true, correct, and complete. Declaration of prepare than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and little

Paid Preparer Use Only

Firm's address

Bookkeepin

302 South Goodman Sparks GA 31647

self employed

Firm's EIN

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2018)

	1990 (2018) House of Grace Inc.	58-2216258	Page
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		· · · 📙
•	Supportive Housing		
	support sive nousing		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	···∐ Yes 🗶	No
3	If "Yes," describe these new services on Schedule O		
J	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vac lu	l No
	If "Yes," describe these changes on Schedule O	· · · · □ ies 👢	J 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	ру	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported		
		· · · · · · · · · · · · · · · · · · ·	
ŧа	(Code) (Expenses \$1,033,386 including grants of \$) (Revenue	\$ <u>552,</u>	<u>456</u>)
	Supportive Housing for Homeless Men		
		· · · · · · · · · · · · · · · · · · ·	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		-	
c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		- W-14.	
d	Other program services (Describe in Schedule O)	,	
e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 1.033.386		
Α	Total program service expenses 1,033,386	Earm 9	90 (2018
		1 01111 0	(2010

Form 990 (2018)
Part IV. C House of Grace Inc.
Checklist of Required Schedules

<u> </u>				$\overline{}$
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Α.	Х
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
_	"Yes " complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes " complete Schedule D, Part V	10		Χ
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? If "Yes."			
	complete Schedule D. Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part Y, line 43 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		_X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes " complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes" complete			
	Schedule D. Parts XI and XII	12a		Χ
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		
40	,,,,	13		<u>X</u>
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		Х
4-7		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	_17		<u>X</u>
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		Х
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		Χ
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		<u>X</u>
		Form 9	990 (20	1181

	m 990 (2018) House of Grace Inc. 58-2216	258	F	age 4
Pa	art 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	İ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		Х
þ	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes " complete Schedule L, Part III	27	ĺ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes " complete			
	Schedule L Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes " complete Schedule L. Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u> </u>		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?/f "Yes " complete Schedule R Part V line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par			- ' `	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Concodic C Contains a response of note to any line in this fact v 1111111111		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		,	-:-
1a h				
b	· · · · · · · · · · · · · · · · · · ·			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
	reportable gaming (gambling) winnings to prize winners?	IC		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Nο 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 this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 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)? Χ 4a 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? c 5c 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or aifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С required to file Form 8282? . . 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, dick-the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a h If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a а Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O 14b b 15 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 If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

If "Yes," complete Form 4720, Schedule O

16

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a disclosure			age 0
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	140		
				. 🔯
Sec	Check if Schedule O contains a response or note to any line in this Part VI	• • •	· · · ·	· [7]
	Month. Covering Dody and management			T
12	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		1
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
h				
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	١,		\ \v
•	any other officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			V
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		١
	one or more members of the governing body?	7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	~		
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8p	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
~	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
1Ca	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes "			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	,		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed Georgia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Sharon Royals (229) 549-6744, 302 South Goodman Street, Sparks, GA 31647			
	onaton hoyata (223)343-0144, 302 south doddinan street, spains, on 31041			

Form 990 (2018) House of Grace Inc Part VII Compensation of Officers, Direct Independent Contractors	tors, Trus	tees	, K	ey I	Em	ploy	ees	, Highest Con	58-22162 npensated Em	Page 7 ployees, and
' Check if Schedule O contains a response or	note to any lin	e in th	ıs Pa	art V	11					
Section A. Officers, Directors, Trustees, Key Employ	ees, and Hig	hest (Com	pen:	sate	:				
1a Complete this table for all persons required to be listed Ri organization's tax year	eport compen	sation	for t	he c	alen	dar ye	ar er	nding with or within	the	
 List all of the organization's current officers, directors, compensation Enter -0- in columns (D), (E), and (F) if no con 				duals	or c	organiz	zatior	ns), regardless of a	mount of	
 List all of the organization's current key employees, if a 	iny See instru	uctions	for	defir	ition	of "ke	y em	ployee "		
 List the organization's five current highest compensate who received reportable compensation (Box 5 of Form W-2 ar organization and any related organizations 										
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations 										
 List all of the organization's former directors or truste organization, more than \$10,000 of reportable compensation f 									of the	
List persons in the following order individual trustees or direct	ors, institution	nal trus	stees	s, off	icers	, key e	empl	oyees, highest		
compensated employees, and former such persons										
Check this box if neither the organization nor any related of	organization c	omper 	isate		ıy cu (C)	rrent c	ffice	r, director, or truste	e [
(A)	(B)				sition		İ	(0)	(5)	<i>(</i> 5,
Name and Title	(B) Average					han one s both a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	l		-		/trustee		compensation from	compensation from related	amount of other
	hours for	0 =	_		_	οт	70	the	organizations	compensation
	related organizations	Individual trustee or director	nstitut	Officer	Key emplayee	lighes mplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	ctor to	ionat		nploy	st con γee				and related organizations
	,	ustee	institutional trustee		ee	Highest ∞mpersated employee				0.go200
			*			ated				
(1) Mike Williams CFO				Х				0	0	0
(2) Keith Stith									•	<u>_</u>
CEO				Χ				0	0	0
(3)										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)									***	
<u>(11)</u>										
(12)										
(13)							П			

