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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

	u,	Bride Service					
For	alen	dar year 2010, or tax year beginning			, and ending		
G 0	heck	all that apply: Initial return	لِــا	Initial return of a fo		Final return	
		Amended return	L	Address chang	ge	Name change	
Nar	ne of	foundation				A Employer identification	number
		SOUTHERN GRACE, INC				55-0754875	
Nun	nberar	nd street (or P.O. box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
		125 LEE AVE				304-465-00	
City	or to	own, state, and ZIP code				C If exemption application is po	
L		BECKLEY, WV 25801-20				D 1 Foreign organizations	s, check here
H_C	heck	type of organization: X Section 501(c)(3) ex				2 Foreign organizations me check here and attach co	mputation P
<u>L</u>				cable private founda		E If private foundation stat	
I Fa	ır ma	rket value of all assets at end of year J Accountin	-		X Accrual	under section 507(b)(1)	(A), check here
			her (spec			F If the foundation is in a (
_		241,786. (Part I, colui	nn (d) n	nust be on cash b	Dasis)	under section 507(b)(1)	
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not		Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	-	necessarily equal the amounts in column (a))	expe	enses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received			 -		
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities		3,977.	3,977.	3,977.	STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)					
ā	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				-	
enc	b	assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
_	8	Net short-term capital gain				0.	
	9	Income modifications Gross sales less returns					
	10a	and allowances	- lõ				
		Less Cost of goods sold					<u> </u>
	l .	Gross profit or (loss)	<u> </u>	100	100	100	CM3 MENTENTO
	1	Other income	100	100.	100.		STATEMENT 2
	12	Total Add lines 1 through 10GDEN, U		4,077.	<u>4,077</u> .		0.
	13	Compensation of officers, directors, trustees, etc		0.		0.	<u> </u>
	l	Other employee salaries and wages					
S	i .	Pension plans, employee benefits			***		
nses		Legal fees		855.		0.	0.
ğ	D	Accounting fees STMT 3		655.	0.		
E O	C	Other professional fees					
ţ	17	Interest Taxes STMT 4		2,214.	0.	0.	0.
Operating and Administrative Expen	18	i		4,414.	<u> </u>	+	
Ë	19	Depreciation and depletion				 	
-P	20	Occupancy Travel, conferences, and meetings				-	
ρ	21	Printing and publications				-	-
jar	22	Other expenses					
ţi	24	Total operating and administrative					
era	~ 4	expenses Add lines 13 through 23		3,069.	0.	0.	0.
Ö	25	Contributions, gifts, grants paid		15,500.		<u> </u>	15,500.
	1	Total expenses and disbursements.					
	20	Add lines 24 and 25		18,569.	0.	0.	15,500.
_	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements		-14,492.			
	1	Net investment income (if negative, enter -0-)		,,	4,077	,	
	1	Adjusted net income (if negative, enter -0-)				4,077.	

SCANNED JUL 1 2 2011

241,786.

Form 990-PF (2010)

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023511

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Decreases not included in line 2 (itemize)

