	0	00	Return of Organization Exempt From	n Income Tax	K	OMB No. 1545-0047	
Forr	пY	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			2021	
			Do not enter social security numbers on this form as it m	ay be made public.		Open to Public	
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	test information.		Inspection	
AF	or th	e 2021 calenda	ar year, or tax year beginning $ m JUL1,2021$ and ending	<u>JUN 30, 202</u>	22		
B c a	heck if pplicab	le: C Name of	organization	D Employer iden	ntificati	on number	
	Addre		NG GRACE				
	Name		usiness as	26-4589	9018		
	Initial		and street (or P.O. box if mail is not delivered to street address)				
		1229	WEST POPLAR	479-636		33	
	termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		1,829,836.	
	Amer returr		RS, AR 72756	H(a) Is this a grou	p retur	n	
	Appli tion	^{ca-} F Name ar	nd address of principal officer: REBEKAH SHAFFER	for subordina	ates?	Yes X No	
	pendi	^{ng} 1229 1	W POPLAR, ROGERS, AR 72756	H(b) Are all subordinat	tes includ	ed? Yes No	
<u>I</u> T	ax-ex	empt status: [X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attac	h a list.	. See instructions	
		,	SAVINGGRACENWA.ORG	H(c) Group exemp			
		f organization: 🗌	X Corporation Trust Association Other ► L	Year of formation: 2010) M St	tate of legal domicile: AR	
Pa	art I	Summary					
¢	1	Briefly describ	e the organization's mission or most significant activities: SAVING C	RACE'S MISSI	ON	IS TO	
nc			YOUNG WOMEN, AGES 17-25, DURING THE T				
erné	2		if the organization discontinued its operations or disposed of r	nore than 25% of its net	1		
Ň	3				3	15	
ن مە	4		ependent voting members of the governing body (Part VI, line 1b)		4	15	
ies	5		of individuals employed in calendar year 2021 (Part V, line 2a)		5	<u>20</u> 1060	
Activities & Governance	6		of volunteers (estimate if necessary)		6	0.0	
Act			business revenue from Part VIII, column (C), line 12		7a	0.	
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	<u>7b</u>		
		Contributions	and grapts (Dart) (III, line 1b)	1,196,519		Current Year 1,813,241.	
IUe	89		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	6,817		7,325.	
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	3,426		2,710.	
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,278		-140,451	
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,196,484		1,682,825.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)).	0.	
	14		o or for members (Part IX, column (A), line 4)).	0.	
6	15	•	compensation, employee benefits (Part IX, column (A), lines 5-10)	350,841	L.	442,787.	
Ises	16a		indraising fees (Part IX, column (A), line 11e)	().	0.	
Expense	b		ng expenses (Part IX, column (D), line 25) \blacktriangleright 90, 689.				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	277,906	5.	572,474.	
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	628,747	7.	1,015,261.	
	19	Revenue less e	expenses. Subtract line 18 from line 12	567,737	7.	667,564.	
Net Assets or Fund Balances				Beginning of Current Ye		End of Year	
sets	20	Total assets (F	Part X, line 16)	1,508,865	5.	4,217,753.	
tAs	21	Total liabilities	(Part X, line 26)).	2,042,530.	
			und balances. Subtract line 21 from line 20	1,508,865	5.	2,175,223.	
	nrt II	Signature					
			declare that I have examined this return, including accompanying schedules and sta		f my kno	owledge and belief, it is	
true.	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre-	parer has any knowledge.			

,	- ,											
Sign	Signature of officer	Date										
Here	REBEKAH SHAFFER, EXECU											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date Check PTIN									
Paid	JOHN D. EVANS		11/15/22 self-employed P00736358									
Preparer	Firm's name LANDMARK PLC , CP2	AS	Firm's EIN ▶ 71-0355269									
Use Only	Firm's address 2003 SOUTH HORSE	BARN ROAD, SUITE 4										
	ROGERS, AR 72758	Phone no. (479) 636-4461										
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No									

