#### 621584204

Form

Department of the Treasury

## Return of Organization Exempt From Income Fax

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

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

OMB No 1545-0047 2008
Open to Public Inspection

memair	nevenue Serv	/IC <del>C</del>	The organiz	tation may have	o use a copy of the		anory state	. oporting				OPCOLIOII
			ar, or tax year beginn	ning	, and end	ling						<del></del>
B Check	t if applicable	Please	C Name of organization	_			_		P	Employ	er identif	fication number
Addre	ess change	use IRS		Gracewor	<u>ks Minist</u>	ries,	Inc				1 - 0 4 0	0.04
Name	change	print or	Doing Business As				- г				<u> 15842</u>	
$\Xi$	return	type.	Number and street (or P		vered to street address)		1	Room/suite	E		ne numbe	
$\equiv$		See Specific	P. O. Bo	<u>x 438</u>						615		-9055
Term	nation	Instruc-	City or town, state o	r country, and ZIP +					G	Gross recei	ots\$	1,127,227
Amen	nded return	tions.	<u> Franklin</u>		TN	<u> 37065</u>						
Applic	cation pending		and address of principa						H	(a) Is this a	group return	for
	<b>-</b>		rk Holeman						يو ا	affiliates (b) Are all a	57 Wileton	Yes X No
		10	4 Southeas	t Parkwa	y, Suite î	L00			"	included	inilates 12	Yes No
		Fra	anklin		TN 3706	4		_		If "No,"	attach a list	(see instructions)
I Tax-	-exempt statu	ıs X	501(c) ( 3 )	◀ (insert no )	4947(a)(1) or	527		_				
J Web	bsite: 🕨 W	ww.c	raceworksn	<u>ministrie</u>	s.net						exemption nu	mber 🕨
K Type	of organization	X Con	poration Trust	Association Of	her 🕨		LY	ear of formal	tion 199	94	M State of I	egat domicile TN
Part	I Su	ummar	у									
1	Briefly de	escribe tl	he organization's mis	ssion or most sig	nificant activities:							
8	To s	share	the grace of	God by pr	oviding com	prehens	ive					
ဥ္က	serv	rices	to residents	s in need t	hroughout							
Ĕ	Will	iamso	on County.									
8 2	Check th	ns box	If the organiz	ation discontinue	d its operations or	disposed of	more than	25% of its	s assets			
<u>ن</u> 3			members of the gov			•				3	6	
g 4		-	endent voting memb	-		ine 1b)	•			4	6	
₹   5		•	employees (Part V, I	_	<b>3</b> , ( ,	,			•	5	31	
Activities & Governance			volunteers (estimate							6		
			ated business reven		line 12. column (C	3)				7a		
	•		siness taxable incom			,				7b		0
	<u>D NOCUMO</u>	natou bu	oniogo taxabio iniogn	10 110111 1 0 1111 0 0 0	, ,				Prior Year		Cı	rrent Year
_   8	3 Contribu	tions and	d grants (Part VIII, lir	ne 1h)					516,	784		<u>595,616</u>
Ž   9	Program	service	revenue (Part VIII, II	ne 2g) 🌖	(A) (A)							
Revenue	0 Investme	ent incon	ne (Part VIII, column	(A), lines 3, 4, a	nd ZdTECEN	/FD	1		3,	210		1,005
	1 Other re	vonue (P	Part VIII. column (A)	lines 5 6d Rol Q	c 10c and 11a)		/ [		474,	018		500,489
1:	2 Total rev	∕enue—a	and lines 8 through 1	1 (must equal Pa	t XIID column (A),	line 12) (9)	IΓ		994,	012	1	,097,110
1:	3 Grants a	ınd sımıla	ar amounts paid (Pai	t IX, column (A),	lines 1-3) 0 21							
			or for members (Part			SE						
			ompensation, employ						295,	715		449,431
9 10 10 10 10 10 10 10 10 10 10 10 10 10			Iraising fees (Part IX	•								
Expenses			expenses (Part IX, o			69,5	75 T					
"∭ ∫ ™		_	(Part IX, column (A),			,-	· -		677.	345		720,731
<b>\</b>		•	Add lines 13-17 (mus	•	•				973.		1	,170,162
) I	•		penses Subtract line	•	` ' '					952		-73,052
\ 5 8 1 1 1	<u> </u>	000 OA			·····	<del></del>		Beg	inning of Y		E	nd of Year
Sets or a	0 Total ass	sets (Par	t X, line 16)						296,			223,430
SE 2		•	art X, line 26)					•	11,	220		13,144
		•	d balances Subtrac	t line 21 from line	20		-		285,	151		210,286
			re Block								_	
3	Un	der penalt	ties of periury, I declare	that I have examine	d this return, including	accompanyin	a schedules	and stater	nents. and	to the bes	t of my kn	owledge
<b>Part</b>	and	d belief, it	is true, correct, and con	nplete Declaration	of preparer (other than	officer) is bas	ed on all info	rmation of	which pre	parer has	any knowle	edge
Sign		10	and de	leman						1 11	10-0	9
Here		Signatui	re of officer	<del></del>	<del></del>				-	Date		<u>. •</u>
1.0.0		l		eman ,	Executive	Diroca	4n~			Date		
		Type or	print pame and title			٠,, ٥						
				$\cap$			Date	Т	Check if	-	Preparer	's identifying number
Paid		eparer's	Latricio	> Vaux	~~0		11-10-	119	self-	<b>▶</b> □	(see inst	ructions)
Prepa		nature	7			ODI	11 10-	<u> </u>	employed			<u>071866</u>
Use C	l l	m's name			ssociates,	CPAs		-		EIN	<b>▶</b> 26	-1865984
	ıf s	elf-employ	yed), 234	Fourth A						Phone		
		dress, and	<del></del>	nklin, Tl						no 🕨	615-	<u>794-4313</u>
			turn with the prepare		<u> </u>					<u> </u>		Yes No
DAA F	or Privacy	Act and	Paperwork Reduct	ion Act Notice, s	ee the separate in	structions.						Form <b>990</b> (2008)

