains (losses) on investments	5			
6	Dor	nated services and use of facilities	6			
7	Inv	estment expenses	7			
8	Pric	r period adjustments	8			
9	Oth	er changes in net assets or fund balances (explain in Schedule O)	9			
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			854,152
Pa	art XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	Acc	ounting method used to prepare the Form 990: 🛛 🗹 Cash 🛛 Accrual 💭 Other				
	If tl	ne organization changed its method of accounting from a prior year or checked "Other," explain on edule O.				
2	a Wei	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis $\hfill\square$ Both consolidated and separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? 2b No 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a No **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Зb

Form 990 (2022)

Form 990 (2022) **Additional Data Return to Form** Software ID: 22015553 Software Version: 2022v5.0 Form 990, Special Condition Description: **Special Condition Description**

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(For Depart	m 990)	ne Treasury		plete if the or	rganizati 4947(a) Attac	on is a sect (1) nonexe ch to Form 9	ion 501(c)(3) mpt charitable 990 or Form 99		a section	OMB No. 1545-0047
		ne organiza ce Center Inc	tion						Employer identif	
Pa	rt I	Reason	for Public Cl	haritv Statı	us (All o	rganization	s must comple	ete this part.) S	95-4309251 See instructions.	
	organiz	ation is not a	a private found	ation because	it is: (Fo	r lines 1 thro	ugh 12, check o	nly one box.)		
1 2								tion 170(b)(1)	(A)(i).	
2							edule E (Form 9	170(b)(1)(A)		
4			esearch organi		-				170(b)(1)(A)(iii).	Enter the hospital's
5			ation operated (A)(iv). (Com			ege or univer	sity owned or o	perated by a gov	ernmental unit desc	ribed in section
6					-			on 170(b)(1)(A		
7			ation that norm '0(b)(1)(A)(v			tial part of its	s support from a	a governmental u	init or from the gene	eral public described in
8		A communi	ty trust describ	oed in section	n 170(b)((1)(A)(vi).	Complete Part I	II.)		
9									with a land-grant co college or university	ollege or university or a
10		from activit investment	ies related to i	ts exempt fun nrelated busin	ess taxab	ubject to cert le income (le	ain exceptions,	and (2) no more	s, membership fees than 33 1/3% of its sses acquired by the	, and gross receipts support from gross organization after June
11		An organiza	ation organized	l and operated	d exclusive	ely to test for	public safety. S	See section 509	(a)(4).	
12	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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						(a)(3). Check the box			
а		organizatio complete	n(s) the power Part IV, Section	to regularly a	appoint or	elect a majo	rity of the direc	tors or trustees of	of the supporting or	y giving the supported ganization. You must
b		manageme must com	nt of the suppo plete Part IV,	orting organizations A a	ation vest and C.	ed in the san	ne persons that	control or manag	organization(s), by h ge the supported org	ganization(s). You
с								nnection with, ar Sections A, D, a	nd functionally integ nd E.	rated with, its
d									th its supported org an attentiveness re	anization(s) that is not quirement (see
е		instructions	s). You must c	complete Par	't IV, Sec	tions A and	D, and Part V	•	pe I, Type II, Type I	
		integrated,	or Type III nor	n-functionally	integrated	d supporting	organization.		pe i, type ii, type i	II functionally
f g			of supported of supported of supported of of supported of the support of the supp	J			· · · · · · · ·		· · · · · · · · ·	
	(i) N	lame of supp organizatior	oorted	(ii) EIN	(iii) orga (describ 1- 10 a	Type of nization ed on lines bove (see ictions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	
							Yes	No		
Tota	ıl									
		vork Reduc or 990-EZ.	tion Act Notic	ce, see the Ir	nstructio	ns for	Cat. No. 1128	5F	Schedul	e A (Form 990) 2022
						Pag	je 2			
Sche	dule A	(Form 990)								Page 2
Pa	rt II	(Comple	ete only if you	u checked th	ne box or	n line 5, 7,	or 8 of Part I			(1)(A)(vi) Jalify under Part III.
	ection endar y	A. Public	Support							
(or 1 (fiscal Gifts, gi nembe	, year beginr rants, contril rship fees re	butions, and ceived. (Do no	(a) 201	8	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
2	Tax rev	enues levied								
t	o or ex	pended on it	fit and either pats behalf							
			es or facilities rnmental unit t	to						
t	he org		hout charge							
5	The por each pe		contributions b than a	ру						