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	n 990 (2021) SAVING GRACE	26-4589018	Page 2
Pa	rt III Statement of Program Service Accomplishments		G
	Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly describe the organization's mission:		
	SAVING GRACE'S MISSION IS ALL ABOUT HELPING YOUNG WOMEN,	AGES 17-25,	
	IN TRANSITION(I.E. AGING OUT OF FOSTER CARE, GROUP HOMES,	HOMELESS,	
	LACKING SUSTAINING RELATIONSHIPS) BY PROVIDING AN AFFORDA	BLE AND SAFE	3
	PLACE TO LIVE, OFFERING GROWTH OPPORTUNITIES AND ASSISTIN	G THE YOUNG	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		d
	revenue, if any, for each program service reported.		
4a		s 13,8	885.)
	DURING THE LAST FISCAL YEAR 13 YOUNG WOMEN CALLED SAVING	GRACE HOME.	
	DURING THEIR STAY THEY ARE PROVIDED LIMITED MEALS; A SAFE	ENVIRONMEN	<u>г;</u>
	AND GUIDANCE IN PURSUING FUTURE EDUCATIONAL AND JOB OPPOR	TUNITIES. TH	ΗE
	HOME CONTAINS BOTH PRIVATE AND SHARED SPACE SO RESIDENTS	CAN DEVELOP	
	SELF-DISCIPLINE AND INTERPERSONAL SKILLS.		
	ADDITIONALLY, DURING THE LAST FISCAL PERIOD 95 APPLICANTS	APPLIED TO	
	THE PROGRAM AND WE CELEBRATED 2 GRADUATES		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue		
70	(Code:) (Expenses \$ including grants of \$) (Revenue	; o)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 711,861.		
		Form 9	90 (2021)
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 Form 990 (2021)
 SAVING
 GRACE

 Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 21
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		37	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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Form 990 (2021) SAVING GRACE
Part IV Checklist of Required Schedules (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	~		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
-	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~		
25.0	Part V, line 1	34 25 a		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.5		
12000	(gambling) winnings to prize winners?	1c	990	<u> </u> (2021)
132004	↓ 12-09-21 /	FOUU	550	(2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		<u>v</u>						
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
za	filed for the calendar year ending with or within the year covered by this return 20								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	-		v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x					
А		70							
u e	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
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								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	_						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
~									
с 14а	Enter the amount of reserves on hand	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
-	If "Yes," complete Form 4720, Schedule O.	-							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
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orm 990				45890		Pa	age 6						
Part V				nd for a "	No" r	espon	se						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.												
	Check if Schedule O contains a response or note to any line in this Part VI						X						
ection	A. Governing Body and Management												
				. – Г		Yes	No						
	er the number of voting members of the governing body at the end of the tax year	1a		15									
lf th	ere are material differences in voting rights among members of the governing body, or if the governing												
bod	y delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b Ent	Enter the number of voting members included on line 1a, above, who are independent 1b 1												
Did	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?												
	L	2		<u> </u>									
				х									
of c	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?												
	the organization make any significant changes to its governing documents since the prior Form 99				4		Х						
Did	the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X						
	the organization have members or stockholders?				6		X						
a Did	the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or										
	re members of the governing body?			L	7a		<u> </u>						
b Are	any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, or										
per	sons other than the governing body?			L	7b		<u> </u>						
Did	the organization contemporaneously document the meetings held or written actions undertaken during the year												
a The	e governing body?			L	8a	Х							
b Eac	committee with authority to act on behalf of the governing body?			L	8b	Х							
ls ti	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at	the										
org	anization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х						
ction	B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (Code.)										
				_		Yes	No						
a Did	the organization have local chapters, branches, or affiliates?			L	10a		X						
o If "ו	Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,										
and	branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b								
a Has	orm?	11a	Х										
b Des	scribe on Schedule O the process, if any, used by the organization to review this Form 990.												
a Did	the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х							
b Wer	e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	L	12b	Х							
c Did	the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe										
on	Schedule O how this was done			L	12c	Х							
	the organization have a written whistleblower policy?				13		Х						
Did	the organization have a written document retention and destruction policy?				14		Х						
Did	the process for determining compensation of the following persons include a review and approval	by inc	lependent										
	sons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The	organization's CEO, Executive Director, or top management official				15a	Х							
	er officers or key employees of the organization				15b	Х							
	Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····· F									
	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a										
	able entity during the year?				16a		Х						
	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			····· F									
	bint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-										
-	mpt status with respect to such arrangements?			- E	16b								
	n C. Disclosure		<u></u>	·····	100								
	the states with which a copy of this Form 990 is required to be filed \blacktriangleright AR												
	the states with which a copy of this form does broquiled to be find p <u></u>	4 990.	T (section 5()1(c)(3)s (only)	availat							
	public inspection. Indicate how you made these available. Check all that apply.	u 550	1 (3001011 00	51(0)31	Jiliy)	avanak							
	Own website Another's website X Upon request Other (explain	00.00	hadula ()										
	scribe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy and t	inan	ial							
	tements available to the public during the tax year.	met 0	ninerest pol	icy, and i	nnai i	nal							
	tements available to the public during the tax year. te the name, address, and telephone number of the person who possesses the organization's boo	ke ond	rocordo 🏲										
	TE THE NAME, address, and telephone number of the person who possesses the organization's boo	no al 10											
	29 WEST POPLAR, ROGERS, AR 72756												
	· · ·				Earr	990	(2024)						
006 12-0	6				LOUL	550	(2021)						
115	759194 NW75694.000 2021.05000 SAVING G	0 7 0 7	7			NTT.7	7569						
ттэ		LACE	2			TA M	1 2 0 2						