	Graceworks Minis		<u>62-158</u>	4204		Page 2
	atement of Program Serv	vice Accomplishments (S	ee instructions)			
	be the organization's mission	nd by providing	zomnzohon - :	1170		
	e the grace of Go s to residents ir			rve		
	son County.	i need chroughout	•			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our course.					
2 Did the organ	nization undertake any significant	program services during the yea	r which were not liste	ed on		
· ·	n 990 or 990-EZ?				Yes	X No
	cribe these new services on Sche					
=	nization cease conducting, or make	ke significant changes in how it c	onducts, any prograr	n	□ v <sub>22</sub>	X No
services?	cribe these changes on Schedule	.0			. Lites	⊠ 140
	exempt purpose achievements for		e largest program se	rvices by expenses		
	c)(3) and 501(c)(4) organizations	_				
	others, the total expenses, and i			•		
<u>-</u>			<u>.                                      </u>			
4a (Code		30,551 including grants o		) (Revenue \$		)
	arian and outread	ch programs for t	che William	mson	•	
County a	area.					
		•				
		•			•	
4b (Code	) (Expenses \$	including grants o	f \$	) (Revenue \$		
45 (0000	) (Exponded \$\psi\$	molading grante o	· • .	) (Novolido <b>4</b>		,
				·		
•						
			•			
·						
4c (Code.	) (Expenses \$	including grants o	f\$	) (Revenue \$		)
	•		•	•		
		•		•		
		•				
•						
		·				
		•				
Ad Other progres	m services. (Describe in Schedul	le () \				
(Expenses \$	•	luding grants of \$	) (Reve	enue \$	١	
	m service expenses > \$		ual Part IX, Line 25,			
			, <u>-</u> ,		Form 9	90 (2008)

Form	990 (2008) Graceworks Ministries, Inc 62-1584204		F	age 3
	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A .	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3	_	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			3.7
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	١		ŀ
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<b>-</b>	<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			- V
_	Schedule D, Part I	6	<del>                                     </del>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\ <sub>V</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
^	complete Schedule D, Part III	8	<u> </u>	<del>  ^-</del>
9	Did the organization report an amount in Part X, line 21, 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,"	9		X
10	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization rood assets in term, permanent, or quasi-endowments in Tes, complete schedule D, i art v	10		- 11
• •	Parts VI, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	<u>  ' '                               </u>	1	<del>                                     </del>
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I	14b	i	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ.	Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	ľ
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on 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, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	<u> </u>	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 questions	ŀ	1	
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
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		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) 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	<u> </u>	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<b>├</b>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ı	1	Í