(14)_

	• (A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee) Or Officer and a director/trustee) Or Officer and a director/trustee)				ooth an rustee)	For	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		ted t of er
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	cer	<ey employee<="" th=""><th>Highest compensated employee</th><th>Former</th><th>organization (W-2/1099-MISC)</th><th>(W-2/1099-MISC)</th><th></th><th>from t organiza and rela organiza</th><th>ation ated</th></ey>	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from t organiza and rela organiza	ation ated
<u>(15)</u>													
<u>(16)</u>							_		 ,				
<u>(17)</u>										100			
<u>(18)</u>												-	
(19)													
(20)													
(21)					İ								
(22)													
(23)													
(24)				i									
(25)													
1b c d	Sub-total	n A · ·						•					
2	Total number of individuals (including but not limited to reportable compensation from the organization							-	0 \$100,000 of		<u> </u>		0
									-1-1		<u> </u>	Yes	s No
3	Did the organization list any former officer, director, demployee on line 1a? If "Yes." complete Schedule J f	or such indivi	dual			٠.					3	ļ	- X
4	For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$1	•											- ,
5	Did any person listed on line 1a receive or accrue com	•	-			-		tion o	r individual		4		X
Secti	for services rendered to the organization? If "Yes," coon B. Independent Contractors	mplete Sched	dule J f	or s	uch _i	pers	on	•		<u> </u>	5		X
1	Complete this table for your five highest compensated compensation from the organization. Report compens year									n's tax			
	(A)		•						(B) Description of		Ca	(C)	
	Name and business address								Description of s	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mpensa	
									l				