		GRACE, INC						5	<u>5-075</u>	4875	Page 3
Part IV Capital Gains	and Los	ses for Tax on In	vestmen	Income	T 1						
(a) List and described 2-story brick wa	ribe the kind irehouse; or	l(s) of property sold (e.g., common stock, 200 shs.	real estate, MLC Co.)		(b)	How acc - Purch - Dona	quired lase tion	c) Date a (mo., d	acquired ay, yr.)	(d) Dat (mo., d	
1a											
b NO	NE			·							
<u>C</u>											
d			_								
_e					<u> </u>						
(e) Gross sales price	٠,,	preciation allowed or allowable)	107	st or other basis expense of sale					ain or (loss) (f) minus (
a										 -	
<u>b</u>				 							
<u>c</u>			· · · · · ·								
_d											
Complete only for assets showing	00 0310 10 00	lumn (h) and owned by t	he foundation	on 12/31/60			(1)	Coupe (C	ol (b) corp	minus	
(i) F.M.V. as of 12/31/69	(j)	Adjusted basis s of 12/31/69	(k) Ex	cess of col. (i)			col.	k), but r	ol. (h) gain not less thar (from col. (l	1-0-) or	
9						-					
<u>a</u> b			· · · · · · · · · · · · · · · · · · ·								
C						-					
d											
e											
2 Capital gain net income or (net ca	ipital loss)	If gain, also enter	in Part I, line	7 7	}	2					
3 Net short-term capital gain or (los	ss) as define						-		<u> </u>		
If gain, also enter in Part I, line 8,	column (c).										
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndou Co	otion 4040/o) for	Dadwaad	Toy on Not	1	3	and Inc.				
		 					ent ince	,,,,e			
(For optional use by domestic private	e roundation	s subject to the section 4	940(a) tax on	net investment ir	icome	B.)					
If section 4940(d)(2) applies, leave the	his part blan	k.									
Was the foundation liable for the sec	tion AOAO to	y on the distributable ame	ount of one w	or in the bace per	d3						X No
If "Yes," the foundation does not qual				•	llour					1 162	ואט באַ
1 Enter the appropriate amount in					es.						
(a)	<u>-</u>	(b)		<u> </u>	(c)			T		(d) ution ratio	
Base periód years Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dist	ributions	Net value of no	ncha	rıtable-ı	ise assets		Distrib col. (b) div)	ution ratio ided by col.	. (c))
2009		2	0,500.				139	-			82014
2008			1,500.				3,126				77799
2007		3	9,856.				422			94.4	45498
2006			1,404.				1,287			24.4	00932
2005		1	9,933.			22	2,433			8	<u>88557</u>
2 Total of line 1, column (d)								2		274.0	<u>94800</u>
3 Average distribution ratio for the	-	•	n line 2 by 5,	or by the number	of ye	ears					400
the foundation has been in exister	nce if less th	nan 5 years						3		54.8	<u> 18960</u>
4 Enter the net value of noncharitat	ole-use asse	ts for 2010 from Part X, I	ine 5					4	_	3	,745.
5 Multiply line 4 by line 3								5		205	,297.
6 Enter 1% of net investment incon	ne (1% of P	art I, line 27b)						6		<u></u>	41.
7 Add lines 5 and 6								7		205	,338.
8 Enter qualifying distributions from								8		15	,500.
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, chei	ck the box in Part VI, line	1b, and comp	olete that part usin	ng a 1	% tax ra	ate.				

orn	1 990-PF			<u> 55</u> -	<u> 0754</u>	<u>875</u>		Page 4
_	rt VI	Excise Tax Based on Investment Income (Section 494)		4948	- see i	ıstrı	ıctio	ns)
1a	Exempt	t operating foundations described in section 4940(d)(2), check here $lackbrack$ and er	nter "N/A" on line 1.					
	Date of	ruling or determination letter: (attach copy of letter if nec	essary-see instructions)					
þ	Domest	tic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1_1_		N/	<u>A</u>	
	of Part	I, line 27b						
¢	All othe	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).					_
2	Tax und	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)	2_	ļ			0.
3	Add line	es 1 and 2		3_	ļ			0.
4	Subtitle	ϵ A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)	4	 			0.
5	Tax bas	sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	ļ			0.
		/Payments:	1 1					
		stimated tax payments and 2009 overpayment credited to 2010	6a	4	1			
		t foreign organizations - tax withheld at source	_6b	4				
C	Tax pái	d with application for extension of time to file (Form 8868)	6c	_				
d	Backup	withholding erroneously withheld	6d	4				_
		redits and payments. Add lines 6a through 6d		7	-			0.
		ny penalty for underpayment of estimated tax. Check here	ched	8_	ļ .			
		e If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9_				0.
	•	syment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	10	.			
		he amount of line 10 to be: Credited to 2011 estimated tax	Refunded >	11	1			
_		-A Statements Regarding Activities	. 				V	No
1a	_	the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or interver	ie in			162	——
		litical campaign?	(<u>1a</u>		X
b		pend more than \$100 during the year (either directly or indirectly) for political purpos				1b		X
		answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	o copies of any materials publish	ea or				
_		uted by the foundation in connection with the activities				4.		v
		foundation file Form 1120-POL for this year?	. Vener			<u>1c</u>		<u> </u>
a		he amount (if any) of tax on political expenditures (section 4955) imposed during the						
_		the foundation. \$ 0. (2) On foundation managers the reimbursement (if any) paid by the foundation during the year for political expendit		•				
е		ers. > \$	iture tax imposed on iodituation					
2		e foundation engaged in any activities that have not previously been reported to the IF	352			2		X
_		s," attach a detailed description of the activities					_	
3		e foundation made any changes, not previously reported to the IRS, in its governing i	nstrument articles of incornoration	٥r				
·		, or other similar instruments? If "Yes," attach a conformed copy of the change		٠.	,	3		x
42		foundation have unrelated business gross income of \$1,000 or more during the yea				4a		X
		* has it filed a tax return on Form 990-T for this year?		N	I/A	4b		<u> </u>
		ere a liquidation, termination, dissolution, or substantial contraction during the year?	•	_	.,	5		X
_		s," attach the statement required by General Instruction T						
6		requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther:				ŀ	}
		nguage in the governing instrument, or						
	By st	tate legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with the sta	te law		İ		
	rema	ain in the governing instrument?				_6	ļ	X
7	Did the	foundation have at least \$5,000 in assets at any time during the year?				7	X	
	If "Yes	s," complete Part II, col. (c), and Part XV.						
8a	Enter th	he states to which the foundation reports or with which it is registered (see instructio	ns) NONE					
							1	
b	If the a	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate)					
	of each	state as required by General Instruction G? If "No," attach explanation				8b	Х	<u> </u>
9		oundation claiming status as a private operating foundation within the meaning of se		lendar				
	•	010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," c				_9		X
10	Did any	vinersons become substantial contributors during the tax year? if "yes" attach a schedu	ile listing their names and addresses			10	l	ΙX