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

# Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	1		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	j		
	Part IV .	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u></u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ĺ
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	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, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S Information Returns Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	oortabi	le			7.7
	gaming (gambling) winnings to prize winners?	. 1	1	1c		_X_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		31			
	Statements, filed for the calendar year ending with or within the year covered by this return		31	—— i i	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the little of the	ns?		2b	X	<del> </del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
0-	Instructions)	al la				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	а бу		20		Х
<b>L</b>	this return?  If "Yes" has it filed a Form 000 T for this year? If "Nis" provide an explanation in Schodule O			3a 3b		<u> </u>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	author	<b>14.</b>	30		$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other cover, a financial account in a foreign country (such as a bank account, securities account, or other fin		•			
	account)?	anciai		4a		Х
b	If "Yes," enter the name of the foreign country:	•		1-74		<del>  ^</del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts	Dann				
5a				5a	-	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	tion?		5 <b>b</b>		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than		*		
	\$75?			7a	_X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is				
	required to file Form 8282?		1	_7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<b>.</b>			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
_	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			х	
	required?	tion		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor		,			
	organization, have excess business holdings at any time during the year?	isoning	9	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			"	_	1
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter					<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1	
	amounts due or received from them )	11b			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the curroumstances, processes, or changes in Schedule O. See instructions.  I Enter the number of voting members of the governing body  Enter the number of voting members that are independent  I ta	Sec	tion A. Governing Body and Management			
corcumstances, processes, or changes in Schedule O. See instructions.  I a Enter the number of voting members of the governing body  b Enter the number of voting members that are independent  2				Yes	No
corcumstances, processes, or changes in Schedule O. See instructions.  I a Enter the number of voting members of the governing body  b Enter the number of voting members that are independent  2		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees be a management company or other person? 4 Did the organization have disease control over management dudies customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization have weare during the year of a material diversion of the organization's assesses. 7 Did be organization have members of stockholders? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have been such as the meetings held or written actions undertaken during the year by the following:  1 The governing body? 8 Did the organization have been such as the policy of the form 900 provided to the organization? 8 Did the organization have form 900 provided to the organization? 9 Did the organization have form 900 provided to the organization organization? 9 Did the organization have a written policies and procedures governing body? 9 Did the organization have a written organization see to review the Form 900 10 X 11 Is there any officer, director or fursitee, or key employee lated in Part VII, Section A, who cannot be reached at the organization's malling address? If Yes," provide the names and addresses in Schedule O 11 Did the process in Schedu					
Did any officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees?  Just the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Just descriptions of officers, directors or trustees, or key employees to a management company or other person?  Just descriptions of the companization make any significant changes to its organization allowers may employee to a management company or other person?  Just descriptions of the companization have members of stockholders?  Just descriptions of the companization have members or stockholders, or other persons who may elect one or more members of the governing body?  Just any decisions of the governing body subject to approval by members, etockholders, or other persons?  Just descriptions of the governing body subject to approval by members, etockholders, or other persons?  The governing body?  The governing body of the Form 990 of the Form	1a	Enter the number of voting members of the governing body			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct 5 Did the organization delegate control over management duties customanly performed by or under the direct 5 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a material diversion of the organization has become aware during the year of a material diversion of the organization has become aware during the year of a material diversion of the organization has become the companization of the organization have members of stockholders, or other persons assets? 5 Does the organization have members of stockholders, or other persons assets? 7 Did the organization contemporaneously document the meetings held or written actions underfaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions underfaken during the year by the following: 9 Did the organization have broad chapters, branches, or affiliates? 9 Did the organization have broad chapters, branches, or affiliates? 9 Did the form 990 of the Form 990 organization thave a written conflict of interest policy? If No. 90 to line 13 12a	b	Enter the number of voting members that are independent		1	
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b Other officers or key employees of the organization?  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  1	а		15	a X	Ī
Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► TN  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Graceworks Ministries  Describe in Schedule O whether (and if so, how) and the person who possesses the books and records of the organization. ► Graceworks Ministries	_				Х
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ TN  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website ▼ Another's website ▼ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100		· · · · · · · · · · · · · · · · · · ·			
with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  ☐ Own website ☒ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries  104 Southeast Pky, Suite 100	16a	·			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  □ Own website ☒ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries  104 Southeast Pky, Suite 100		with a taxable entity during the year?	16	a	Х
the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN.  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  □ Own website ☒ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN .  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website □ Another's website □ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100					
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN .  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website □ Another's website □ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100		the organization's exempt status with respect to such arrangements?	16	ь	
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ► TN</li></ul>	Sec			<u></u>	
<ul> <li>Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.</li></ul>	17		_		
available for public inspection. Indicate how you make these available. Check all that apply  Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries  104 Southeast Pky, Suite 100	18		()		
Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100			•		
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Graceworks Ministries</li> <li>104 Southeast Pky, Suite 100</li> </ul>					
policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100	19		st		
State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Graceworks Ministries 104 Southeast Pky, Suite 100			· <b>-</b>		
organization. ▶ Graceworks Ministries 104 Southeast Pky, Suite 100	20		غ		
	F.	- <del>-</del>			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the 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 trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	<b>(B)</b> Average	Posi		(C checl	C) k all t	hat a <sub>l</sub>	pply)	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and Thie	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Ed Trowbridg	е									
<u>President</u>		X	ļ	Х				0	0	C
Nancy Keeth VP		х		х				0	0	
Judy Parker Sec		Х		Х				0	0	
Elaine MacDo Treasurer	nald	x		Х				0	0	
Linda Decker		X						0	0	(
<u>Director</u> James Warren		Α.		$\vdash$	-				0	
Director		Х				<u> </u>		0	0	(
		┢			$\vdash$	$\vdash$	$\vdash$			
		-	<del> </del>		-					
		┼	$\vdash$		-	$\vdash$	-			
		<del> </del>	-	-			-			_
				igspace	_	1	_			
:										