	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
-	Public support. Subtract line 5 from line 4.						
S	ection B. Total Support						
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or 7	Amounts from line 4.						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources.						
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						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th						ization, check
	this box and stop here					▶□	
	ection C. Computation of Public		-				
	Public support percentage for 2022 (line					14	
	Public support percentage for 2021 Sch					15	
16a	33 1/3% support test-2022. If the c						- 0
	and stop here. The organization qualif						
ь	33 1/3% support test-2021. If the	-					-
	box and stop here. The organization 10%-facts-and-circumstances test -						
1/a	and if the organization meets the "facts						
	meets the "facts-and-circumstances" te	st. The organizati	on qualifies as a p	ublicly supported	organization		🕨 🗆
b	10%-facts-and-circumstances test	-2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, c	or 17a, and line 15	5 is 10% or
	more, and if the organization meets the		-		• •		
	meets the "facts-and-circumstances" t						Þ 🗆
18	Private foundation. If the organizatio						
	instructions						orm 990) 2022
			Page 3				
			Page 3				
Sche	dule A (Form 990) 2022		Page 3				
	dule A (Form 990) 2022	r Organization	5		-)(2)		Page 3
	art III Support Schedule fo		is Described in	n Section 509(to qualify und	
		checked the box	is Described in on line 10 of P	Section 509(art I or if the or	ganization faile		
P	art III Support Schedule fo (Complete only if you	checked the box	is Described in on line 10 of P	Section 509(art I or if the or	ganization faile		
P Se Cal	art III Support Schedule fo (Complete only if you of the organization fails t ection A. Public Support endar year	checked the box	is Described in on line 10 of P	Section 509(art I or if the or	ganization faile		
P Se Cal	art III Support Schedule fo (Complete only if you on the organization fails t ection A. Public Support endar year fiscal year beginning in) ►	checked the box o qualify under	s Described in on line 10 of P the tests listed	n Section 509(art I or if the or below, please co	ganization failed omplete Part II.)	er Part II. If
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Si Cali (or 1 2 3 4 5 6 7a b c 8 8 5	art III Support Schedule fo (Complete only if you of the organization fails t ection A. Public Support endar year fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.)	checked the box o qualify under (a) 2018 1,152,900 1,152,900	(b) 2019 985,397 985,397	Section 509(art I or if the or below, please co (c) 2020 1,077,883 1,077,883	ganization failed omplete Part II. (d) 2021 1,180,294 52,145	(e) 2022 692,035 34,512 726,547	er Part II. If (f) Total 5,088,509 86,657 0 0 0 0 5,175,166 0 0 5,175,166
P Si Cali (or 1 2 3 4 5 6 7a b c 8 Si Cali	art III Support Schedule for (Complete only if you the organization fails t ection A. Public Support endar year fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.) ection B. Total Support endar year fiscal year beginning in) ►	(a) 2018 1,152,900 1,152,900 (a) 2018 (a) 2018	(b) 2019 985,397 985,397	Section 509(art I or if the or below, please co (c) 2020 1,077,883 1,077,883 (c) 2020	ganization failed omplete Part II. (d) 2021 1,180,294 52,145 1,232,439 (d) 2021	(e) 2022 692,035 34,512 726,547 (e) 2022	er Part II. If (f) Total 5,088,509 86,657 0 0 0 0 5,175,166 0 0 5,175,166 (f) Total
P Si Cali (or 1 2 3 4 5 6 7a 6 7a b cali (or 9	art III Support Schedule for (Complete only if you the organization fails t extion A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.) ection B. Total Support endar year fiscal year beginning in) Amounts from line 6.	checked the box o qualify under (a) 2018 1,152,900 1,152,900	(b) 2019 985,397 985,397	Section 509(art I or if the or below, please co (c) 2020 1,077,883 1,077,883	ganization failed omplete Part II. (d) 2021 1,180,294 52,145	(e) 2022 692,035 34,512 726,547	er Part II. If (f) Total 5,088,509 86,657 0 0 0 0 5,175,166 0 0 5,175,166
P SicCali (or 1 2 3 4 5 6 7a b c 8 SicCali (or	art III Support Schedule for (Complete only if you the organization fails t ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.) ection B. Total Support endar year fiscal year beginning in) Amounts from line 6.	(a) 2018 1,152,900 1,152,900 (a) 2018 (a) 2018	(b) 2019 985,397 985,397	Section 509(art I or if the or below, please co (c) 2020 1,077,883 1,077,883 (c) 2020	ganization failed omplete Part II. (d) 2021 1,180,294 52,145 1,232,439 (d) 2021	(e) 2022 692,035 34,512 726,547 (e) 2022 726,547	er Part II. If (f) Total 5,088,509 86,657 0 0 0 0 5,175,166 (f) Total 5,175,166

Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.