Form 990 (20		26-4589018	Page 7									
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
E	Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	tax year.									

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do	not cl	Posi			200	Reportable	Reportable Reportable			
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	amount of		
	week		cer an	d a di	irecto	or/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations		
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations		
(1) REBEKAH SHAFFER	45.00			0	-		-					
EXECUTIVE DIRECTOR				Х				70,000.	0.	0.		
(2) ASHLEY GOSS	1.00											
MEMBER		Х						0.	0.	0.		
(3) CHARLES GREATHOUSE	1.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(4) JACLYN LOMAX	1.00											
MEMBER		Х						0.	0.	0.		
(5) MAURI MYERS	1.00											
MEMBER		Х						0.	0.	0.		
(6) STEPHANIE RIFFLE	1.00											
MEMBER		Х						0.	0.	0.		
(7) SARAH GILLMER	1.00											
MEMBER		Х						0.	0.	0.		
(8) LISA CHAMBERS	1.00											
MEMBER		Х						0.	0.	0.		
(9) ADRIENNE WOODS	1.00											
MEMBER		Х						0.	0.	0.		
(10) LAUREN GREENHAW	1.00											
MEMBER		Х						0.	0.	0.		
(11) KEITH HELTON	1.00											
PRESIDENT		Х		Х				0.	0.	0.		
(12) NATALIE DODD	1.00											
MEMBER		Х						0.	0.	0.		
(13) PATRICK CURRY	1.00											
TREASURER		Х		Х				0.	0.	0.		
(14) KELSEY SISSON	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(15) BRANDI MALLARD	1.00											
MEMBER		Х						0.	0.	0.		
(16) BECKY SEIDLE	1.00											
MEMBER		Х					L	0.	0.	0.		
100007 10 00 01										Form 990 (2021)		

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	990 (2021) SAVING GF									26-45	589()18	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		. ,				
	(A) Name and title	(B) Average hours per week	box,	(C) Position do not check more than one ox, unless person is both an fficer and a director/trustee)				ı an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fro orga and	pensa om the anizati d relate nizatio	e ion ed
	Subtotal Total from continuation sheets to Part VI								70,000.		0.			0.
	Total (add lines 1b and 1c)								70,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	-			•			Ŭ			[3	165	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	eper	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		(0		
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than				