Par	VII Section A	. Officers, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated I	Employees (continued)				
	(A)	(B)			((				(D)	(E)		(F)		
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro	timated ount of other pensation om the		
			ıstee	trustee		96	pensated		(W-2/1099-MISC)		and	inization I related nizations		
											•			
									_					
											_		<del></del>	
													·	
			_											
				-										
1b	Total		<u> </u>	<u> </u>		L	<u> </u>	<b></b>						
2		ividuals (including those in	1a)	who	rece	ivec	l mor	e th	an \$100,000 ın reportable o	compensation from the				
									oyee, or highest compensa	ted	Γ	Yes	No X	
4	For any individual lis	a? If "Yes," complete Scher sted on line 1a, is the sum d related organizations gre	of re	port	able	com	npens	satio	on and other compensation s," complete Schedule J fo	from or such		3	T -	
5		ed on line 1a receive or according to the organization? If "Yes,							ny unrelated organization fo	or		5	X	
Sect	ion B. Independent	Contractors												
1	Complete this table compensation from	the organization	ensa ——	ted	ınde	pend	dent (	cont	ractors that received more			(C)		
	<del>.</del> ,	(A) Name and business address				· <u>-</u>			Descrip	(B) otion of services		(C) Compens	ation	
						-			<del> </del>					
_	Table purple of the	Innondest contractors ( )	- دامر	. AL	•	. 41			word more than 6400 000					
DAA	Total number of ind compensation from		uain	y (no	se II	1 1)	wno	ece	eived more than \$100,000 ii	n		0 Form <b>99</b>	0 (2008)	