Form 990 (2018)
Part VIII House of Grace Inc.
Statement of Revenue

		Check if Schedule O contains	a response or	not	e to any line in this	Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns · ·	_	1a	<u> </u>				MARCH CALL
E ,	b	Membership dues		1b					
0, 6	С	Fundraising events		1c					
ar A	d	Related organizations		1d					
S,E	e	Government grants (contribution	ns) —	1e					
ดี เ	f	All other contributions, gifts, gra							
the st	'	and similar amounts not include		1f					
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included							
လွ မ ုံ	h		iii iiiics ia-ii	Ψ					
	 "	Total. Add lines 18-11			n	 16A.194.04282757 1441.02873		45 November 1981 1981 1981	PAR GRANDS OF CARRY
e	22	Wholesale Manchandia			Business Code	300 007	Net 6255535555555	12 (85.55), ² (2005), ² (2	2014 10 10 10 10 10 10 10
i ven	b	Wholesale Merchandis	·	_	453310	388,297		-	388,297
Program Service Revenue	١			-	453310	21,676			21,676
Ž	٦	Truck Rents Car Wash		-	900099	28,732			28,732
% =	١		•			64,678		-	64,678
grar	•	Handyman Services All other program service revenue	. 4	-	900099	47,708		·	47,708
. E	,	T 4 4 4 111 0 00		٠.,١	900099	1,365	NAMES & SEC. NO. OF NAMES & NAMES OF	· Fartereneralisan	1,365
	g	·			· · · · · · · •	552,456			micketalanes.
,	3	Investment income (including divi			· · · · · · • •	-45			
	4	Income from investment of tax-ex	empt bond pro	cee	ds •	-			
	5	Royalties	· · · · · · · · ·			GACANI ONE CANTADIO EX XXXXXXXXXXXX	*.5**	S. S. S. S. S. S. S. S. S. S. S. S. S. S	LECS14985 17984 R. 60L- 1.5.C
,		<u> </u>	(ı) Real		` (ii) Personal				
	100	Gross rents		_					
	1 .	Less rental expenses							
		Rental income or (loss)							
•	1 .	Net rental income or (loss)		 ₁	>	- 1.00 f 1.0 m. 1.0 kolo 400.00 kolo 1844	TWO IS A COURT OF THE PERSON	N. S 1 (1975) - 100 N. No 10 N. A.	, , , , , , , , , , , , , , , , , , ,
	7a.	Gross amount from sales of	· (i) Secunties		(ii) Other				
		assets other than inventory	·		····				
	b	Less cost or other basis			T.				
		and sales expenses	1,					Established	
,	٠ -	Gain or (loss)	·	l					
41]	Net gain or (loss) · · · · · ·		٠,;		***************************************			
enne	8a	Gross income from fundraising				XXXPYCX III			
>		events (not including \$							
æ		of contributions reported on line 1							
Other Re		See Part IV, line 18 · · · · ·		a					
ŏ	i			b [
	į.	Net income or (loss) from fundrais	_	٠.		,		Ĩ.	
	9a.	Gross income from gaming activit		- 1	,				
		See Part IV, line 19 · · · · ·		a					
	ł .	Less direct expenses · · · ·	•	b [经单位的	
	С	Net income or (loss) from gaming	activities .	٠.	<u> </u>				
	10a	Gross sales of inventory, less		- 5	•				
•		returns and allowances		a					
	b	Less cost of goods sold · · ·		b	-t .				
	С	Net income or (loss) from sales of	f inventory -			,	ŧ	`	-
i		Miscellaneous Revenue			Business Code	LONG CHANGE		reductions	No Markett
	11a	Shell Station			453000	309,640	-		309,640
		Recycle Material's	-	_	900099	90,187		,	90,187
* •		Bruiser's Tire and To	Wl		811000 -			,	
	,	All other revenue · · · · · ·		_			, ,		`
-	е	Total. Add lines 11'a-11d	`			399,827			IN ALTERNATURE
	12	Total revenue. See instructions	<u> </u>		<u></u> ▶ │	952,283		, 0	952,283

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 45,105 45,105 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 4,296 4,296 11 Fees for services (non-employees) Accounting Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 85 85 13 Office expenses 14 Information technology 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 471 471 4,685 21 Payments to affiliates 4,685 22 Depreciation, depletion, and amortization 11,681 11,681 23 28,954 28,954 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 O) 35,991 35,991 SUPPLIES 186 MEDICINE 186 300,015 300,015 C SUBCONTRACTORS REPAIRS 24,923 24,923 576,994 576,994 e All other expenses Total functional expenses. Add lines 1 through 24e 25 0 0 1,033,386 1,033,386 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 following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X E Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		• • •	
		`	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	380,993	1	299,890
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			i.
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	and the second s
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	380,993	16	299,890
	17 .	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
İ	20	Tax-exempt bond liabilities		20	
	21 ,	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and	production of the		
Liabilities		disqualified persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	,	23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	-	25	
	26	Total liabilities. Add lines 17 through 25	0_	26	0
5		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and	Š	!	
Š		complete lines 27 through 29, and lines 33 and 34.			
alar	27	Unrestricted net assets	380,993	27	299,890
ä	28	Temporanly restricted net assets		28	
pun	29	Permanently restricted net assets		29	, g ⁴ \
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	· · ·	•	
o s		complete lines 30 through 34.	and the second s		···· >
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	200 000	32 33	200 000
ŀ	33	Total net assets or fund balances	380,993		299,890
	34	Total liabilities and net assets/fund balances	380,993	34	299,890

		58-221	L6258		Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· · 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		952	,283
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1	,033	, 386
3	Revenue less expenses Subtract line 2 from line 1	. 3		(81	,103)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		380	, 993
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior penod adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		299	,890
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		
	Schedule O		1.		-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	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			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
	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				'
С	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?		2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	
	Schedule O			ŀ	1.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ	
	the Single Audit Act and OMB Circular A-133?		· · · 3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3!	b	
EEA			Fo	rm 990	(2018)

∹.