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			_ /	ING G	RACE				26-4589	018 Page 9
Pa	rt V		Statement of Rev	venue						_
			Check if Schedule O c	contains a	response	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ស្ត	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
s, G		с	Fundraising events		1c	354,392.				
Gift: lar /		d	Related organizations		1d					
ns, (imil			Government grants (contri	-	1e					
itior er S	1	f	All other contributions, gifts,							
oth			similar amounts not included		1f	1,458,849. 221,084.				
ont		-	Noncash contributions included in I Total. Add lines 1a-1f		1g \$		1,813,241.			
0 0			Total. Add intes faith			Business Code	_,			
e	2	а	RENTAL INCOME			721310	7,325.	7,325.		
e vic		b								
Sel		с								
ram leve		d								
Program Service Revenue		е								
ā	1		All other program service				E 205			
		g	Total. Add lines 2a-2f				7,325.			
	3		Investment income (includ other similar amounts)				2,710.			2,710.
	4		Income from investment o				_,,,			
	5		Royalties			1				
			, ,) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)		<u></u>					
	7 :	а	Gross amount from sales of		ecurities	(ii) Other				
		L	assets other than inventory	7a						
е		D	Less: cost or other basis and sales expenses	7b						
venue		с	Gain or (loss)	70 7c						
Rev			Net gain or (loss)							
Other			Gross income from fundraisir							
đ			including \$	354,392.	of					
			contributions reported on	-						
			Part IV, line 18							
			Less: direct expenses			147,011.	147 011			147 011
			Net income or (loss) from t Gross income from gaming			▶	-147,011.			-147,011.
	9	a	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from g			>				
			Gross sales of inventory, le							
			and allowances			a				
			Less: cost of goods sold			-				
		С	Net income or (loss) from s	sales of inv	ventory					
sn		-	MISCELLANEOUS			Business Code 624100	6,560.	6,560.		
Jeol	113		HISCHURNEOOS			024100	0,500.	0,500.		
əllar Ven		b c								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d			>	6,560.			
	12		Total revenue. See instructio				1,682,825.	13,885.	0.	-144,301.
13200	9 12-0	09-	21							Form 990 (2021)

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	Giants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	70,000.	17,500.	17,500.	35,000.
6	Compensation not included above to disqualified			,	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	372,787.	250,250.	99,191.	23,346.
8	Pension plan accruals and contributions (include	3/2//0/1			23/310
0					
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	16 007	12 254	1 000	1 01 17
	Management	16,297.	13,254.	1,826.	1,217.
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	23,395.	9,358.		14,037.
13	Office expenses	49,799.	42,391.	5,001.	<u>14,037</u> . 2,407.
14	Information technology				
15	Royalties				
16	Occupancy	82,783.	64,212.	11,142.	7,429.
17	Travel	6,588.	659.	5,270.	7, <u>429</u> . 659.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,723.	2,978.	745.	
		53,069.	2,570.	53,069.	
20	Interest	55,005.			
21	Payments to affiliates	7,059.	5,294.	1,765.	
22	Depreciation, depletion, and amortization	29,384.	26,077.	1,984.	1,323.
23	Insurance	29,304.	20,077.	1,904.	1,343.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	010 110	012 110		
а	IN-KIND EXPENSES	213,410.	213,410.		
	RESIDENT EXPENSES	32,956.	32,956.		
	REPAIR & MAINTENANCE	20,636.	20,636.		
d	MISCELLANEOUS	11,383.	3,416.	5,690.	2,277.
е	All other expenses	21,992.	9,470.	9,528.	2,994.
	Total functional expanses Add lines 1 through 24a	1,015,261.	711,861.	212,711.	90,689.
25	Total functional expenses. Add lines 1 through 24e				
<u>25</u> 26	Joint costs. Complete this line only if the organization				
	Joint costs. Complete this line only if the organization				

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

SAVING GRACE 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)

(A) Total expenses

(B) Program service expenses

Check if Schedule O contains a response or note to any line in this Part IX

(D) Fundraising expenses

(C) Management and general expenses

1,508,865.

33

SAVING GRACE

Check if Schedule O contains a response or note to any line in this Part X

(A) Beginning of year (B) End of year 623,615. 664,320. 1 1 Cash - non-interest-bearing 793,332. 879,948. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 2,805,902. basis. Complete Part VI of Schedule D _____ 10a 93,258. 50,459. 2,712,644. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 754. 1,546. 15 15 Other assets. See Part IV, line 11 1,508,865. 4,217,753. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 40,188. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 2,002,342. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 2,042,530. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,460,065. 27 927,622. 27 Net assets without donor restrictions Net assets with donor restrictions 48,800. 1,247,601. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,508,865. 2,175,223. Total net assets or fund balances 32 32

4,217,753.