0

b

с	Add lines 10a and 10b.				10		89		99
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								0
12	or loss from the sale of capital								0
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	1,152,900	985,397	1,077,883	1,232,449		726,636	5	175,265
14	11, and 12.) First 5 years. If the Form 990 is for t					on 501(c)			<u> </u>
14	this box and stop here .	-				• •	., -		
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin					15			.000 %
16	Public support percentage from 2021 S					16		100	.000 %
<u>Se</u> 17	ction D. Computation of Invest Investment income percentage for 20			line 13. column (f	·))	17			0 %
18	Investment income percentage from 2	•	., ,			18			0 70
19a	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%,	and line 1	7 is not	
b	more than 33 1/3%, check this box and 33 1/3% support tests — 2021. If the not more than 33 1/3%, check this box	e organization did	not check a box of	on line 14 or line 1	9a, and line 16 is	more tha	n 33 1/3% a	and line	18 is
20	Private foundation. If the organizati							_	
			,			Sched	ule A (For	m 990)	2022
			Page 4						
Scheo	lule A (Form 990) 2022							F	Page 4
Par	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 o ections A and C. If	you checked box						
Se	ction A. All Supporting Organiz								
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the s describe the designation. If historic an	nd continuing relat	ionship, explain.	lea. Il designalea	by class of purpos	e,	1	-	
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F								
2-	described in section $509(a)(1)$ or (2).			01(-)(4) (5)(/ 7	2		
3a	Did the organization have a supported <i>3c below.</i>	organization desc	cribed in section 5	UI(C)(4), (5), OF (o)? If "Yes," answ	er lines 3	b and 3a		
b	Did the organization confirm that each the public support tests under section <i>determination</i> .								
с	Did the organization ensure that all su If "Yes," explain in Part VI what contr				section 170(c)(2)(B) purpos			
4a	Was any supported organization not of checked box 12a or 12b in Part I, and			ign supported org	anization")? If "Ye	s" and if y	/ou 4 a		
b	Did the organization have ultimate cor organization? If "Yes," describe in Par supervised by or in connection with its	t VI how the orga	nization had such				ed or 4b		
c	Did the organization support any foreit 501(c)(3) and 509(a)(1) or (2)? If "Ye to the foreign supported organization	s," explain in Par	t VI what control	s the organization	used to ensure the				
5a	Did the organization add, substitute, c and 5c below (if applicable). Also, prov	or remove any sup	ported organizati	ons during the tax	year? If "Yes," an		s 5b		
	and Sc below (if applicable). Also, prov organizations added, substituted, or re organization's organizing document au amendment to the organizing docume	emoved; (ii) the re ithorizing such act	easons for each s	uch action; (iii) the	e authority under t	he	5a		
b	Type I or Type II only. Was any add	,	supported organi	zation part of a cla	ass already design	ated in th	e		
	organization's organizing document?		11 5	·	, ,		5b		
с	Substitutions only. Was the substitu		,	5			5c		
6	Did the organization provide support (than (i) its supported organizations, (i supported organizations, or (iii) other organization's supported organizations	 individuals that supporting organi 	are part of the ch zations that also	aritable class ben support or benefit	efited by one or m	ore of its			
							6		
7	Did the organization provide a grant, I section 4958(c)(3)(C)), a family mem contributor? If "Yes," complete Part I of	ber of a substantia	al contributor, or a						
8	Did the organization make a loan to a complete Part I of Schedule L (Form 9		n (as defined in s	ection 4958) not d	lescribed on line 7	? If "Yes,			
9a	Was the organization controlled directl defined in section 4946 (other than for provide detail in Part VI .						ns, as 'Yes,″		
b	Did one or more disqualified persons (lling interest in ar	ny entity in which t	he suppo	9a rting		
с	organization had an interest? If "Yes," Did a disqualified person (as defined o			ost in or derive on	w nersonal banafit	from ac	9b		
C	in which the supporting organization a					nom, as	sets 9c		