SCHEDULE A

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

OMB No 1545-0047 2018

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	of the	e organization					Employer identifi	cation number	
		of Grace Inc.					58-22162		
Pa	rt I	Reason for Public Charit	y Status (All or	rganizations must c	omplete	this par	t.) See instruction	าร	
The	orgai	nization is not a private foundation becai	use it is (For lines 1	through 12, check only of	one box)		~ 1		
1		A church, convention of churches, or a	association of churc	ches described in sectio r	n 170(b)(1)	(A)(ı).	()		
2		A school described in section 170(b)	(1)(A)((í). (Attach S	chedule E (Form 990 or 9	990-EZ))		1)1		
3		A hospital or a cooperative hospital se	rvice organization d	escribed in section 170(b)(1)(A)(iii).			
4		A medical research organization opera	ated in conjunction v	with a hospital described	ın section	170(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state							
5		An organization operated for the benef	it of a college or uni	versity owned or operated	by a gove	rnmental u	nit described in		
		section 170(b)(1)(A)(iv). (Complete F	Part II)						
6		A federal, state, or local government o	r governmental unit	described in section 170	0(b)(1)(A)(v).			
7	X	An organization that normally receives	a substantial part o	f its support from a gover	nmental un	it or from ti	ne general public		
	described in section 170(b)(1)(A)(vi). (Complete Part II)								
8		A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)					
9		An agricultural research organization of	lescribed in sectioi	n 170(b)(1)(A)(ix) operate	ed in conju	nction with	a land-grant college		
		or university or a non-land-grant colleg	e of agriculture (see	instructions) Enter the r	name, city,	and state o	f the college or		
		university					-		
10		An organization that normally receives	(1) more than 33 1	/3% of its support from co	ontributions	, members	ship fees, and gross		
		receipts from activities related to its ex-	empt functions - sul	bject to certain exceptions	s, and (2) n	o more tha	n 33 1/3% of its		
		support from gross investment income							
		acquired by the organization after June	e 30, 1975 See se c	tion 509(a)(2). (Complet	te Part III)	·			
11		An organization organized and operate	d exclusively to test	for public safety See se	ction 509(a)(4).			
12		An organization organized and operate	d exclusively for the	benefit of, to perform the	functions	of, or to ca	rry out the purposes		
		of one or more publicly supported orga							
		Check the box in lines 12a through 12d	that describes the	type of supporting organi	zation and	complete li	nes 12e, 12f, and 12g	1	
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its sup	ported org	anızatıon(s), typically by giving		
		the supported organization(s) the	power to regularly ap	opoint or elect a majority of	of the direct	ors or trus	tees of the		
		supporting organization You mus							
	b	Type II. A supporting organization	supervised or conti	rolled in connection with it	s supporte	d organiza	tion(s), by having		
		control or management of the supp	orting organization	vested in the same perso	ns that cor	trol or man	age the supported		
		organization(s) You must compl	ete Part IV, Sectio	ns A and C.			•		
	С	Type III functionally integrated.	A supporting organ	ization operated in conne	ction with,	and function	onally integrated with,		
		its supported organization(s) (see	instructions) You i	must complete Part IV,	Sections A	A, D, and E			
	d	Type III non-functionally integra	ated. A supporting	organization operated in o	connection	with its sup	ported organization(s)	
		that is not functionally integrated 1						•	
		requirement (see instructions) Yo	u must complete	Part IV, Sections A and	D, and Pa	rt V.			
	е	Check this box if the organization i					e II, Type III		
		functionally integrated, or Type III r							
	f	Enter the number of supported organiz						Г	
	g	Provide the following information about	the supported orga	nızatıon(s)				-	
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount	of
				(described on lines 1-10		ir governing	support (see	other support	•
				above (see instructions))	docum	ent?	instructions)	instruction	s)
					Yes	No			
/A\									
(A)									
/D\					<u> </u>				
(B)						:	ĺ		
·C`									
(C)					1				
(D)		***							
(D)									
·-·									,
(E)									
T					t	 		-	