Pa	<u>rt V</u>	III Statement of	<u>r Revenue</u>						
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ည ည	1a	Federated campaigns	1a						
Contributions, gifts, grants and other similar amounts	h	Membership dues	1b		<del></del>				
₽E	•	Fundraising events	1c						
its	ں س	-		_					
oil Bill	a	Related organizations	1d		42 074		İ		
Sis	е	Government grants (contribution			43,074				
풀힐	f	All other contributions, gifts, gra			1				
흔히		and similar amounts not include	d above 1f		52,542				
털	g	Noncash contributions included	ın lines 1a-1f \$	18	83,015				
	h	Total. Add lines 1a-1f			<b>•</b>	595,616			
Program Service Revenue					Busn. Code				
ě	2a								
2	b								
흥	С								
ē	d								
Ë	e							<u>-</u>	<del></del>
gra	_	All other program conv	ice revenue						
2	<u>'</u>	All other program serv		Į.	<b>—</b>				,
-	_ g	Total. Add lines 2a-2f							
	3	Investment income (in		enas, interes	st, and	1 005			1 005
		other similar amounts)				1,005			1,005
	4	Income from investme	nt of tax-exen	npt bond pr	roceeds >				
ŀ	5	Royalties			<u> </u>				
			(ı) Real	(II) Pe	ersonal	*			,
	6a	Gross Rents							; ,
	b	Less rental exps				,	««		7 .
	С	Rental inc or (loss)							
	d	Net rental income or (I	oss)		•				
	7a	Gross amount from (i)	Securities	(11)	Other	^	*		
		sales of assets other than inventory						*	(%) '
	b	Less cost or other					v «		· · · · · · · · · · · · · · · · · · ·
	_	basis & sales exps							,
	С	Gain or (loss)		<del>                                     </del>					
	d	Net gain or (loss)				*** **			*
			ucina ovente						
a	oa	Gross income from fundra	using events						
nue		(not including \$							
Š		of contributions reported of	•	-	50 405				
Ē		See Part IV, line 18	a		59,405				
Other Reven	b	Less direct expenses	. b		30,117	-			
0	С	Net income or (loss) fr		ig events		29,288	29,288		
	9a	Gross income from gamin	g activities						
		See Part IV, line 19	а	·					
	b	Less direct expenses	b						
	С	Net income or (loss) fr	om gaming a	ctivities	<b></b>				
	10a	Gross sales of invento	ry, less						,
		returns and allowances	s a		471,201				•
	ь	Less cost of goods so	old <b>b</b>						
		Net income or (loss) fr			<b>•</b>	471,201	471,201		
	Ť	Miscellaneous			Busn. Code	1,1,201	1,1,201		
	11a							-	
					<b>-</b>				<u> </u>
	b								
	С								
	d	All other revenue		į	L				
	е	Total. Add lines 11a-1			•				
	12	Total Revenue. Add li	nes 1h, 2g, 3,	, 4, 5, 6d, 7	'd, 8c,				
		9c, 10c, and 11e				1,097,110	500,489	0	1,005

#### 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must o	complete column (A) but a	re not required to comple (B)	te columns (B), (C), and (D	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	44,307	14,769	14,769	14,769
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	262 077	325 026	15 707	22 154
7	Other salaries and wages	362,977	325,026	15,797	22,154
8	Pension plan contributions (include section 401(k)	8,758	7,269	657	832
9	and section 403(b) employer contributions) Other employee benefits	0,130	1,209	057	034
10	Payroll taxes	33,389	27,713	2,504	3,172
11	Fees for services (non-employees):	33,305	21,113	2,304	5,112
	Management				
b	Legal				
c	Accounting	2,920		2,920	<del></del>
d	Lobbying	-,			
e	Professional fundraising services See Part IV, line 17				-
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	152,079	136,871	7,603	7,605
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1.5 0.5 0	5 050	10 100	
22	Depreciation, depletion, and amortization	16,359	5,879	10,480	
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Program assistance	266,584	266,584		·
a b	Food baskets	183,015	183,015		
c	Repairs & maintenance	19,191	17,271	960	960
d	Office supplies	12,035	10,831	602	602
e	Grant Writing	12,000		- 002	12,000
f	All other expenses	56,548	35,323	13,744	7,481
25	Total functional expenses. Add lines 1 through 24f		1,030,551	70,036	69,575
26	Joint Costs. Check here ▶ ☐ If following		,,	2,000	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA	- <del></del>	<del></del>			Form <b>990</b> (2008)

