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### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

may use this form

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

For the 2009 calendar year, or tax year beginning 2009, and ending Check if applicable D Employer identification number Address change SAVED BY GODS GRACE, INC. 20-8648847 4410 W. UNION HILLS DRIVE #7 Name change Telephone number print or type. See Specific Instruc-Initial return GLENDALE, AZ 85308 (602) 920-0146 Termination Amended return Group Exemption Application pending Number X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Accrual Other (specify) > Check ► if the organization is not Website: ► WWW.SAVEDBYGODSGRACE.ORG required to attach Schedule B (Form 990. 990-EZ, or 990-PF) Tax-exempt status (check only one) - |X| 501(c) (3) ◀ (insert no) 4947(a)(1) or Check | if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990 EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 84,420. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 84,420 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a **b** Less. cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 5c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances. 7 a b Less cost of goods sold 7h c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с MAR Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 84,420. 10 SEE STATEMENT 1 Grants and similar amounts paid (attach schedule) 10 56,606. ~ 11 Benefits paid to or for members c 11 12 Salaries, other compensation, and employee benefits. 12 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,194. 16 Other expenses (describe > SEE STATEMENT 2 16 16,612. 17 Total expenses. Add lines 10 through 16 75,412. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,008. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 -27,594. figure reported on prior year's 20 Other changes in the assets of fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 -18,586.Part II Balance Sheets. If Total assets 19 Ine 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(A) Beginning of year

(B) End of (B) End of year 22 Cash, savings and investments 6,406.|2215,126. Land and buildings OGO 23 24 Other assets describe 24 25 Total assets 6,406. 15, 126.25 26 Total liabilities (describe ► SEE STATEMENT 3 34,000. **26** 33,712. Net assets or fund balances (line 27 of column (B) must agree with line 21) -27,594.-18,586.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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Form 990-EZ (2009)

Form	990-EZ (2009) SAVED BY GODS (	GRACE, INC.		20	-864	48847 Page 2
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction			Expenses
Desc	s the organization's primary exempt purpose? SE ribe what was achieved in carrying out t ribe the services provided, the number of	E STATEMENT 4 he organization's exempt purp of persons benefited, or other	poses. In a clear and corelevant information for	oncise manner, r each	orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
	am title SEE STATEMENT 5				tor o	thérs')
	(Grants \$ 56, 606.) If the	his amount includes foreign gi			00	4 400
29	(Grants \$ 50,000.) If the	nis amount includes foreign gi			28 a	4,490.
	(Grants \$ ) If t	his amount includes foreign gi	rants, check here		29 a	
30						
		nis amount includes foreign gr	rants, check here		30 a	
31	Other program services (attach schedul (Grants \$ ) If the services (Grants \$ ) If	e) his amount includes foreign gi	rants, check here		31 a	
32	Total program service expenses (add		runts, check fiere		32	4,490.
Rar			nlovees List each or	ne even if not com		
1041	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	to ns and	(e) Expense account and other allowances
	RLES P_MCDONALD 1 W WAHALLA LANE	EXECUTIVE DIREC	0.		0.	0.
	NDALE, AZ 85308	60.00				
STE	VE_BRANIGAN	SECRETARY	0.		0.	0.
	2 E PLEASANT VALLEY ROAD	2.00				
SHE	PHERD, MI 48883					
	LA RESLEY	PRESIDENT	0.		0.	0.
	4 N. FORMOSA AVE. ANGELES, CA 90046	2.00				
	IS KOCH	DIRECTOR	0.	<del> </del>	0.	0.
	24 N 44TH DRIVE	2.00	<b>.</b>		٥.	0.
	NDALE, AZ 85310					
	· <b></b>	<u> </u>				
				,		
		-				

Form 990-EZ (2009) SAVED BY GODS GRACE, INC.