Form 990 (2021)

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Total liabilities and net assets/fund balances

Form 990 (2021)	
Part X	Balance	Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 682, 825. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 015, 261. 3 Revenue less expenses. Subtract line 2 from line 1 3 667, 564. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 508, 865. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 7 7 7 7 7 8 Prior period adjustments 6 7 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2, 175, 223. Part XII Financial Statements and Reporting X X 0 0. 9 0. 0 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes N 1 Accounting method us		990 (2021) SAVING GRACE	26-45	89018	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 682, 825. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 015, 261. 3 8evenue less expenses. Subtract line 2 from line 1 3 667, 564. 4 1, 508, 865. 4 1, 508, 865. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 508, 865. 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 6 7 8 Prior period adjustments 8 -1, 206. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2, 175, 223. Part XII Financial Statements and Reporting X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were audite	Pa	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,015,261. 3 Revenue less expenses. Subtract line 2 from line 1 3 667,564. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,508,865. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 Prior period adjustments 6 9 0. 9 0. 10 2,175,223. 10 2,175,223. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Yees No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Yees, "check a box below to indicate whether the financial statements for t		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,015,261. 3 Revenue less expenses. Subtract line 2 from line 1 3 667,564. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,508,865. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 Prior period adjustments 6 9 0. 9 0. 10 2,175,223. 10 2,175,223. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Yees No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Yees, "check a box below to indicate whether the financial statements for t						
3 Revenue less expenses. Subtract line 2 from line 1 3 667,564. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,508,865. 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 6 7 7 Investment expenses 7 7 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,175,223. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis Both consolidated and separate basis 2b X X Z <t< th=""><th>1</th><th>Total revenue (must equal Part VIII, column (A), line 12)</th><th>1</th><th></th><th></th><th></th></t<>	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,508,865. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 -1,206. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,175,223. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	2	Total expenses (must equal Part IX, column (A), line 25)				
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 8 Prior period adjustments 7 8 Prior period adjustments 8 -1,206. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,175,223. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis Both consolidated and separate basis 2b X 5 Were the organization's financial statements audited by an independent accountant? 2b <th>3</th> <th>1</th> <th></th> <th></th> <th></th> <th></th>	3	1				
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2 , 175 , 223 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Yes No 2a X 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	4		<u> </u>	1,508	3,86	55.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2 , 175, 223. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis, or both: 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:	5		5			
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 1 Accounting method used to prepare the Form 990: X Cash Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
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consolidated basis, or both:	b			2 b	X	
			e basis,			
X Separate basis Consolidated basis Both consolidated and separate basis						
		X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С		-			
review, or compilation of its financial statements and selection of an independent accountant?				2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
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	3a		gle Audit			
Act and OMB Circular A-133?				3a		<u>X</u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047			
	2021			
	Open to Public Inspection			
Employer identification number				

Name of the	organization
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NdII	le oi	une organization מאזדד	NC CDACE						6-4589018
Pa	rt I	Reason for Public (NG GRACE Charity Status.	(All organizations must c	omplete th	nis nart) S	ee instruction		0-4309010
		nization is not a private found							
1		A church, convention of ch					1)(A)(i)		
2	H	A school described in secti					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	\square	A hospital or a cooperative				(h)(1)(Δ)(ii	ii)		
4	H	A medical research organiz)(iii). Enter	the hospital's name.
•		city, and state:						,,,	·····,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a do	overnmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C		5		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne deneral r	public described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8		A community trust describe		1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org			-	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:						-	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	_	lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	•	-			
		the supported organization			majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted
_		organization(s). You mus			in connect	ion with a	and functions	lly into grata	d with
с		Type III functionally inte						lly integrate	a with,
d		its supported organization Type III non-functionally						tod organi-	ration(c)
u		that is not functionally int		• •				-	
		requirement (see instructi			•		-		01033
е		Check this box if the orga	,	•				II Type III	
-								, . ,	
f	functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations								
g	g Provide the following information about the supported organization(s).								
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al								
	·								