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	1 2 3 4 5 6 7 8 9	12	year 38,5	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	2 3 4 5 6 7 8	12	20,0	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	3 4 5 6 7 8			124
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	6 7 8			124
5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L  6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	5 6 7 8			124
employees, or other related parties. Complete Part II of Schedule L  6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	6 7 8			124
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	6 7 8			124
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	7 8			<u></u>
	7 8			
Part II of Schedule L	7 8			12.4
	8			12.4
7 Notes and loans receivable, net				124
* 1	9			
			10,3	<u> 104</u>
10a Land, buildings, and equipment. cost basis 10a 123,060				
b Less accumulated depreciation Complete				
Part VI of Schedule D 10b 77, 230 58, 477 1	10c		<u> 45,8</u>	<u> 330</u>
11 Investments—publicly traded securities1	11			
12 Investments—other securities. See Part IV, line 11	12			
13 Investments—program-related See Part IV, line 11	13			
	14			
	15		8,7	
	16	22		130
17 Accounts payable and accrued expenses 8,352 1	17		6,7	717
18 Grants payable	18			
19 Deferred revenue	19			
	20			
21 Escrow account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I	21			
22 Payables to current and former officers, directors, trustees, key	- 1			
employees, highest compensated employees, and disqualified	- 1			
persons. Complete Part II of Schedule L	22			
	23			
	24			
	25		6,4	
	26		13,1	<u>44</u>
Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.				
complete lines 27 through 29, and lines 33 and 34.	ı	0.4		
	27	2.	10,2	<u> 286</u>
28 Temporarily restricted net assets	28			
<u>-                                    </u>	_29		_	
Organizations that do not follow SFAS 117, check here ▶				
and complete lines 30 through 34.				
9 30 Capital stock or trust principal, or current funds	30			
<u> </u>	31		_	
32 Retained earnings, endowment, accumulated income, or other funds	32		100	<del></del>
<u> </u>	33		$\frac{10}{2}$	
Part XI Financial Statements and Reporting	34		23,4	<u> 130</u>
Fait Ai Financial Statements and neporting			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>	165	NO
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	†	Х
b Were the organization's financial statements audited by an independent accountant?		2b	Х	<del></del>
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
the Single Audit Act and OMB Circular A-133?		3a		Х
b If "Yes," did the organization undergo the required audit or audits?		3b		

#### SCHEDULE A

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public

Employer identification number

62-1584204

Department of the Treasury Internal Revenue Service Name of the organization

Graceworks Ministries, Inc

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part i The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally Integrated **b** | Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of (described on lines 1-9) in col (i) listed in your the organization in organization in col organization support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes No No Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (e) 2008 (f) Total (a) 2004 (d) 2007 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 Gifts, grants, contributions, and membership fees received. (Do not 1,000,616 1,126,222 4.083.973 685,043 720,150 551,942 include any "unusual grants") 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 4,083,973 720,150 1,000,616 1,126,222 551,942 685,043 4 Total, Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4,083,973 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 551,942 685,043 720,150 1,000,616 1,126,222 4,083,973 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,704 478 309 3,210 1,005 7,706 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 4,091,679 12 Gross receipts from related activities, etc. (see instructions) 12 4,083,973 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 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.8117 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 99.8380 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sac	tion A. Public Support	cked the box	OII IIII 9 OI 1 E	ait i.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 2007	(5) 2000	(0) 2000	(4) 200.	(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		: 				
6	Total. Add lines 1-5			-			<del> </del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000					:	
c	Add lines 7a and 7b			-			<del>                                      </del>
8	Public support (Subtract line 7c from line 6.)		1				1
Sac	tion B. Total Support		<u> </u>	]	<u> </u>	I	<u> </u>
	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 2004	(5) 2000	(6) 2000	(4) 2007	(6) 2000	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
Sec	tion C. Computation of Public Su		ntage				
15	Public support percentage for 2008 (line 8			nn (f))		15	%
16_	Public support percentage from 2007 Scho	, ,	-		·	16	%
	ction D. Computation of Investme						~
17	Investment income percentage for 2008 (li			3, column (f))		17	%
18	Investment income percentage from 2007		-		_	18	%
19a	33 1/3 % support tests—2008. If the orga			ie 14, and line 15 i	s more than 33 1/3	3 %, and line	
	17 is not more than 33 1/3 %, check this b						▶ 🗌
b	33 1/3 % support tests—2007. If the orga	nization did not c	heck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3%, and	_
	line 18 is not more than 33 1/3 %, check the	his box and <b>stop</b>	here. The organiza	ation qualifies as a	publicly supported	dorganization	▶ 🗌
20_	Private foundation. If the organization did	l not check a box	on line 14, 19a or	19b, check this bo	x and see instruct	ions	▶ □