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		- 1
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t				
the prevention of cruelty to children or animals?			es 🗓 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check to					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to					
expenditure responsibility for the grant?		I/A L Yo	es L No		ļ
If "Yes," attach the statement required by Regulations section 53.494					į
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No	$-\!\!\!\!\!+$	
b If Yes, did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	У		
List all officers, directors, trustees, foundation managers and their	componention				
List all officers, directors, dustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accoi allo	Expense unt, other wances
HERBERT E. ATHA III	PRESIDENT				
125 LEE AVE.]				
BECKLEY, WV 25801	0.00	0.	0.		0.
KAREN L. ATHA	SECRETARY				
125 LEE AVE.					
BECKLEY, WV 25801	0.00	0.	0.		<u> </u>
	1				
					
	-				
	1		Ì	ĺ	
]				
	1 4 4 - 1 - 2 1 - 4 2 14	111015 11			
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	(-)	Evpopos
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deterred compensation	l accou	Expense unt, other wances
NONE]				
	_				
]				
	<u></u>				
Total number of other employees paid over \$50,000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ar on lines 1 and 2.	Amount
1 <u>N/A</u>		
		·
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

Form 990-PF (2010) 55-0754875 Page 8 SOUTHERN GRACE, INC Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 0. a Average monthly fair market value of securities 1a 3,802. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 1đ d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3,802. 3 Subtract line 2 from line 1d 3 57. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 3,745. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 187 Minimum investment return Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here > X and do not complete this part.) 1 Minimum investment return from Part X, line 6 Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 15,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 15,500. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years

15,500. Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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5

6

		N/A		
,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	00.700	1000 1000		
line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				Į
f Total of lines 3a through e	. <u></u>			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior	· ·			
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)		<u>, </u>		
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount				
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	· · · · -			
b Prior years' undistributed income. Subtract		ĺ		
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				1
amount - see instructions	·	<u> </u>		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		<u> </u>		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7		<u> </u>		
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				}
e Excess from 2010		1		

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Part XV

023611 12-07-10

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year 500. NONE OTHER CHILD EVANGELISM TO EVANGELIZE CHILDREN PUBLIC FELLOWSHIP WORLDWIDE CHARITY PO BOX 348 WARRENTON, MO 633830348 FELLOWSHIP OF CHRISTIAN NONE OTHER 5,000. SOUTH CENTRAL WV -ATHLETES PUBLIC GENERAL CHARITABLE USE CHARITY 8701 LEEDS ROAD KANSAS CITY, MO 641291680 JOHN HAGEE MINITRIES NONE OTHER 10,000. CHRISTIAN GOSPEL PO BOX 1400 SAN ANTONIO, PUBLIC SUPPORT TX 782951400 CHARITY ▶ 3a 15,500. Total b Approved for future payment NONE Total

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-				
b	-				
C					
d	-				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		··			
3 Interest on savings and temporary cash			1 4		
investments	<u> </u>	·	14	2 077	
4 Dividends and interest from securities	 		14	3,977.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property		·	~		
6 Net rental income or (loss) from personal property					
7 Other investment income			15	100.	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			- - 		
10 Gross profit or (loss) from sales of inventory					*
11 Other revenue:				İ	
a					
b			- - -		
<u> </u>					
0	 				
12 Subtotal. Add columns (b), (d), and (e)).	4,077.	0
13 Total Add line 12, columns (b), (d), and (e)			2 • 1	13	4,077
(See worksheet in line 13 instructions to verify calculations.)					2,011
Part XVI-B Relationship of Activities t					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).							