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		v
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a 0.			
	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? <b>a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	37 b		<u>X</u>
301	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	X	-
I	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 33,712.			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 8	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►			
ı	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a 1			
	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	40 b		X
•	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization □ 0.			;
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	-	x
41	·	400		
41	List the states with which a copy of this return is filed NONE			
42 a	a The organization's			
	books are in care of ► CHUCK MCDONALD  Located at ► 4401 W. WAHALLA LANE GLENDALE AZ  Telephone no ► (602)  ZIP + 4 ► 85308	920-	-014	6 
		Г	Yes	No
	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)?	42b		X
	If 'Yes,' enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.	_		
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: ►	42c		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-F7 in lieu of Form 1041 — Check here	,	• [] ·	N/A
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		N/A N/A
43		•		
	and enter the amount of tax-exempt interest received or accrued during the tax year	• 		N/A
43 44		44		N/A
44	and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	44 45		N/A No

orm	990-F7	(2009)	SAVED	RY	CODS	GRACE.	TNC
OHIL	JJU-LZ	(2003)		$\mathbf{D}_{\mathbf{I}}$	GODO	GIATOL,	T110

20-8648847

Page 4

46 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  47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 of compensation from the organization of the plans and deferred compensation or the organization of the plans and deferred compensation or the organization of the plans and deferred compensation or the organization of the plans and deferred compensation or the plans and the plans	46 47 48 49 a 49 b	Yes	X X X X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  49a Did the organization make any transfers to an exempt non-charitable related organization?  b If 'Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each employee paid hours per week devoted to position (c) Compensation or organization or organization or organization or organization org	47 48 49 a 49 b d key	nt and	X X X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related organization?  b If 'Yes,' was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None'  (a) Name and address of each employee paid more than \$100,000  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation or	48 49 a 49 b and key	nt and	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?  b If 'Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization of there is none, enter 'None's (a) Name and address of each employee paid more than \$100,000 of the position of the organization of the organizati	49 a 49 b nd key	nt and	X
b If 'Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization of	49 b	nt and	
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None '  (a) Name and address of each employee paid more than \$100,000  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation or	(e) Exp	nt and	3
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None '  (a) Name and address of each employee paid more than \$100,000  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation or	(e) Exp	nt and	5
(a) Name and address of each employee paid hours per week devoted to position benefit plans and deferred compensation of	accoun	nt and	5
NONE			
f Total number of other employees paid over \$100,000			
compensation from the organization. If there is none, enter 'None '  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) NONE	c) Compe	ensatio	n
d Total number of other independent contractors each receiving over \$100,000 ►			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  CHARLES MCDONALD  EXECUTIVE DIRECTOR		lief, it is	5
Type or print name and title			
Paid Preparer's SELF-PREPARED  Date  Check if Self-Self-Self-Self-Self-Self-Self-Self-	s Identify uctions)	ing Nur	nber
parer's Firm's name (or			
Use   your in series   EIN   ►			
Only address, and ZIP + 4			
May the IRS discuss this return with the preparer shown above? See instructions	Yes	X	No
	m 990-		

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SAV	ED			ACE, INC.							64884°			
Par	t I	Re	ason for P	ublic Charity Statu	is (All organizations	must (	comple	ete this	part.	) See i	nstruct	ions		
The o	orga	nızat	ion is not a p	rivate foundation beca	use it is (For lines 1 thro	ough 11,	check c	nly one	box)					
1		A ch	urch, conven	tion of churches or ass	ociation of churches des	cribed in	section	n 1 <b>70</b> (b)	(1)(A)(i)	).				
2	П	A sc	hool describe	ed in section 170(b)(1)(	A)(ii). (Attach Schedule	E)								
3		A ho	spital or coop	perative hospital servic	e organization described	ın secti	ion 1 <b>70</b> (	<b>Ь)(1)(А)</b>	(iii).					
4	П	A m	edical researd	ch organization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	′0(b)(1)(A	A)(iii) Er	nter the hos	spital's	s
			e, city, and s			·							•	
5		An c	rganization o		of a college or university	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in s	sectio	n
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )												
9	Ħ	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts												
•	from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10	Ц			-	exclusively to test for pu		-							
11		more	e publicly sup ribes the type	ported organizations of supporting organi	exclusively for the bene described in section 509( zation and complete line	a)(1) or s 11e th	section rough 1	509(a)(2 1h	2) See	of, or ca section	rry out th <b>509(a)(3</b>	). Check the	he box	x that
		a 📗	Type I	<b>b</b> Type II	<u> </u>	I — Fund	_	_			d 📗	Type III—		
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f		If the	e organizatior k this box	n received a written de	termination from the IRS	that is a	a Type I	, Type II	l or Typ	e III sup	porting (	organizatioi	n,	
g														
		(i)	a person wh	no directly or indirectly soverning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)	Yes	No
		(ii)	_	mber of a person desc	•							11 g (ii)		
		(iii)	-	•	described in (i) or (ii) a	bove?						11 g (iii)		
h					the supported organization							9 ()		
		Name	of Supported anization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?				(vi) la organizati (i) organiz U S	on in col	(VII) Amoun	pport	
						Yes	No	Yes	No	Yes	No			
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Total				*										