Page 4

Schedule A (Form 990 or 990-EZ) 2008 Graceworks Ministries, Inc 62-1584204

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

DAA

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Schedule D (Form 990) 2008

Employer identification number Name of the organization Graceworks Ministries, Inc 62-1584204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 
\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Sche	dule D (Form 990) 2008 <u>Gracework</u>	s Ministries,	Inc	62-15	584204		Page 2
	rt III Organizations Maintaining	Collections of Art, I	Historical Treas	sures, or Other	Similar Ass	ets (contin	
3	Using the organization's accession and other items (check all that apply).	records, check any of the	following that are a	significant use of it	s collection		
а	Public exhibition	d I loan o	r exchange program	ns			
b	Scholarly research	e Other	r onego program	.•			
c	Preservation for future generations					_	
•	Provide a description of the organization's co	llostions and avalain how t	how further the orga	nization'e evemnt r	NIMOSA IN		
4	Part XIV.				dipose iii		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of t	he organization's co	ollection?		Yes	☐ No
Pa	rt IV Trust, Escrow and Custod Part IV, line 9, or reported a	i <b>al Arrangements.</b> C an amount on Form <u>(</u>	omplete it orga 990, Part X, line	nization answe	red "Yes" to	Form 990,	
1a	Is the organization an agent, trustee, custodia						
	included on Form 990, Part X?	•				Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	table:				
						Amour	ıt
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21?					∐ No
	If "Yes," explain the arrangement in Part XIV.	·		···			
Pa	rt V Endowment Funds. Comp	lete if organization a	nswered_"Yes" t			D	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Fou	r years back
1a	Beginning of year balance						<del></del>
b	Contributions						
C	Investment earnings or losses	_			<del> </del>		
	Grants or scholarships			_			<del></del>
е	Other expenditures for facilities						
	and programs						<del></del>
f	Administrative expenses						······································
g	End of year balance			<u> </u>			
2	Provide the estimated percentage of the year						
	Board designated or quasi-endowment	%					
b	Permanent endowment  %						
	Term endowment ▶ %						
за	Are there endowment funds not in the posses	ssion of the organization th	at are neld and adm	ninistered for the			[v] N
	organization by					On (i)	Yes No
	(i) unrelated organizations					3a(i)	<del>                                     </del>
	(ii) related organizations	o hatad as sassurad as Cab.	adula DO			3a(ii)	<del>                                     </del>
_	If "Yes" to 3a(II), are the related organizations  Describe in Part XIV the intended uses of the	•				3b	<u> </u>
<u>4</u>	urt VI Investments—Land, Build			0 Part Y line	10		<del>-</del>
Га	Description of investment	(a) Cost or other basis	(b) Cost or ot		epreciation	(d) Book	c value
		(investment)	basis (other	1 ''	epreciation	(4) 500	
1a	Land						
	Buildings		<del> </del>				
	Leasehold improvements .			,427	3,313		9,114
	Equipment		110	, 633	73,917		<u>36,716</u>
	Other	<u> </u>					45 00 -
rota	I. Add lines 1a-1e (Column (d) should equal f	orm 990, Part X, column (	B), line 10(c).)		<u> </u>		<u>45,830</u>

Schedule D (Form 990) 2008 Graceworks Ministries		62-1584204	Page 3
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuatio	
(including name of security)		Cost or end-of-year market	t value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			-
<del></del>			
<u> </u>			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 99	0. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuatio	on
(a) a see a partie of the see a see	(.,,	Cost or end-of-year marke	
			•
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Total. (Column (b) should equal Form 990. Part X. col. (B) line 13.)			_
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		1 ,	(b) Book value
(a) Description			(b) book value
			-
			··
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T. I. (O. I. (I.) I. I. I. I. O. O. D. I. V. I. (D. I. I. I.)			<del></del> -
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<u></u>	
Part X Other Liabilities. See Form 990, Part X, line 2	T		
(a) Description of liability	(b) Amount		
Federal income taxes	4 130		
Accrued Wages	4,132		
Sales Tax Payable	2,295		
	<del> </del>		
	<u> </u>		
	ļ		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	6,427		
In Part XIV, provide the text of the footnote to the organization's financial sta	atements that reports the ord	ganization's liability for	
uncertain tax positions under FIN 48.		•	

