Form **990**, **EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending C Name of organization D Employer identification number B Check if applicable: Address change Reflections of Grace Foundation, Inc. 263943927 Room/surte Name chance Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number initial return 11811 Quarter Horse Drive Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return North Huntingdon, PA 15642 Number ▶ Application pending G Accounting Method: Other (specify) ▶ H Check ► ✓ if the organization is not Website: ▶ www.reflectionsofgrace.org required to attach Schedule B **527** (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 138,813 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I . 38,404 Contributions, gifts, grants, and similar amounts received 2 0 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 0 4 0 Gross amount from sale of assets other than inventory ь Less: cost or other basis and sales expenses 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a 0 21,350 of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 93,177 c Less: direct expenses from gaming and fundraising events . . . 6c 41.445 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** 51,732 7a Gross sales of inventory, less returns and allowances 7,232 7а 7b 5.984 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . 7c 1.248 C Other revenue (describe in Schedule O) 8 0 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 91,384 10 Grants and similar amounts paid (list in Schedule O) 10 82.061 Ś 11 0 11 12 0 12 Professional fees and other payments to independent contractors 13 0 13 Occupancy, rent, utilities, and maintenance . | . . OGDEN, UT 14 916 14 15 537 15 Printing, publications, postage, and shipping . 6.918 16 16 Other expenses (describe in Schedule O) . . . 17 Total expenses. Add lines 10 through 16 . 17 90,432 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 76,368 20 0 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 77,320 Net assets or fund balances at end of year. Combine lines 18 through 20

RED SEP 3

Form **990-EZ** (2011)

Form 9	990-EZ (2011)					Page
Pai		•				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> C</u>
			_	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			76,368	-	77,320
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			76,368		77,320
26	Total liabilities (describe in Schedule O)			0		
27	Net assets or fund balances (line 27 of column			76,368	27	77,320
Desc as m	Check if the organization used Schedule is the organization's primary exempt purpose? ribe the organization's program service accomplication by expenses. In a clear and concise not benefited, and other relevant information for expenses.	Support, Awareness ishments for each on nanner, describe the ach program title.	ny question in this &Treatment of Pedial of its three largest p e services provided	Part III	501(orga 4947	Expenses uired for section ck(3) and 501(ck(4) nizations and section (a)(1) trusts; optional thers.)
28	Support-Financial Support grants were provided to Cancer (Grants \$ 56,250) If this amount			atric Brain	28a	56.250
	Awareness-Descriptive Pamphlets and other awaren Brain Cancer Fact Labels provided for candy bar dis	ness materials provid stribution; Communit t includes foreign gra	ed to all event partici y events. ants, check here .		29a	
31	(Grants \$ 25,500) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount				30a 31a	
32	Total program service expenses (add lines 28a	through 31a)		>	32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				nstru	ctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount on their compensation
Tama	ıra Ekis	President/10 hrs.			Т	
1181	1 Quarter Horse Dr., North Huntingdon, PA 15642		0		0	(
	Ekis I Quarter Horse Dr., North Huntingdon, PA 15642	Secretary, Treasure	0		0	
	cia Mahlstedt		 		サ_	
	Cascade St., Pittsburgh, PA 15221	Board Member/5 hrs.	1 0	1	٥	
	Dadaro	 	 	 	+	······································
	6 Quarter Horse Dr., North Huntingdon, PA 15642	Board Member/5	l		0	•
	ev Metz-Leax		 		+	<u>_</u>
	1 Gasson Dr., North Huntingdon, PA 15642	Board Member/10 hrs.	٥		اه	(
		-				
		-			-	
					+	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		√
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			,
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			,
		38a		_
	The foot of the foot of the first of the fir	}		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
104	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Pennsylvania			
42a	The organization o books at all out of the second and the second are second as a second as	124) 80		i2 :
	Located at ► 11811 Quarter Horse Dr., North Huntingdon, PA ZIP + 4 ►	150	342	
ь	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		_
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	mil		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	سمه		1
•	explanation in Schedule O	44d 45a	 	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	438	 	 *
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 990	D-EZ (20	011)								P	age 4
						· · · · · · ·				Yes	No
		ne organization engage, directly or in									
	to ca	ndidates for public office? If "Yes,"	complete Schedule C	, Partl				.	46		1
Part \	VI • :	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexemp	ot ch	aritable 1	rusts on	ly. Al	sec	tion	
	_	501(c)(3) organizations and secti	on 4947(a)(1) nonex	cempt charitable	trust	ts must a	nswer que	estion	ns 47	7-49l	o
		and 52, and complete the tables	for lines 50 and 51	•							
		Check if the organization used Sc			n this	s Part VI					
										Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	ction	in effect o	luring the	tax [
		If "Yes," complete Schedule C, Par					-	.]	47		1
48	-	organization a school as described in						1	48		1
		ne organization make any transfers t		•				-	49a		-
		s," was the related organization a se	-	_				· -	49b		1
50		s, was the related organization a soblete this table for the organization's								26 2D	d key
30		byees) who each received more than									
	ыпри	byees) who each received more than		· · · · · · · · · · · · · · · · · · ·	941112	(d) Health		- OIII	- 14	0110.	
	(a) Na	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	c	ontributions t		(e) Es	timate	d amou	unt of
		paid more than \$100,000	devoted to position	(Forms W-2/1099-Mis	SC) b	enefit plans, a		othe	er com	pensat	ion
				ļ	_	compen	sauori				
None											
					-						
				<u> </u>							
				1]]				
f		number of other employees paid ov									
51		plete this table for the organization			ent c	ontractors	who each	rece	ived	more	than
	\$100,	000 of compensation from the orga	inization. If there is no	one, enter "None."							
(a) !	Name a	nd address of each independent contractor pa	ud more than \$100,000	(b) Type of	service	,	(c)	Comp	ensatio	xn	
		· · · · · · · · · · · · · · · · · · ·									
None											
		***************************************		1							
				i		1					
				ł							
				4		1					
				1							
				L <u>.</u>							
d		number of other independent contra	-		. ▶						
52		ne organization complete Schedule			ons a	nd 4947(a)		_			
	none	kempt charitable trusts must attach	a completed Schedul	eA		· · · ·		<u> </u>	Yes	<u> </u>	<u>No</u>
Under pe	enaltres	of perjury, I declare that I have examined this	return, including accompan	ying schedules and stat	tement	s, and to the	best of my kn	owledg	ge and	i belief	, rtıs
true, con	rect, an	d complete. Declaration of preparer (other than	n officer) is based on all info	rmation of which prepa	rer has	any knowled	lge				
		1									
Sign		Signature of officer				Date	8/10	2/2	012	_	_
Here		Brian J. Ekis, Treasurer					0 13		012		
	1	Type or print name and title						7			
Paid		Print/Type preparer's name	Preparer's signature		Date		Check 🔲	4 F	MIT		
Prepa	arer		1				self-emplo				
Use (Firm's name				Firm	's EIN ▶				
03E (Jilly	Firm's address ▶				Pho	ne no.				
May th	e IRS	discuss this return with the prepare	r shown above? See i	instructions				ightharpoonup	Yes	П	No