L	(Complete only if you check	ed the box on line	5 7 or 8 of Par	† 1 )			()()	
Sec	tion A. Public Support	CO THE DOX OF THE	, <u>,</u> , , , , , , , , , , , , , , , , ,					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			46,889.	142,770.	84,42	0. 274,079.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.	
4	Total. Add lines 1-through 3	0.	0.	46,889.	142,770.	84,42	0. 274,079.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		A STATE OF THE STA				97,439.	
6	Public support. Subtract line 5 from line 4		£. <b>%</b>			1 3 K	176,640.	
Sec	tion B. Total Support	<u></u>	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	0.	0.	46,889.	142,770.	84,42	0. 274,079.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
11	Total support. Add lines 7 through 10		* 12.		\$ 30 7 0	\$ <b>*</b> .	274,079.	
12	Gross receipts from related activ	rities, etc. (see ins	structions)		<del></del>	1	2 0.	
	First five years. If the Form 990 organization, check this box and	stop here	······	nd, third, fourth, o	or fifth tax year as	s a section 501	(c)(3) ► X	
Sec	tion C. Computation of Pul							
14	Public support percentage for 20	,	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)			4 %	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			_ 1	5 %_	
16 a	<b>33-1/3 support test</b> — <b>2009.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	not check the bo blicly supported or	x on line 13, and rganization.	the line 14 is 33	-1/3 % or more	e, check this box	
b	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	<b>e.</b> Explain in F	Part IV how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organia	s' test, check this zation qualifies as	box and stop her a publicly suppo	<b>e.</b> Explain in F rted organizati	Part IV how the on	
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a			e instructions ►     n 990 or 990-EZ) 2009	

#### Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 4 **%**} 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or	990-E	Z) 2009	SA	VED	BY	GODS	GR	ACE,	INC.				20-8	64884	7	Page 4
Part IV	Supp	lemer	ıtal İr	forma	ation.	Com	ple	te this	par	t to p	provide	the	explana r additio	tions re	quired b	y Part	II, line 1	10;
	Part	n, ane	1/a	Or 170	o; and	Par	L III,	line	12. F	rovic	ie any	otne	er additio	mai inic	ormation	. See II	ristructio	ons.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

## SCHEDULE L (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

OMB No 1545-0047

2009

Open to Public

Department of the Treasury

P Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Internal Revenue Service	O r Oilli	330 01 1	OIIII 330-	LL Jee se	parate manu	cuons.				iiispe	CHUII	
Name of the organization					Employer identification number							
SAVED BY GODS GRACE, INC.							<u> 864</u>	_				
Part I Excess Benefit Transactions Complete if the organization answer	s (sect ed 'Yes	ion 501 on Forn	1(c)(3) a n 990, Par	and section t IV, line 25a o	501(c)(4) or 25b, or Form	organiza n 990-EZ,	ations Part V	only , line	'). 40b.			
1 (a) Name of disqualified person					b) Description of t	ransaction					(c) Cor	rected?
1 (a) Name of disqualified person						Tarisaction					Yes	No
			·		_							
					_							
							-	_				
2 Enter the amount of tax imposed on the o	raaniza	tion mar	nagers or	discuralified of	reone during	the year	under					
section 4958	iyailiza	tion mai	lagers or	disquaimed pe	risons during	the year	under	▶ \$				
3 Enter the amount of tax, if any, on line 2,				organization				<b>►</b> \$				
Part II Loans to and/or From Intere				-								
Complete if the organization answer	ed 'Yes	on Forn	n 990, Par	t IV, line 26 or	Form 990-EZ,	Part V,	ine 38a	). _				
(a) Name of interested person and purpose		(b) Loan to or from the organization?		(c) Original (d) Bala principal amount		e due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From					Yes	No	Yes	No	Yes	No
CHARLES P. MCDONALD - TO CONTINUE												
SCHOOL CONSTRUCTION	X			34,000.		33,712.		Х	Х		Х	
	Щ						-					
Total	<del>                                      </del>	-4	had Daw	▶ \$	3.	3,712.	<u></u>					
Part III Grants or Assistance Benefi Complete if the organization	answe	ered 'Yo	es' on F	orm 990, P	art IV, line	27.						
(a) Name of interested person	(	<b>b)</b> Relations	ship between the organ	interested person	and	(0	(c) Amount and type of assistance					
								-				
	<del> </del>		<del></del>									
	<u> </u>				<del>-</del>	_						
			· · · · · · · · · · · · · · · · · · ·									
						_						
Part IV Business Transactions Invo	lving I	nteres	ted Pers	sons.		20 00		~~				_
Complete if the organization	answe	erea Ye	s on Fo	orm 990, Pa	irt IV, line 2	28a, 28	b, or	28C.				
(a) Name of interested person	(a) Name of interested person (b) Relationsl interested person organizations			(c) Amour transactio		<b>(d)</b> Des	cription (	of transa	iction		organiz	ring of zation's nues?
											Yes	No
	<u> </u>											<u></u>
	l									- 1		

