



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For 2009 calendar year, or tax year beginning 2009, and ending 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: GRACE CHRISTIAN FELLOWSHIP. D Employer identification number: 23-7290572. E Telephone number: (530) 823-1318. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual Other (specify). H Check [ ] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

I Website: N/A. J Tax-exempt status (check only one) -- [X] 501(c)(3) (insert no) 4947(a)(1) or 527.

K 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.

L 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 \$ 153,174

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

Table with 3 main sections: REVENUE (lines 1-9), EXPENSES (lines 10-17), and ASSETS (lines 18-21). Includes a 'RECEIVED' stamp from OGDEN, UT dated AUG 17 2010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 3 columns: (A) Beginning of year, (B) End of year, and line numbers. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

Handwritten number 902

SCANNED SEP 02 2010



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<b>35</b>	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		
<b>35a</b>	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?		X
<b>35b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
<b>36</b>	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		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	X
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
<b>40b</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 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		X
<b>40c</b>	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		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>40e</b>	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		X
<b>41</b>	List the states with which a copy of this return is filed. <b>CA</b>		
<b>42a</b>	The organization's books are in care of <b>See attachment #7</b> Telephone no. Located at ZIP + 4		
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	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		X
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		<input type="checkbox"/>
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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
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 key employees) who each received more than \$100,000 of compensation from the organization

Table with 5 columns: (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 & deferred compensation, (e) Expense account and other allowances. All rows contain 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All rows contain 'NONE'.

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 and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer (Darren Bills), Date (8/11/10), Type or print name and title (DARREN BILLS PASTER/DIRECTOR)

Paid Preparer's Use Only: Preparer's signature, Date (8/10/10), Check if self-employed (checked), Preparer's identifying no. (P00297570), Firm's name (H&R Block), address (4870 GRANITE DR rocklin, CA 95677), EIN (68-0204731), Phone no (916-624-7494)

May the IRS discuss this return with the preparer shown above? See instructions Yes [checked] No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization: **GRACE CHRISTIAN FELLOWSHIP**  
Employer identification number: **23-7290572**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III--Functionally integrated
  - d  Type III--Other
- 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 organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**SCHEDULE OF OTHER ASSETS**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection **For calendar year 2009 or tax period beginning** , **and ending** .

**Name of Organization**  
GRACE CHRISTIAN FELLOWSHIP

**Employer Identification Number**  
23-7290572

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
ACCOUNTS RECEIVABLE	100	100	
<b>Totals</b>	100	100	

**SCHEDULE OF OTHER LIABILITIES**

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning _____, and ending _____.
Name of Organization GRACE CHRISTIAN FELLOWSHIP	Employer Identification Number 23-7290572

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	868	722
<b>Totals</b>	<b>868</b>	<b>722</b>

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization GRACE CHRISTIAN FELLOWSHIP		Employer Identification Number 23-7290572

Description of Other Expenses	Amount
PAYROLL TAX EMPLOYERS COST	3,164
BENEVOLENCE FUND	2,520
BUILDING EXP	1,622
CHILDRENS CHURCH	720
UTILITIES	9,131
SUBSCRIPTIONS	547
MISSIONS EXP	9,300
OFFICE	1,957
MINISTRY	2,908
LEADERSHIP MINISTRIES/CONFERENCES	639
JAIL MINISTRY	193
SPECIAL EVENTS	534
INSURANCE	6,468
GENERAL DESIGNATIONS EXP	31,713
MISC	864
COUNSELING MINISTRY	132
RECONCILIATIONS DISCREPANCIES	462
<b>Total</b>	<b>72,874</b>

**PRIMARY EXEMPT PURPOSE**

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization GRACE CHRISTIAN FELLOWSHIP		Employer Identification Number 23-7290572

Primary Purpose

RELIGIOUS MINISTRIES REACHING OUT WITH THE GOSPEL OF SALVATION AND ASSISTING IN THE NEEDS OF PEOPLE THROUGH MISSIONS OUTREACH AND COMPASSIONATE MINISTRIES.

**PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
---------------------------	--	--------------

Name of Organization GRACE CHRISTIAN FELLOWSHIP	Employer Identification Number 23-7290572
--	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	13,040
------------------------	--------------------------------	--------------------------	--------

Exempt Purpose Achievements

MISSION OUTREACH AND COMPASSIONATE MINISTRIES

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection For calendar year 2009 or tax period beginning , and ending

Name of Organization GRACE CHRISTIAN FELLOWSHIP Employer Identification Number 23-7290572

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
DARREN BILLS 185 RUBY ST Auburn, CA 95603	PASTOR/DIR 40.00	27,560	0	5,200
TERRY LEE 8004 PATON AVENUE Citrus Heights, CA 95610	SEC/DIR	0	0	0
ROBERT MARTINEZ 2725 HORSE N ROUND LANE Penryn, CA 95663	DIRECTOR	0	0	0
ZACH LEE 185 RUBY ST Auburn, CA 95603	TREASURER	0	0	0

**BOOKS ARE IN CARE OF**

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization GRACE CHRISTIAN FELLOWSHIP		Employer Identification Number 23-7290572
Part V - Line 42a		

Individual Name . . . . . ALICE SHUMAKER  
or  
Business Name:

Street Address . . . . . PO BOX 5458

U.S. Address  
Zip code 95604 City Auburn State CA

Foreign Address  
City  
Province or State  
Country  
Postal code  
Phone Number . . . . . (530) 823-1318  
Fax Number