Schedule A (Form 990) 2021

SAVING GRACE

26-4589018 Page 2

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Galead year (of fical year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gitts, grants, contributions, and membership fees received. (Bo not include any 'unusual grants'). 785, 356. 720, 949. 783, 414. 1196519. 1813241. 5299479. 2 Tax revenues levied for the organization without charge 785, 356. 720, 949. 783, 414. 1196519. 1813241. 5299479. 3 The value of services or incluties reversion of nat submat 785, 356. 720, 949. 783, 414. 1196519. 1813241. 5299479. 5 The portion of total contributions by each prosen (form than a grant second 2% of the amount shown on line 11, column (f) 785, 356. 720, 949. 783, 414. 1196519. 1813241. 5299479. 8 Gross income from interest, dividends, payments received on second 50 of the amount second 2% of the amount shown on line 11, column (f) (g) 2016 (g) 2020 (g) 2021 (f) Total 7 Amounts from interest, and income from interest, dividends, payments received on second 60 of the sale or capalital second 2% of the amount shows and second 2% of th	Sec	ction A. Public Support							
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Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section &	501(c)(3) organi	zation,
_	check this box and stop here		-				>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	-					ne 17 is not
	more than 33 1/3%, check this box an						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						ion
	Private foundation. If the organizatio	<u>n did not check a</u>	1 box on line 14, 19	a, or 19b, check t	his box and see in		·····
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¹⁵ 2021.05000 SAVING GRACE

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

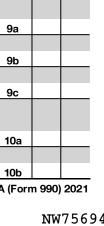
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

	(Form 990) 2021	SAVING	
Part IV	Supporting Or	ganizations (cont	tinued)

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	_{detail in} Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlle	ed the supportin	ng organization	1.
Section C. T	vpe II Sup	porting Orc	anizations	

		Yes
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s)	1	

Section D. All T	ype III Supporting	Organizations					

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how you	ou supported a governmental entity	(see instruction <u>s).</u>
-----	--	-----------------------------	------------------------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

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	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	anization (see

SAVING GRACE

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				

SAVING GRACE

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Schedule A (Form 990) 2021

Section D - Distributions

2

3

4

5

6

7

8

c Excess from 2019 d Excess from 2020 e Excess from 2021

26-4589018 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1

2

3 4

5

6

7

8

Current Year

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	SAVING GRAC	E	26-4589018 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	r mation. Provide the e 1, 2, 3b, 3c, 4b, 4c, 5a, 6 , lines 2 and 3; Part IV, Se	explanations required by Part , 9a, 9b, 9c, 11a, 11b, and 11 ection E, lines 1c, 2a, 2b, 3a,	t II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, olete this part for any additional information.
132028 01-04-2	2		20	Schedule A (Form 990) 202

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DON & JO SODERQUIST	275,000.	168,706.
WALMART FOUNDATION	161,067.	54,773.
PAUL & KAREN MAHAN	254,536.	148,242.
ROLLIN & SANDIE FORD	399,882.	293,588.
MIKE DUKE	260,000.	153,706.
ARKANSAS COMMUNITY FOUNDATION	275,000.	168,706.
L Total Excess Contributions to Schedule A, Part II, Line 5	1	987,721.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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		~	~ -	-

SAV	ING	GRACE

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

SAVING GRACE

Employer identification number

26-4589018

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARKANSAS COMMUNITY FOUNDATION 5 ALLIED DR, STE 51110 LITTLE ROCK, AR 72202	\$ <u>275,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WAL-MART FOUNDATION 702 SW 8TH STREET BENTONVILLE, AR 72716	\$81,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARITIES AID FOUNDATION OF AMERICA /C/O CYBERGRANTS 300 BRICKSTONE SQUARE, STE 601 ANDOVER, MA 01810	\$63,371.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PAUL AND KAREN MAHAN 1201 MELISSA DR BENTONVILLE, AR 72712	\$103,599.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MIKE DUKE 16 W PINNACLE DR ROGERS, AR 72758	\$260,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DONNA MITCHELL 11885 COUNTRY ROAD 220 ORONOGO, MO 64855	\$38,495.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	I-21		Schedule B (Form 990) (2021)

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Name of c	organization		Employer identification number
SAVIN	G GRACE		26-4589018
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
7	ROLLIN AND SANDIE FORD 2900 W. SEMINOLE DR. ROGERS, AR 72758	\$206,8	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of or	ganization	Employer identification number	
SAVINO	G GRACE		26-4589018
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number			
SAVIN	G GRACE		26-4589018			
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line (charitable, etc., contributions of \$1,000 (or less for the year. (Enter this info. once.) \$			
())]	Use duplicate copies of Part III if additional	l space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of g				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
		(e) Transfer of g	gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of g	gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	l gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
123454 11-11	1-21		Schedule B (Form 990) (20			

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. To to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 **Open to Public**