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

Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID  CLASS OF ACTIVITY: SUPPORT FOR ORPHANAGE DONEE'S NAME: NICE VIEW ACADEMY/ORPHANAGE DONEE'S ADDRESS: NAIROBI-KANGUNDO 90131 KENYA RELATIONSHIP OF DONEE: NONE CASH AMOUNT GIVEN: SUPPORT FOR ORPHANAGE DONEE'S NAME: MERCY CHILLD FOUNDATION DONEE'S ADDRESS: PO BOX 389 TALLA, KANGUNDO 90131 KENYA  RELATIONSHIP OF DONEE: NONE CASH AMOUNT GIVEN: SUPPORT FOR ORPHANAGE DONEE'S ADDRESS: PO BOX 389 TALLA, KANGUNDO 90131 KENYA  RELATIONSHIP OF DONEE: NONE CASH AMOUNT GIVEN: SUPPORT FOR ORPHANAGE DONEE'S ADDRESS: PO BOX 124 ELDAMA RAVINE CHILDREN'S VILLAGE DONEE'S ADDRESS: PO BOX 124 ELDAMA RAVINE, RIFT VALLEY 20103 KENYA NONE CLASS OF ACTIVITY: SUPPORT FOR ORPHANS DONEE'S NAME: COMPASSION INTERNATIONAL DONEE'S NAME: COMPASSION INTERNATIONAL DONEE'S ADDRESS: 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921 RELATIONSHIP OF DONEE: NONE STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS SUPPLIES SUPPLIES 4, 766 877  878	2009	FEDERAL STATEMENTS		PAGE 1
GRANTS AND SIMILAR AMOUNTS PAID  CLASS OF ACTIVITY: SUPPORT FOR ORPHANAGE NATURE ACADEMY/ORPHANAGE NATURE ACADEMY/ORPHANA		SAVED BY GODS GRACE, INC.		20-8648847
DONEE'S NAME: DONEE'S ADDRESS: NAIROBI-KANGUNDO ROAD, PO BOX 389 TALA, KANGUNDO 90131 KENYA NONE  RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: COMPASSION INTERNATIONAL COMPASS	FORM 990-EZ, PART I, LINE 10	'S PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS:  RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: DONEE'S NAME: CLASS OF ACTIVITY: BURYAN RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: CLASS OF ACTIVITY: BURYAN RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: DONEE'S NAME: COMPASSION INTERNATIONAL DONEE'S NAME: COMPASSION INTERNATIONAL DONEE'S NAME: COLORADO SPRINGS, CO 80921 NONE  STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS CREDIT CARD COLLECTION FEES SUPPLIES TLEPHONE TLEPHONE TRAVEL WEBSITE MAINTANENCE  STATEMENT 3 FORM 990-EZ, PART II, LINE 26	DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE:	NICE VIEW ACADEMY/ORPHANAGE NAIROBI-KANGUNDO ROAD, PO BOX 389 TALA, KANGUNDO 90131 KENYA	¢	32,117.
CASH AMOUNT GIVEN:  CLASS OF ACTIVITY:  DONEE'S NAME:  DONEE'S ADDRESS:  PO BOX 124  ELDAMA RAVINE CHILDREN'S VILLAGE  PO BOX 124  ELDAMA RAVINE, RIFT VALLEY 20103 KENYA  NONE  CLASS OF ACTIVITY:  DONEE'S NAME:  COMPASSION INTERNATIONAL  DONEE'S NAME:  COLORADO SPRINGS, CO 80921  RELATIONSHIP OF DONEE:  CASH AMOUNT GIVEN:  STATEMENT 2  FORM 990-EZ, PART I, LINE 16  OTHER EXPENSES  BANK FEES  CONFERENCES, CONVENTIONS, AND MEETINGS  CREDIT CARD COLLECTION FEES  SUPPLIES  TELEPHONE  TRAVEL  WEBSITE MAINTANENCE  SUPPLIES  TOTAL  STATEMENT 3  FORM 990-EZ, PART II, LINE 26	CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	PO BOX 389 TALA, KANGUNDO 90131 KENYA	¥	32,111.
CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: DONEE'S NAME: COMPASSION INTERNATIONAL DONEE'S ADDRESS: 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921  RELATIONSHIP OF DONEE: NONE CASH AMOUNT GIVEN:  STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS CREDIT CARD COLLECTION FEES SUPPLIES TELEPHONE TOTAL TOTAL  STATEMENT 3 FORM 990-EZ, PART II, LINE 26	CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SUPPORT FOR ORPHANAGE ELDAMA RAVINE CHILDREN'S VILLAGE PO BOX 124 ELDAMA RAVINE, RIFT VALLEY 20103 KENYA	·	9,665.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS CREDIT CARD COLLECTION FEES SUPPLIES TELEPHONE TRAVEL WEBSITE MAINTANENCE  STATEMENT 3 FORM 990-EZ, PART II, LINE 26	CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SUPPORT FOR ORPHANS COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	\$	13,000.
## FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, AND MEETINGS CREDIT CARD COLLECTION FEES SUPPLIES TELEPHONE TRAVEL WEBSITE MAINTANENCE  \$ 1,295 632 1,898 2,100 2,100 5,042  **TOTAL**  **TOTAL**  **TOTAL**  **TOTAL**  **STATEMENT 3 FORM 990-EZ, PART II, LINE 26		NONE	\$	1,824.
TRAVEL WEBSITE MAINTANENCE  5,042 877 TOTAL \$ 16,612  STATEMENT 3 FORM 990-EZ, PART II, LINE 26	FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK FEES CONFERENCES, CONVENTIONS, A CREDIT CARD COLLECTION FEES SUPPLIES	AND MEETINGS	\$	1,295. 632. 1,898. 4,768.
FORM 990-EZ, PART II, LINE 26	TRAVEL	TOTAL	\$	2,100. 5,042. 877. 16,612.
	FORM 990-EZ, PART II, LINE 26			