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

b

10b Schedule A (Form 990) 2022

	~	<u> </u>	-	

a	t IV Supporting Organizations (continued)			
			Yes	N
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
		11a		
)	A family member of a person described on 11a above?	11b		
:	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
56	ection B. Type I Supporting Organizations		Yes	N
	Did the officers diverters tructure or membership of and or more supported examinations have the neuror to regularly		res	N
	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
56	ection C. Type II Supporting Organizations			
	Management of the second of the Product of the second standard second standard second standard second second st	-	Yes	N
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
ie	ection D. All Type III Supporting Organizations			
			Yes	N
	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		
	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>	-		
	Du reason of the relationship described in line 2 should did the extension in a supported extension have a significant	2		
	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the set of t	ons):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
Ł	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
	Activities Test. Answer lines 2a and 2b below.			
			Yes	N
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
t	Did the activities described on 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			1
ē	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? If "Yes" or "No", provide details in Part VI .	3a		
Ł	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard.			
	Supported organizations: If res, describe in Part VI. the role played by the organization in this regard.	3b (Eorr	000	20
	Schedule A	(FOLU	1 990)	20
	Page 6			
	rage of			
	rage o			

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. 1 \Box

	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 Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 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		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022				Page 7		
Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organizations (co	ntinued)			
Section D - Distributions				Current Year		
1 Amounts paid to supported organizations to accomplis	h exempt purposes		1			
2 Amounts paid to perform activity that directly furthers excess of income from activity	2					
3 Administrative expenses paid to accomplish exempt pu	urposes of supported organizati	ions	3			
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part VI)	5			
6 Other distributions (<i>describe in Part VI</i>). See instructi	6 Other distributions (describe in Part VI). See instructions					
7 Total annual distributions. Add lines 1 through 6.	7					
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	Distributions to attentive supported organizations to which the organization is responsive (<i>provide</i> details in Part VI). See instructions					
9 Distributable amount for 2022 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) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022		
1 Distributable amount for 2022 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.						
3 Excess distributions carryover, if any, to 2022:						
a From 2017						
b From 2018						
c From 2019						

Schedule A (Form 990) (2022)

Page **8**

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Schedule A (Form 990) 2022

Page 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). Part VI

	Facts And Circumstances Test
-	
Return Reference	Explanation
	Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID: 22015553 Software Version: 2022v5.0

efile Public Visual Ren	der Objectld: 202303189349304685 - Submission: 2023-11-	-14 TIN: 95-4309251
Schedule B	Schedule of Contributo	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990 Go to <u>www.irs.gov/Form990</u> for the latest i 	
Name of the organizatior Grace Resource Center I		Employer identification number 95-4309251
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	is a private foundation
	527 political organization	
Form 990-PF	\Box 501(c)(3) exempt private foundation	
	☐ 4947(a)(1) nonexempt charitable trust treated as a p	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 other 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 33¹/₃% 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, II, and III.

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990) (2022)
for Form 990, 990-EZ, or 990-PF.		

- Page 2

Schedule B (Form 99	0) (2022)	Page 2
Name of organization Grace Resource Center	r Inc	Employer identification number 95-4309251
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash

			contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	□ Noncash
			(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO			Person
-		-	Payroll
		\$_	☐ Noncash
			0
(-)		(-)	(Complete Part II for noncash contributions.)
(a) No		(c) Total contributions	(d) Type of contribution
			Person
-		-	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person
		\$	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
	3 (Form 990) (2022)		Page 3
Name of or Grace Reso	ganization urce Center Inc	Employer identification	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	95-4309251	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
i ui ti			
-		\$	
(a)		(c)	())
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
-		φ	-
(a) No. from	(b)	(C) EMV (or estimate)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
-		\$	-
(a)		(c)	(d)

No. from (b) (d) (d) (d) (d) (d)

Part I		
No. from Part I Description of noncash property given FMV (or estimate) (see instructions) Date .	3 (Form 990) (2022) Page 4 humber	
Schedule B Form 990) (2022) Name of organization Grace Resource Center Inc Employer identification in 95-4309251 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) tf than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 year. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of ho Part I (a) (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of ho (a) (e) Transfer of gift (f) Transferee's name, address, and ZIP 4 (f) Transfer of gift (g) (h) Purpose of gift (c) Use of gift (h) Transferee's name, address, and ZIP 4 (f) Transfer of gift (h) Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (h) Transferee's name, address, and ZIP 4 (f) Transfer of gift (h) Transferee's name, address, and ZIP 4 Relationship of transferor to transferee	Page 4 number	
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Additional Data	orm 990) (2022)	