Interna	Revenue Service Go to www.irs.gov/Form9	90 for instructions and the latest inform	ation.	Inspection
Nam	e of the organization SAVING GRACE		E	mployer identification number 26-4589018
Par		d Funds or Other Similar Funds	or Acco	
	organization answered "Yes" on Form 990, Part IV, lin			·
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
_	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			Ily important land area
	Protection of natural habitat	Preservation of	a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conser	
	day of the tax year.			Held at the End of the Tax Year
a				
b				
c	Number of conservation easements on a certified historic structure of conservation easements included in (a)			
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatio	on during the tax
4	year			
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ				accimente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva-	tion easem	ents during the year
-	► \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that de	escribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	irtherance (of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and t	balance she	eet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X		🕨	▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, prov	ide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization accussion, and other records, check any of the following that make significant use of its continues of the comparison of the organization's collection are exchange program b Scholarly research d Loan or exchange program b Provide accingtion of thure organization's collections and explain how they further the organization's exempt purpose in Part XIII. c Provide accingtion of the organization's collection? Yes No Part in the organization and the organization's collection? Yes No Part Y Escholarly research Import organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization and part, Yuutee, custodial or or their Intermediaty for contributions or other assets not included on Form 900, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Import organization ancult on Form 900, Part X, line 21. Yes No b Differing balance Import organization ancult on Form 900, Part X, line 21. Yes No c Distributions during the year Import organization ancult on Form 900, Part X, line 21. Yes No c Distri	Sche	dule D (Form 990) 2021 SAVING							26-45	89018	3 Ра	age 2
collection lores (chock all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Collection 1 Yes No c Provide accipation of hours generations collections and provide accipation that or ognization scielections and explain how they further the organization asserted Types No Partial Case funds rather than to be mating as part of the organization asserted Types No No Provide accipation that the organization asserted Types No Partial Case funds rather than to be mating as part of the organization asserted Types No No No No b if "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b if "Yes," explain the arrangement in Part XIII Chock here if the explanation has been provided on Part XIII Provide the estimated prevented with the organization and explain how they further the organization include an anount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b Borthourse the arrangement in Part XIII. Chock here if the explanation has been provided on Part XIII Provide the explanation include an anount o	Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othei	r Similai	Assets	(contin	ued)	
a Public exhibition d □ can or exchange program b Schalary research e □ Other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	t make si	gnificant u	use of its			
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar asets 1 Description of the organization's exempt purpose in Part XIII. 7 Perst MI Exercise and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 91, for exempt purpose in Part XIII. 7 Is the organization angent, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? No. 8 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No 9 If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V 16 16 11 11 17 So the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 9 Prive: explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the organization include an amount on Form 990, Part X, line 10. 18 Begrinning diver balance (a) Curr	а	Public exhibition	d	I []	Loan or exc	hange progra	am					
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d Grants or scholarships	U O											
e Other expenditures for facilities and programs	с А											
and programs												
f Administrative expenses	e											
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					1,07	6,666.		77,7	14.	998	3,95	52.

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes" of	n Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	····· •	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
	1	the summer institution is for an elistic test of the second	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche	dule D (Form 990) 2021 SAVING GRACE				4589018 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,829,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	147,011.		
е	Add lines 2a through 2d			2e	147,011.
3	Subtract line 2e from line 1			3	1,682,825.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,682,825.
	Total revenue. Add lines 5 and 40. (This must equal Form 990, Part I, line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		
	Tt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With e 12a.	Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With e 12a.	Expenses per F		
Pa	Tt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With e 12a.	Expenses per F	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.	Expenses per F	Retur	n.
Par 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a.	Expenses per F	Retur	n.
Par 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a. 2a 2b	Expenses per F	Retur	n.
Par 1 2 a b c	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	e 12a. 2a 2b 2c	Expenses per F	Retur	n. <u>1,162,272.</u>
Par 1 2 a b c	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Retur	n. <u>1,162,272.</u> 147,011.
Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n. <u>1,162,272.</u>
Par 1 2 a b c d e	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,162,272.</u> 147,011.
Part 1 2 a b c d e 3	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,162,272.</u> 147,011.
Par 1 2 a b c d e 3 4	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>1,162,272.</u> 147,011.
Par 1 2 a b c d e 3 4 a b	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e	n. <u>1,162,272.</u> <u>147,011.</u> <u>1,015,261.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. <u>1,162,272.</u> 147,011.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION DISCLOSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE
PROVISIONS OF FASB CODIFICATION TOPIC INCOME TAXES FOR ACCOUNTING FOR
UNCERTAIN TAX PROVISIONS. FASB CODIFICATION TOPIC INCOME TAXES CLARIFIES
THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE
ORGANIZATION TO DISCLOSE THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO
BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE
SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION.
MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE ORGANIZATION AND
DETERMINED THAT NO POSITIONS EXIST THAT REQUIRE DISCLOSURE UNDER THE
PROVISIONS OF FASE CODIFICATION TOPIC INCOME TAXES.