Sche	dule D (Form 990) 2008 <u>Graceworks Ministries, Inc</u>	<u>62-158420</u>	4	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to I	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,097,110
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,170,162
3	Excess or (deficit) for the year Subtract line 2 from line 1	-	3	-73,052
4	Net unrealized gains (losses) on investments		4	-1,813
5	Donated services and use of facilities	•	5	
6	Investment expenses		6	
7	Prior period adjustments		7	<del></del>
8	Other (Describe in Part XIV)		8	0
9	Total adjustments (net) Add lines 4-8		9	-1,813
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	·	10	-74,865
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	1,095,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a -1,813		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	-1,813
3	Subtract line 2e from line 1		3	1,097,110
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	]		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	. 75	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	1,097,110
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per F		
1	Total expenses and losses per audited financial statements		1	1,170,162
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1/1/0/102
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	<b>2d</b> 0		
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	1,170,162
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l }	٣	1,170,102
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	·	4b		
	Other (Describe in Part XIV) Add lines 4a and 4b	40	40	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		4c 5	1,170,162
	rt XIV Supplemental Information		_ 5	1,170,102
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	es 1a and 4 Part IV lines 1h		<del> </del>
	the terms part to provide the descriptions required for Part II, lines 3, 3, and 3, 1 art III, lines 2d and 4b, and Part XIII, lines 2d and 4b, and and and and and and and and and and			
anu	D, Takt V, line 4, Takt A, Takt Al, line 0, Takt All, lines 20 and 40, and Takt All, lines 20 a	and 40.		
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Schedule D (F Part XIV	orm 990) 200	8 Gr	acew	orks	Mi	<u>nis</u>	tri	.es,	In	ıc		 	62-	<u>-158</u>	3420	4			F	age 5
Part XIV	Supplem	nental Ir	nforma	tion (c	continu	ied)												 		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Employer identification number Name of the organization Graceworks Ministries, Inc 62-1584204 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants **Email solicitations** Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fund-(v) Amount paid to (vi) Amount paid to (ii) Activity (iv) Gross receipts (i) Name of individual raiser have (or retained by) (or retained by) or entity (fundraiser) from activity custody or fundraiser listed in organization control of contributions? col (i) Yes No Total

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Schedule G	(Form	990 or	990-EZ	2008

10a

11

12

11

12

If "Yes," Explain.

Sche	dule G (Form 990 or 990-EZ) 2008 <u>Graceworks Ministries, Inc</u>	62-158420	4	Pa	age <b>3</b>
				Yes	No
13	Indicate the percentage of gaming activity operated in	1			
а	The organization's facility	13a %		1	
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books			1	
	and records				
	Name ▶				
	Address ▶				ı
15a	Does the organization have a contract with a third party from whom the organization receives gaming				ı
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				İ
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2008

#### SCHEDULE M (Form 990)

**NonCash Contributions** 

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

n 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

One and the Ministerias The

Employer identification number

OMB No 1545-0047

	Gracework	ks Mir	<u>listries, In</u>	<u> </u>	[62-158420	4		
_Pa	ert I Types of Property	···········		<u> </u>				
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determinin revenues	9		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		471,202	Thrift store value	ıe		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded		1					
10	Securities—Closely held stock				<u> </u>			
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate—Residential	<u> </u>						
16	Real estate Commercial	<b>—</b>						
17	Real estate—Other							
18	Collectibles	37	1	102 015	Estimated metail			
19	Food inventory	X	<u> </u>	183,015	Estimated retail			
20	Drugs and medical supplies							
21	Taxidermy							
22 23	Historical artifacts	-	,					
23 24	Scientific specimens Archeological artifacts							
25	Other ►(							
26	Other ►(		· · · · · · · · · · · · · · · · · · ·					
27	Other ►(							
28	Other ►(		· · - ·-					
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	r for contributions for				
	which the organization completed Fe	-			29			
	,	·	,				Yes	No
30a	During the year, did the organization	receive by	y contribution any prope	rty reported in Part I, lines	1-28 that			
	it must hold for at least three years f							
	used for exempt purposes for the er					30a		Х
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a gift ad	ceptance p	policy that requires the re	eview of any non-standard				
	contributions?	•		_		31		Х
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	on-cash			
	contributions?		_			32a		Χ_
b	If "Yes," describe in Part II							
33	If the organization did not report rev	enues in co	olumn (c) for a type of p	roperty for which column (a	i) is checked,			
	describe in Part II							

Schedule M (Form 990) 2008

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

Graceworks Ministries, Inc

Employer identification number 62-1584204

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents During September 2008, the organization's bylaws were changed.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 The return was reviewed, along with the audit, with the executive director and President prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is constantly being reviewed with the board. Each member is responsible for keeping the managment up to date on any issue that arises.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The compensation package of top management is approved by the board of directors. Comparability data is used to determine their compensation package.