 Software ID:
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Supplementation Supplementati			11-14	OMB No. 1545-0047
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Gree Becure Centre Inc 9309251 Part I Organizations Maintaining Doner Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yee" on Form 990, Part IV, line 6. 1 Total number at end of year		► Go to <u>www.irs.gov/Form990</u> for instructions and the latest infor		Inspection
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charable purposes and not for the benefit of the donor or donor advisor, or for any öther purpose conferring Impermissible private benefit? complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of an historically important la essement on of natural habitat Preservation of one space Preservation of a cardifiel historic structure included in (a)	organization's	property, subject to the organization's exclusive legal control?		🗆 Yes 🗌 No
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easement on the last day of the tax year. Total arcmage restricted by conservation easements				
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Total acreage restricted by conservation easements				
Number of conservation easements on a certified historic structure included in (a)			-	
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during tax year b Number of states where property subject to conservation easement is located b Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during b Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during b 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)? Output: Complete 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. If the organization state and under FASB ASC 958, to report in its revenue statement and balance sheet work pharkation'a treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, part XII, describe the service in service instantiang to these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet work of historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, folowing amounts relating to these items:			2d	
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and enforcement of the conservation easements it holds?	Number of sta	tes where property subject to conservation easement is located		
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during *	Does the orga and enforcem	nization have a written policy regarding the periodic monitoring, inspection, handling or ent of the conservation easements it holds?	of violations,	🗌 Yes 🗌 No
S 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)? The art 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. In Part XIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet wore historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, following amounts relating to these items: (i) Revenue included on Form 990, Part X	<u>۲</u>			
and section 170(h)(4)(B)(ii)? Yee: 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. If the organization saccounting for conservation answered "Yes" on Form 990, Part IV, line 8. If the organization easements. If the organization easements that describes these items. If the organization easements that describes these items: If the organization easements that describes the eithese items: If the organization easements at describes the eithers: If the organization easements that describes the eithers: If the organization easements that describes the eithers: If the organization easements that describes the eithers: If the organization easements at the describes the eithers: If the organization easements at the describes the eithers: If the organization easements at the describes the eithe	▶\$			s during the year
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Assets included in Form 990, Part X. ▶ \$ r Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D Page 2 Page 2 medule D (Form 990) 2022 Page 2 Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (constructions) acquisition, accession, and other records, check any of the following that are a significant use of its items (check all that apply): Image Public exhibition Image Public exhibition	following amo	unts required to be reported under FASB ASC 958 relating to these items:	5 / 1	
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		all that apply):	- a orginiteant de	
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C C Scholarly research	Scholar	y rescureit		