58-2216258

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under .Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,640	3,201	810	10,843	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23,494
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,640	3,201	810	10,843		23,494
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			•			
	supported organization) included on					-	İ
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4 · ·						23,494
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	8,640	3,201	810	10,843		23,494
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 VI)						
·11	Total support. Add lines 7 through 10		,	12			23,494
12	Gross receipts from related activities, etc. (see	instructions)				12	
13		<u></u>		•			▶ 🗍
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (line 6, colu	•	• • •		, t		100.00 %
15	Public support percentage from 2017 Schedule						100.00 %
16a	33 1/3% support test - 2018. If the organization						. D
_	box and stop here. The organization qualifies a		=				▶ 🗵
b	33 1/3% support test - 2017. If the organization			•	·		
170	this box and stop here. The organization qualit		- · · ·			· · · · · · · · ·	
17a	10%-facts-and-circumstances test - 2018. If	-					
	10% or more, and if the organization meets the			•	•		
	Part VI how the organization meets the "facts-a organization		•		, ,,		, n
h	· ·					· · · · · · · · ·	
b	10%-facts-and-circumstances test - 2017. If	=					
	15 is 10% or more, and if the organization mee				•		
	Explain in Part VI how the organization meets ti			•	•		, n
18	supported organization					· · · · · · · · ·	• • • • •
10	·			•			⊾ □
	instructions					· · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2018

Page 3 Schedule A (Form 990 or 990 EZ) 2018 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (c) 2016 (e) 2018 (f) Total 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 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7a and 7b · · · · · · · Public support (Subtract line 7c from ď. line 6) Section B. Total Support (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (e) 2018 (f) Total 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 laxes) from businesses acquired after June 30, 1975 · · · C Add lines 10a and 10b · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support/Percentage Public support percentage for 2018 (line 8, column (f/, divided by line 13, column (f)) 15 Public support percentage from 2017 Schedule A, Fart III, line 15 16 Section D. Computation of Investment Income Percentage 17 18 18 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Partial, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 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 10b below
- **b** 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)

			·
	,	Yes	No
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For	m 990 a	r 990-E	Z) 2018

$\overline{}$	rt IV Supporting Organizations (continued)			
	Terre Cupporting Organizations (Continues)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	[1.00	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	-	
h	A family member of a person described in (a) above?	11b		\vdash
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	etion B. Type I Supporting Organizations	1		
	tion b. Type reapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ		
•	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	1-1-		
	organizations and what contains or rectrictions, it any, approa to easily periors during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
	7,7		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? 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	1	
Sec	tion D. All Type III Supporting Organizations			
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
_	18/			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		-
	the organization maintained a close and continuous working relationship with the supported organization(s)		<u> </u>	
3	By reason of the relationship described in (2), 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	-	-
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ารtruc	tions)
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ır	struc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\cdot \cdot		
	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	J		l
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) 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	L	Ĺ
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
	of its supported organizations? If "Vos." decembe in Part VI the role played by the organization in this regard	3ĥ		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or								
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See								
instructions. All other Type III non-functionally integrated supporting organi	ızatıo	ns must complete Section						
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year						
Section A - Adjusted Net income		(71)11101 7001	(optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6	,						
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
Aggregate fair market value of all non-exempt-use assets (see		Yu .	. •					
instructions for short tax year or assets held for part of year)	ļ	,						
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other		,						
factors (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 1-1/2% 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 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	. The ship to the						
2 Enter 85% of line 1	2							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Part of the second						
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		8						
emergency temporary reduction (see instructions)	6							
7 Check here if the current year is the organization's first as a non-functionally instructions)	ınteg	grated Type III supporting	organization (see					

1 a	Type in Non-1 unctionally integrated 309(a)(3	y Supporting Organ	izations (continued)	
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exer			
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
	Amounts paid to acquire exempt-use assets	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7				
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	ınstructions			
	Excess distributions carryover, if any, to 2018			
	From 2013		· <u></u>	
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c			
	Breakdown of line 7	15	, ,	• •
	Excess from 2014	, 1		·
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
6	Excess from 2018			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2018

Open to Public

Employer identification number Name of the organization 58-2216258 House of Grace Inc. 01. Governing body meeting documentation (Part VI, line 8a) We do by the government's body for practices and policies. 02. Committee meeting documentation (Part VI, line 8b) The secretary keeps up with the board minutes 03. Form 990 governing body review (Part VI, line 11) We have board meetings 14 04. Governing documents, etc, available to public (Part VI, line 19) A. The public on give a written request to look at our Form 990 3 05. List of other expenses (Part IX, line 24e) .J. SEC OVERFLOW STATEMENT WHICH IS A LIST OF THE OTHER EYPENGES