

Form **990****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)

OMB No. 1545-0047

2007**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning Jan 1, 2007, and ending December 31, 20 07

B Check if applicable:

☐ Address change☐ Name change☒ Initial return☐ Termination☐ Amended return☐ Application pending

C Name of organization

Touched by Grace Ministries Inc.

Number and street (or P.O. box if mail is not delivered to street address)

Box 3393

City or town, state or country, and ZIP + 4

Brentwood TN 37024-3393

D Employer identification number

621863566

E Telephone number

(615) 332-9152F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☐ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ NoI Group Exemption Number ▶ NAM Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ▶ WWW.TBGRACE.ORGJ Organization type (check only one) ▶ ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds			1a 0.00
	b	Direct public support (not included on line 1a)			1b 25,061.94
	c	Indirect public support (not included on line 1a)			1c 0.00
	d	Government contributions (grants) (not included on line 1a)			1d 0.00
	e	Total (add lines 1a through 1d) (cash \$ <u>25,061.94</u> noncash \$ <u>-</u>)			1e 25,061.94
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 0.00
	3	Membership dues and assessments			3 0.00
	4	Interest on savings and temporary cash investments			4 0.00
	5	Dividends and interest from securities			5 0.00
	6a	Gross rents			6a 0.00
	b	Less: rental expenses			6b 0.00
c	Net rental income or (loss). Subtract line 6b from line 6a			6c 0.00	
7	Other investment income (describe ▶)			7 0.00	
Revenue	8a	Gross amount from sales of assets other than inventory		(A) Securities	8a 0
	b	Less: cost or other basis and sales expenses		8b 0	
	c	Gain or (loss) (attach schedule)		8c 0	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d 0.00	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ <u>0.00</u> of contributions reported on line 1b)		9a 0.00	
	b	Less: direct expenses other than fundraising expenses		9b 0.00	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c 0.00	
	10a	Gross sales of inventory, less returns and allowances		10a 0.00	
	b	Less: cost of goods sold		10b 0.00	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c 0.00	
	11	Other revenue (from Part VII, line 103)			11 0.00
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 25,061.94	
Expenses	13	Program services (from line 44, column (B))			13 5,426.58
	14	Management and general (from line 44, column (C))			14 18,617.21
	15	Fundraising (from line 44, column (D))			15 0.00
	16	Payments to affiliates (attach schedule)			16 0.00
	17	Total expenses. Add lines 13 and 14, column (A)			17 24,043.79
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 1,018.15
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 0.00
	20	Other changes in net assets or fund balances (attach explanation)			20 0.00
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 1,018.15

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	NA	NA		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	NA	NA		
23	Specific assistance to individuals (attach schedule)	NA	NA		
24	Benefits paid to or for members (attach schedule)	NA	NA		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	11,982.22		11,982.22	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	NA	NA		
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NA			
26	Salaries and wages of employees not included on lines 25a, b, and c	NA			
27	Pension plan contributions not included on lines 25a, b, and c	NA			
28	Employee benefits not included on lines 25a - 27	NA			
29	Payroll taxes	NA			
30	Professional fundraising fees	NA			
31	Accounting fees	NA			
32	Legal fees	NA			
33	Supplies	5.78		5.78	
34	Telephone	1,102.67	520.59	582.08	
35	Postage and shipping	151.21		151.21	
36	Occupancy	0.00			
37	Equipment rental and maintenance	0.00			
38	Printing and publications	0.00			
39	Travel	5481.06		5,481.06	
40	Conferences, conventions, and meetings	0.00	385.15		
41	Interest	118.12		118.12	
42	Depreciation, depletion, etc. (attach schedule)	0		0	
43	Other expenses not covered above (itemize):				
43a	Paypal Admin fee	184.58		184.58	
43b	State Filing fees	42.00		42.00	
43c	Parking	25.90		25.90	
43d	Bank Leumi	44.26		44.26	
43e	Global missions		3,106.58		
43f	Womens Retreats		210.00		
43g	Christian Israel Tours		1,304.26		
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	24,013.79	5,426.58	18,647.89	0.00

Joint Costs. Check ☐ if you are following SOP 98-2. NA

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ NA; (ii) the amount allocated to Program services \$ NA;

(iii) the amount allocated to Management and general \$ NA; and (iv) the amount allocated to Fundraising \$ NA

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **To promote the Gospel of Jesus Christ.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a. **Discipleship** ⇒ The goal is to challenge individuals to go to a deeper place with the Lord. When expert individuals to use the word of God as their source to actively fight the adversary, we encourage these individuals to speak out the word of God so they can begin to see victory in their daily lives.

\$37.83
\$283.62
\$63.70

(Grants and allocations) \$

) If this amount includes foreign grants, check here ☐

b. **Global missions** ⇒ To proclaim the Gospel of Jesus Christ in all forms of ministry baptizing in the name of the Father, Son & Holy Spirit. All forms of ministry are used benevolence, music, media, film television, publish medical ministries, the dissemination of food and clothing to those in need, the distribution of literature and any other lawful endeavor.

\$2,483.93
\$482.28
\$140.37
\$520.59

(Grants and allocations) \$

) If this amount includes foreign grants, check here ☐

c. **Women's Retreats** ⇒ Taught by grace women's retreats are teaching women and allowing them to slow down their lives and focus on quieting themselves before the Lord. These retreats are designed to bring about an environment where women can develop intimacy with their creator and to put

\$210.00

(Grants and allocations) \$

) If this amount includes foreign grants, check here ☐

d. **the principles they have learned to work in their daily lives.**

e. **Our Christian Israel tour Ministry** is designed to guide individuals in understanding the importance of Israel in today's society. We help small groups of people experience an overview of Israel.

\$1,204.26

(Grants and allocations) \$

) If this amount includes foreign grants, check here ☐

f. **Other program services (attach schedule)**

(Grants and allocations) \$

) If this amount includes foreign grants, check here ☐

0.00

g. **Total of Program Service Expenses (should equal line 44, column (B), Program services).**

5,426.58

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash—non-interest-bearing	0	45 1018.15
	46 Savings and temporary cash investments	0	46 0
	47a Accounts receivable	0	47c 0
	b Less: allowance for doubtful accounts	0	
	48a Pledges receivable	0	48c 0
	b Less: allowance for doubtful accounts	0	
	49 Grants receivable	0	49 0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b 0
	51a Other notes and loans receivable (attach schedule)	0	51c 0
	b Less: allowance for doubtful accounts	0	
	52 Inventories for sale or use	0	52 0
	53 Prepaid expenses and deferred charges	0	53 0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a 0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
55a Investments—land, buildings, and equipment: basis	0		
b Less: accumulated depreciation (attach schedule)	0	55c 0	
56 Investments—other (attach schedule)	0	56 0	
57a Land, buildings, and equipment: basis	0		
b Less: accumulated depreciation (attach schedule)	0	57c 0	
58 Other assets, including program-related investments (describe ►)	0	58 1018.15	
59 Total assets (must equal line 74). Add lines 45 through 58	0	59 0	
Liabilities	60 Accounts payable and accrued expenses	0	60 0
	61 Grants payable	0	61 0
	62 Deferred revenue	0	62 0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63 0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a 0
	b Mortgages and other notes payable (attach schedule)	0	64b 0
	65 Other liabilities (describe ►)	0	65 0
66 Total liabilities. Add lines 60 through 65	0	66 0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	NA	67 NA
	68 Temporarily restricted		68 NA
	69 Permanently restricted		69 NA
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0	70 1018.15
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71 0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72 0
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	0	73 1018.15
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	0	74 1018.15	

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d N/A

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA
	NA	NA	NA	NA

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

77 X

If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization

and check whether it is ☐ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

81a N/A

b Did the organization file Form 1120-POL for this year?

81b X

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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	NA		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	NA	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	NA	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	NA	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	NA	
c	Dues, assessments, and similar amounts from members	85c	NA
d	Section 162(e) lobbying and political expenditures	85d	NA
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	NA
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	NA
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	NA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	NA
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	NA
b	Gross receipts, included on line 12, for public use of club facilities	86b	NA
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	NA
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	NA
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	NA
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	NA
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	NA
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	NA
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	NA
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ▶ Tennessee		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	2
91a	The books are in care of ▶ Todd Horton Telephone no. ▶ (615) 332-9152 Located at ▶ 605 Cedarcrest Drive Antioch, TN ZIP + 4 ▶ 37024-3393		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☒ Yes ☐ No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 0.00

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a _____
 b _____
 c _____
 d _____
 e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a _____

b _____

c _____

d _____

e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

NA NA

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NA	NA %	NA	NA	NA
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	NA	NA	NA	NA
b	NA	NA	NA	NA
c	NA	NA	NA	NA
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	NA	NA	NA	NA
b	NA	NA	NA	NA
c	NA	NA	NA	NA
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Todd Allen Horton Date: April 25, 2008

Type or print name and title: Todd Allen Horton, President

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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