PAYABLE TO OFFICERS, DIRECTORS, ETC.

	B	EGINNING	_	_ ENDING
	\$	34,000.	\$	33,712.
TOTAL	\$	34,000.	\$	33,712.

2009

### **FEDERAL STATEMENTS**

PAGE 2

SAVED BY GODS GRACE, INC.

20-8648847

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE PHYSICAL (FOOD, SHELTER, CLOTHING AND EDUCATION) AND SPIRITUAL ASSISTANCE TO IMPOVERISHED CHILDREN MAINLY IN THE COUNTRY OF KENYA.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION PROVIDED MONITARY ASSISTANCE USED FOR FOOD, SHELTER, CLOTHING AND EDUCATIONAL PURPOSES FOR IMPOVERISHED CHILDREN IN THE COUNTRY OF KENYA. ALL EXPENDED FUNDS ARE SUPERVISED BY SAVED BY GODS GRACE PERSONNEL ON-SITE IN KENYA THROUGH MISSION TRIPS. SPIRITUAL ASSISTANCE IS GIVEN THROUGH DONATIONS OF BIBLES AND INSTRUCTION IN CHRISTIAN RELIGIOUS EDUCATION ON SITE IN THE AREAS SERVED. AT THE END OF 2009 APPROXIMATELY 388 IMPOVERISHED CHILDREN WERE BEING SERVED THROUGH THE ORGANIZATIONS PROVISION OF FUNDS IN KENYA UP FROM THE 358 CHILDREN SERVED IN 2008.

# STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO