7Form 990-T	Exempt Organiza		ness Income section 6033(e))	Tax Return	1	OMB No	1545-0687
	For calendar year 2018 or other tax year begin	-	, and ending		1	20	118
			uctions and the latest inf	ormation	_	20	, 10
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on t				. O	pen to Publ )1(c)(3) Org	lic Inspection for janizations Only
A Check box if address changed	Name of organization ( C	neck box if name chan	ged and see instructions	)	D Employ (Employ instruct	yees trust,	ation number see
B Exempt under section	Print GRACEWORKS LUT	HERAN SERV	ICES		31	<u> – 054 </u>	0159
X 501(c)(3)	or Number, street, and room or su	· ·	ee instructions			ed busines: structions)	s activity code
408(e) 220(e)	Type 6430 INNER MIS		<del></del>		4		
408A530(a) 529(a)		459-2795	reign postal code	<u> </u>	5412	00	
C Book value of all assets at end of year	F Group exemption number (Se						
	27. G Check organization type ▶				trust		Other trust
	organization's unrelated trades or busines  ► SEE STATEMENT 1	ses 1		ribe the only (or first) u		han ana	
	ank space at the end of the previous sent	ence complete Parts I		one, complete Parts I-V			
business, then complete		ence, complete r arts i	i and ii, complete a oche	dule Willor each addition	iiai li auc u	•	
	the corporation a subsidiary in an affiliate	d group or a parent-su	ubsidiary controlled grou	0?	Yes	X	No
	nd identifying number of the parent corp		200,2.m.) 20,,,,, 0,,,, 0,, 0, 0, 0, 0, 0, 0, 0, 0,				
J The books are in care of	► MICHAEL W. ALLE	N, TREASUR	.ER Tel	ephone number 🕨 🧐	937-4	36-6	885
Part I Unrelated	Trade or Business Income		(A) Income	(B) Expense	s	(0	C) Net
1a Gross receipts or sale	s						1
b Less returns and allow	vances c Ba	lance 🕨 📘	C				!
2 Cost of goods sold (S	·	<del></del>	2	<u> </u>			
3 Gross profit. Subtract		<del></del>	3				
4a Capital gain net incom	· ·	4	-				
c Capital loss deduction	4797, Part II, line 17) (attach Form 4797)		ic				
· ·	partnership or an S corporation (attach s		5				
6 Rent income (Schedu		(	6				
7 Unrelated debt-finance	ed income (Schedule E)	_7	7				
8 Interest, annuities, roy	alties, and rents from a controlled organiz	ation (Schedule F)	<u>B</u>	· ·			
9 Investment income of	a section 501(c)(7), (9), or (17) organiza	tion (Schedule G)	9				
	rity income (Schedule I)	10	<del></del>				<del></del>
11 Advertising income (S	·	EMENT 2 $\frac{1}{1}$	F 40	<del></del>			5.424.
<u> </u>		MENT 2 1:	- 10				5,424.
	ns Not Taken Elsewhere (Se					<del></del>	J, 121.
	ontributions, deductions must be di						
14 Compensation of offi	cers, directors, and trustees (Schedule K	)	<u> </u>		14		
15 Salaries and wages			_	1	15		
16 Repairs and mainten	ance			\	16		
17 Bad debts			AUG 26 2019	/3/	17	-	
,	dule) (see instructions)	F	SEOF	/5/	18		
<ul><li>19 Taxes and licenses</li><li>20 Charitable contribution</li></ul>	ins (See instructions for limitation rules)	\ <u></u>	· c 3 & 5019	1.0	19		<del></del>
21 Depreciation (attach	·	121	AUG # Lort		20		
•	imed on Schedule A and elsewhere on re	turn B87	OGDE Waa		22b		
23 Depletion		\ 1	OGUL		23		
·	rred compensation plans	\_			24		
25 Employee benefit pro	grams	_			25		
26 Excess exempt exper	,				26		
27 Excess readership co	· ·		ann am	Amemeria 2	27		E 424
28 Other deductions (att	·		DEE ST	ATEMENT 3	28		5,424. 5,424.
	ld lines 14 through 28 ixable income before net operating loss o	eduction Subtract line	e 29 from line 13		30		0.
	exacting loss arising in tax years beginning				31		<del></del> i
	exacting loss arising in tax years beginning exable income. Subtract line 31 from line		, _5 .5 (550 mod delicits)		32		0.
	Panarwork Reduction Act Notice see		•		1	Form Q	90-T (2018)

Form 990-1	0.000		31-05	540159	Page 2
Part I	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instru	ctions)	33	0.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of			
	lines 33 and 34			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	36,			
	enter the smaller of zero or line 36			38	0.
Part I					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		•	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 3	38 from:		
	Tax rate schedule or Schedule D (Form 1041)		)	▶ 40	
41	Proxy tax See instructions		•	► 41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \	Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_	
b	Other credits (see instructions)	45b		<b>→</b>	
C	General business credit Attach Form 3800	45c		<b>⊣</b>	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		→ !	
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44	_	7	46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 86	366 L_	Other (attach scheduli		
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1	1	49	0.
	Payments: A 2017 overpayment credited to 2018	50a		$\dashv$ $\vdash$	
	2018 estimated tax payments	50b		$\dashv$ $\vdash$	
	Tax deposited with Form 8868	50c		$\dashv$ $\mid$	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		$\dashv$ $\vdash$	
	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		<b>→</b>	
9	Other credits, adjustments, and payments Form 2439	l		l i	
	Form 4136 Other Total <b>&gt;</b>	50g		<b>⊢</b>	
	Total payments Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		_	52	<del></del>
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1 54.44	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax  Statements Regarding Certain Activities and Other Information	<b>ID</b> /00	Refunded	<b>►</b> 55	
Part \			e instructions)		<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		·		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country		
	here ▶				$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or ti	ranstero	r to, a foreign trust?		<b>-</b>
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year	otomonts	and to the best of my know	winder and belief it	ue true
Sign	Under penalties of peoutry, I declare that that a symmetry including accompanying schedules and ste correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare	r has any	knowledge	wiedge and belief, it	
Here	MA///// ////	משנ		May the IRS discu	
	Signature of Officer Date Tritle	'LEK		the preparer show instructions)?	
			Obselv		Yes No
	Print/Type preparer's name Preparer's signature Da	ate	Check	If PTIN	
Paid	KAREN O CRIM Kaun O. Cim 8	/16/	19 self- employ		60205
Prepa	rer RANCHO CRITI				168385 1714325
Use C	Firm's name ► RSM US LLP  6 S PATTERSON BLVD		Firm's EIN	42-0	114343
			Dhone no	937 298	-0201
000711111			Phone no		
823711 01	U9- 19			For	m <b>990-T</b> (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A			<u> </u>	_
1 Inventory at beginning of year	1			Inventory at end of yea	r		6	
2 Purchases	2		7	Cost of goods sold Su	btract	ine 6		
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b			property produced or a	cquirec	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)				<del></del>				
1 Description of property								
(1)								
(2)						<del></del>		
(3)		_						
(4)						1		
		ed or accrued				3(a) Deductions directly	connected with th	e income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge		d 2(b) (attach sche	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter 🛌			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	Gross income from		3. Deductions directly conn to debt-financ		cable
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		r deductions schedule)
(1)			Ì					
(2)								
(3)		·	T					
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions a total of columns and 3(b))
(1)				%				
(2)		·		%				
(3)				%				
(4)			<u> </u>	%				
						nter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totals				<b>.</b>		0.	.	0.
Total dividends-received deductions	ncluded in column	ı 8				•		0.

Schedule F - Interest, A	Annuities,	Royaltie	s, and A	lents	From Co	ntrolle	d Organiza	tions	see ins	structio	ns)	
			Ex	empt (	Controlled O	rganızatı	ons					
1. Name of controlled organizate	ron	2 Employ identification number	3 (I	Net unre oss) (see	elated income instructions)	4 Tot payn	al of specified ments made	includ	t of column 4 ed in the contr ation s gross	rolling	6. Deductions directly connected with income in column 5	ı
(1)			-									
(2)							<u> </u>					
(3)												
(4)							· · · · · · · · · · · · · · · · · · ·					
Nonexempt Controlled Organia	zations					l			<del></del>			
7 Taxable Income	T	ated income (Ic	(22)	0 Total	of specified payr	nents	10. Part of colu	mn Q tha	t is included	11 0	Deductions directly connecti	
, razabe mosmo		nstructions)	, ,	<b>9</b> 70.21	made	Norms	in the controlli	ing organ	nization s		ith income in column 10	90
(1)											<u> </u>	
(2)												
(3)												
(4)												
						-	Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						•			0.		(	0.
Schedule G - Investme		of a Sec	ction 50	1(c)(7	), (9), or (	17) Org	janization				)	,
1. Descr	ription of income				2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	5 Total deduction and set-asides (col 3 plus col 4	
(1)							(=112011201120	,			(44. 5 \$1.45 34. )	<del>'</del>
(2)												_
(3)												_
(4)												
(4)					Enter here and	on page 1	-		·		Enter here and on page	18 I,
					Part I line 9, co	lumn (A)					Part I line 9 column (F	R)
Totals				•		0.						ο.
Schedule I - Exploited I	-	ctivity In	come, C	Other	Than Adv		g Income					<u></u>
Description of exploited activity	2. Gros unrelated bus income fro trade or busi	om ness	3 Expense directly conne with product of unrelated business inco	cted ion d	4 Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	) ,
(1)												
(2)												_
(3)												
(4)											=	
Totals	Enter here ar page 1, Pa line 10, col	rt I,	Enter here and page 1, Part line 10, col (	H,							Enter here and on page 1, Part II, line 26	0.
Schedule J - Advertisir	na Income		ructions)								•	
Part I Income From F				Cons	olidated	Basis						
1 Name of periodical	ad	Gross vertising ncome	3 Di advertisin	rect * ng costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulat income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	s
(1)												- 1
(2)												
(3)											]	ŀ
(4)					7						7	ì
							†			-		<u> </u>
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.		0							Form <b>990-T</b> (20	) . (18)

Part II Income From Po				a Separ	ate Basis (For ea	ch peri	odical listed in P	art II, fill in	
1 Name of periodical		2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		Circulation 6	Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_					
(2)									
(3)									
(4)									
Totals from Part I	▶	0.		0.					0.
		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, , col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.		0.					` 0.
Schedule K - Compensa	atior	of Officers, [	Directo	rs, and	Trustees (see in	struction	ons)		-
1. Na	me				2 Title		3 Percent of time devoted to business		ensation attributable related business

1. Name

2 Title

3 Percent of time devoted to business

4. Compensation attributable to unrelated business

(1)

(2)

(3)

(4)

Total Enter here and on page 1, Part II, line 14

4. Compensation attributable to unrelated business

6. Compensation attributable to unrelated business

7. Compensation attributable to unrelated business

8. Compensation attributable to unrelated business

9. Compensation attributable to unrelated busi

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

## PROVIDE BOOKKEEPING SERVICES FOR UNRELATED AFFORDABLE HOUSING PROGRAM

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
BOOKKEEPING FEES			5,424.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12		5,424.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 3
,	OTHER	DEDUCTIONS	STATEMENT 3 AMOUNT
FORM 990-T  DESCRIPTION  BOOKKEEPING EXPENSES	OTHER	DEDUCTIONS	