Form **990-EZ** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Reflections of Grace Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II d Type III--Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 119(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (viii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) is the organization lescribed on lines 1-9 in col. (i) listed in your the organization in organization in col. support col (i) of your (i) organized in the governing document? above or IRC section support? **U.S.?** (see instructions)) Yes Yes No Yes (A) (B) (C) (D) (E)

Total

18

Schedul	e A (Form 990 or 990-EZ) 2011						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if the	organization	n failed to qua	
Section	on A. Public Support	quality unde	er the tests is	ited below, pi	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) 2001	(0) 2000	92,851	122.884	138,813	354,548
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			o	6	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			92,851	122,884	138,813	354,548
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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 (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		l				
12	Gross receipts from related activities, etc	•	-			12	504()(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a section	
	on C. Computation of Public Suppor					722	
14	Public support percentage for 2011 (line 6		_			14	<u>%</u>
15 16a	Public support percentage from 2010 Sct 331/2% support test—2011. If the organization quality and stop here. The organization quality support test—2011.	zation did not	check the box	on line 13, and			% neck this . ▶ □
b	33° support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or	16a, and line		_
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part IV how the organization me supported organization	tion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. Ti	test, check th he organization	is box and st on n qualifies as a	and line p here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		0.00	, p.0250 <u>51</u>		·····	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			· · · · · ·			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8		•			15	<u>%</u>
16	Public support percentage from 2010 Sch			· · · · · ·	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (<u>%</u>
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests—2011. If the organ						
_	17 is not more than 331/3%, check this box						
b	331/n% support tests—2010. If the organiz line 18 is not more than 331/n%, check this	ation did not d box and ston b	rieck a DOX on tere. The ordan	ime 14 or line i ization qualifies	rsa, and line 16 s as a publicly s	upported organ	nization ► 🗀
20	Private foundation. If the organization di						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 4
		,

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Reflec	tions of Grace Foundation, Inc.					26-	3943927
Par	Fundraising Activities.	Complete if th	e organiza	tion answ	ered "Yes" to Fe	orm 990, Part IV, I	ine 17.
r ai	Form 990-EZ filers are n						
1	Indicate whether the organization	n raised funds t			-		
а	Mail solicitations		θ [on of non-govern	_	
b	Internet and email solicitation	ns	f <u></u>	-	on of government	•	
C	Phone solicitations		g 🗀] Special t	fundraising events		
d	☐ In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreem	ents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	fraiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
-	· · · · · · · · · · · · · · · · · · ·		Yes	No	 		
1	•	<u></u>	155				<u> </u> -
2							
3							
4							
5							
6		,					
7							
8							
9							
10							
Total				▶			
3	List all states in which the orga registration or licensing.	nization is regis	itered or lic	ensed to s	olicit contribution:		

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross recepts greater and	(a) Event #1 Race for Grace (event type)	(b) Event #2 Goff for Grace (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable	86,176	18,808	9,543	114,527
	3	contributions	14,615 71,561	2,550 16,258	4,185 5,359	21,350 93,177
	4	Cash prizes	0	0	0	0
Direct Expenses	5	Noncash prizes	0	211	0	211
	6	Rent/facility costs	3,306	4,300	2,026	9,632
	7	Food and beverages	218	2,000	3,250	5,468
	8	Entertainment	0	0	150	150
	9	Other direct expenses .	21,607	3,504	863	25,984
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10		(41,445) 51,732
Pe	rt III	Gaming. Complete if the than \$15,000 on Form 9	_	ed Tes to Form 99	u, Part IV, line 19, Or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Re	1_	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	1
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		·
	8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7		
	a is	ter the state(s) in which the or the organization licensed to op "No," explain:	-	in each of these states		
10		ere any of the organization's g 'Yes," explain:	aming licenses revoked	l, suspended or termina	ted during the tax year	? . Yes No

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11 12	Does the organization operate gaming activities with nonmembers?		s 🗌 No
12	formed to administer charitable gaming?		s 🗌 No
13	Indicate the percentage of gaming activity operated in:		0/
a b	The organization's facility		<u>%</u> %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u></u>
	Name▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Ye	s 🗌 No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		_
	Name▶		
	Address ►		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Ye	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	_	
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).		