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5	During the year, did the orga assets to be sold to raise fur									□ v	es 🗌	No
Par	t IV Escrow and Cust Complete if the org line 21.			on For	m 990, P	Part IV, li	ne 9, or	· reporte	d an amou			
1a	Is the organization an agent included on Form 990, Part >									□ Y	es 🗌	No
b	If "Yes," explain the arrange	ment in Part XIII	and complet	te the fo	llowing tal	ble:				Amount	:	
с	Beginning balance				-			1c				
d	Additions during the year .							1d				
е	Distributions during the year	•						1e				
f	Ending balance						• •	1f				
2a	Did the organization include	an amount on Fo	orm 990, Part	t X, line	21, for eso	crow or cu	ustodial a	iccount lia	ability?	Ο Υ	es 🗌	No
b	If "Yes," explain the arrange	ment in Part XIII	. Check here	if the ex	xplanation	has been	n provide	d in Part 3	×III			
Pa	t V Endowment Fund						10					
	Complete if the org	ganization answ	(a) Current		(b) Prior			ears back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gain	is, and losses										
d	Grants or scholarships	•										
	Other expenditures for facilitie and programs	es										
	Administrative expenses										1	
	End of year balance											
2	Provide the estimated percer		ent vear end	balance	(line 1a. (column (a	a)) held a	s:				
- a	Board designated or quasi-e	-	, car chu		(,,u					
ь	Permanent endowment 🕨											
с	Term endowment 🕨											
	The percentages on lines 2a,											
3a	Are there endowment funds organization by:	not in the posses	ssion of the o	organizat	tion that a	re held ar	nd admin	istered fo	r the		Ye	s No
	(i) Unrelated organizations									3	Ba(i)	3 110
	(ii) Related organizations .									3	a(ii)	
	If "Yes" on 3a(ii), are the rel								• • •	·Ε	3b	
4	Describe in Part XIII the inte			n's endou	wment fun	ds.						
Par	t VI Land, Buildings, Complete if the ord			on For	m 990 P	Part IV li	ne 11a	See For	m 990 Pa	rt X li	ne 10	
	Description of property	(a) Cost or ot	her basis		or other ba				depreciation		(d) Book v	alue
		(investme	ent)									
1a	_and					220,000	•					220,000
b	Buildings					196,392	1		55,342			141,050
	easehold improvements											
	Equipment					107,057	_		106,641			416
	Other Add lines 1a through 1e. (C	alumn (d) must	oqual Form 0	00 Part	V colum	15,073			9,179			5,894
οτα	Add lines 1a through 1e. (C	olumni (a) must (equal Form 9	90, Part	λ, εσιμπι	<i>і (Б), іше</i>	10(2).)	• •	- Sci	adula	D (Form	367,360 990) 2022
				F	Page 3 —					leaule		330) 2022
cho	lule D (Form 990) 2022											Daga 7
	VII Investments - Of	ther Securitie	s.						_		_	Page 3
	Complete if the org	ganization answ	wered "Yes"	on For	m 990, P		ne 11b.					
		ion of security or ng name of secu				(b) Book value			(c) Method or end-of-y			
2) (inancial derivatives Closely-held equity interests ther		· · · · · ·	· · · ·	· · · ·							
4)												
3)												
C)												
D)												
Ξ)												
=)												
G)												
							1					
Ή)												

Provide a description of the organizations conections and explain now they further the organizations exempt purpose in Part XIII.

-

Total. (Column	(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 I			
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col.(B) line 13.)			
	Other Assets.	-		
	Complete if the organization answered 'Yes' on Form 990, Part IV	/, line 11d. See For	m 990, Part	
(1)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col.(B) line 15.)			•
	Complete if the organization answered 'Yes' on Form 990, Part IV	/, line 11e or 11f.Se	e Form 990	, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Federal in				
Credit card payroll Liabili				574 3,615
Fayron Liabh	ues			5,015
Total. (Column	(b) must equal Form 990, Part X, col.(B) line 25.)		*	4,189
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here in	f the text of the footn		provided in Part XIII U cdule D (Form 990) 2022
			Sche	aule D (Form 550) 2022
	Page 4			
	Form 990) 2022			Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, Part I		per Returi	1.
1 Total re	evenue, gains, and other support per audited financial statements		1	
2 Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net un	realized gains (losses) on investments	2a		
		2b		
		2c		
		2d		
	es 2a through 2d		. 2e 3	
Sabuu			9	

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 XIII.) 4c c Add lines 4a and 4b 4c c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 c 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 c Total expenses and losses per audited financial statements 1 c Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b c Other (Describe in Part XIII.) 2d d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2a subtract line 2e from line 1 1 a Investment expenses not included on Form 990, Part IVIII, line 7b 4a b Other (Describe in Part XIII.) 2e c 3d c Add lines 2a through 2d 2c d Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.) 4a c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4c c Add lines 4a and 4b 5 d Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.) 4a c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	art X, line 2; Part XI,
c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2 subtract line 2e from line 1 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c	art X, line 2; Part XI,
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d a Investment expenses not included on Form 990, Part IVI, line 7b a Amounts included on Form 990, Part IX, line 7b d Ata d Other (Describe in Part XIII.) c Add lines 2a through 2d d Amounts included on Form 990, Part IX, line 7b d Ata d Other (Describe in Part XIII.) d Ata d Other (Describe in Part XIII.) d Ata d Other (Describe in Part XIII.) d Ata d Ata d Other (Describe in Part XIII.) d Ata d	art X, line 2; Part XI,
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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2b, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c c Add lines 4a and 4b 4c c Add lines 4a and 4b 5	art X, line 2; Part XI,
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Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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; F	art X, line 2; Part XI,
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