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SAVING GRACE

Schedule D (Form 990) 2021 SAVING GRACE	26-4589018 Page 5
Schedule D (Form 990) 2021 SAVING GRACE Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	147,011.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	147,011.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990)	Orm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest information	on.	Employer ide	Inspection entification number	
	SAVING	GRACE					26-4589		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
		n is registered or licensed to solicit o	ontrib	► utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021	

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SAVING GRACE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		,	e 1	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				SPRING		(add col. (a) through
			AND BLOOMS	NEWSLETTER	1	col. (c)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	301,845.	44,699.	7,848.	354,392.
_	2	Less: Contributions	301,845.	44,699.	7,848.	354,392.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	79,781.	56,678.	8,552.	145,011.
	10	, , , , , , , , , , , , , , , , , , , ,			►	145,011.
Pa	11	Net income summary. Subtract line 10 from li				-145,011.
Га		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$13,000 011 0111 930-L2, iiile 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ant			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
s	2	Cash prizes				
Expenses						
, xpe	3	Noncash prizes				
oct E		Dont/facility acate				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No //	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1. column (d)		•	
	-				F	1
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	IT "	Yes," explain:				
13208	32 10)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	SAVING GR	ACE	26-4	589018	Page 3
11	Does the organization conduct ga	ming activities with	nonmembers?		Yes	No
12	Is the organization a grantor, bene	eficiary or trustee of	a trust, or a member of a partnership or other entity formed		_	
					Yes	└── No
	Indicate the percentage of gaming			1		
					13a	%
					13b	%
14	Enter the name and address of the	e person who prepa	res the organization's gaming/special events books and reco	irds:		
	Name 🕨					
	Address 🕨					
15a	Does the organization have a cont	tract with a third par	ty from whom the organization receives gaming revenue? \dots		Yes	🗌 No
b	If "Yes," enter the amount of gami of gaming revenue retained by the		d by the organization \blacktriangleright \$ and the an	nount		
c	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:					
	•	state law to make c	charitable distributions from the gaming proceeds to			
					Yes	No No
b			e law to be distributed to other exempt organizations or spen			
	organization's own exempt activiti					
Pa	rt IV Supplemental Inform	mation. Provide the	he explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pro	ovide any additional information. See instructions.			
13200	33 10-21-21			Schedu	le G (Form	990) 2021
,0200			2.4	Joneuu		2007 2021

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	Schedule G (Form 990)

132084 11-18-21

15111115 759194 NW75694.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

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

Employer	identification number
2	6-4589018

Name of the organization

SAVING GRACE

Pa	rt I I ypes of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	•	>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	2,043.				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
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							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	Х	128	116,915.				
26	Other (SPECIAL EVENT)	Х	36	57,835.				
27	Other ► (SMALL TOOLS &)	Х	35	39,340.				
28	Other (HORSES)	Х	6	4,950.				
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				
						Υ	(es	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?			·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		х

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

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b If "Yes," describe in Part II.

describe in Part II.

Part II	Supplement	al Informatio	DN. Provide t
Schedule	M (Form 990) 2021	SAVING	GRACE

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

132142 11-17-21	Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number 26-4589018

OMB No. 1545-0047

SAVING GRACE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WOMEN TO DEVELOP SUPPORTIVE RELATIONSHIPS IN A CHRISTIAN CENTERED

ENVIRONMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM IS PROVIDED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING IS PERFORMED BY BOARD MEMBERS SIGNING INDIVIDUAL STATEMENTS

ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DISCUSSED AT BOARD MEETINGS

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XII, LINE 2C

NO CHANGES FROM PRIOR YEAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021