	PF (2010) SOUTH	ERN GRACE, IN	C	55-0	754875 Pa	ge 1 :
Part X			o and Transactions ar	nd Relationships With Non	charitable	
		rectly engage in any of the follo	owing with any other organization		Yes	No
			n 527, relating to political organiz	ations?		1
	Siers from the reporting found Cash	ation to a noncharitable exemp	ot organization of.		1a(1)	X
	Other assets				1a(2)	X
	r transactions;					
(1)	Sales of assets to a noncharita	ible exempt organization			1b(1)	X
(2)	Purchases of assets from a no	ncharitable exempt organization	n		1b(2)	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	X
٠,	Reimbursement arrangements	i			1b(4)	X
	Loans or loan guarantees				1b(5)	X
, ,		embership or fundraising solici			1b(6)	X
		ailing lists, other assets, or paid		and object the few mortest value of the co	1c	X
or se	ervices given by the reporting f	•	ceived less than fair market value	lys show the fair market value of the go in any transaction or sharing arrangem		
(a) Line no	(b) Amount involved		table exempt organization	(d) Description of transfers, transactions	s, and sharing arrangemen	nts
		N/				
						
				·		
						
			 -			
						
	<u> </u>		·			

	-					
ın se	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in	one or more tax-exempt organiza section 527?	tions described	Yes X] No
<u>U 11 10</u>	es," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of rela	tionship	
	N/A		(-) (),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Sign Here	1	•	ocluding accompanying schedules and sometimes are significant or which produce the second second second second second second second second second second second second second second second second second second second sec	statements, and to the best of my knowledge a eparer has any knowledge PRESIDENT	nd belief, it is true, correc	ot,
	Signature of officer or tre	ustee	Date	Title		
	Print/Type preparer's n	ame Prepare	A supporture	<u> </u>	PTIN	
Paid Prepa	CPA rer Firm's name ► HER	MAN & CORMANY	CPAS A C	Firm's EIN ▶		
Pu	Trumphanic - TIEL	THE COMMENT	, CIRD, H.C.	THE SERVE		

Firm's address ► 1031 QUARRIER ST., SUITE 511 CHARLESTON, WV 25301-2397

304-345-2320 Form **990-PF** (2010)

Phone no.

Use Only

FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A))
WELLS FARGO ADV	-		3,977.		0.	3,97	77.
TOTAL TO FM 990-PF, PART I,	LN 4		3,977.		0.	3,97	77.
FORM 990-PF	0	THER I	NCOME			STATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		
EASEMENT INCOME			1	100.	100	. 10	00.
TOTAL TO FORM 990-PF, PART I	, LINE	11	1	100.	100	. 10	00.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET INV		ADJUSTED		
DESCRIPTION CPA FEE	EXPE	NSES	NET INV	EST-	ADJUSTED NET INCOM	CHARITAI	
	EXPE PER	NSES BOOKS	NET INV	EST- COME	ADJUSTED NET INCOM	CHARITAI E PURPOSI	ES
CPA FEE	EXPE PER	NSES BOOKS 855.	NET INVI	EST- COME	ADJUSTED NET INCOM	CHARITAI E PURPOSI	0. 0.
CPA FEE TO FORM 990-PF, PG 1, LN 16B	EXPE PER (EXPE	NSES BOOKS 855.	NET INVI	EST-	ADJUSTED NET INCOM	CHARITAI E PURPOSE 0. STATEMENT (D) CHARITAI	0. 0. 4
CPA FEE TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	EXPE PER (EXPE PER	NSES BOOKS 855. 855. TAX	MENT INC	EST-	ADJUSTED NET INCOM	CHARITAI E PURPOSE 0. STATEMENT (D) CHARITAI	0. 0. 4

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

 $\triangleright \boxed{X}$

If you :	are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box		•	LX.	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868		
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	6 months for a corpo	oration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	ofile any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in paper						
visit www	virs gov/efile and click on e-file for Chanties & Nonprofits	i.					
Part I	Automatic 3-Month Extension of Time	• Only su	bmit original (no copies needed)				
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete			
Part I onl	у				>		
	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	ision of time		
Type or	Name of exempt organization			Emp	loyer identification	number	
print	COLUMNIEDNI CDACE INC			_	E 0754075		
File by the	SOUTHERN GRACE, INC			<u> </u>	5-0754875		
due date for filing your return See	Number, street, and room or suite no. If a P O. box, s. 125 LEE AVE	ee instruc	tions				
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions				
	BECKLEY, WV 25801-2045						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicat	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990)	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A		<u>-</u>	08	
Form 990)-EZ	03	Form 4720			09	
Form 990)-PF	04	Form 5227			10	
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	O-T (trust other than above)	06	Form 8870			12	
	RICHARD S WILL:	IAMS.	CPA		-		
• The b	ooks are in the care of ▶ 1031 QUARRIER			wv	25301		
	none No. ► 304-345-2320		FAX No ▶				
•	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four digit			is is fo	r the whole group, c	heck this	
box ►		n '			•		
	equest an automatic 3-month (6 months for a corporation				org the extension is	101	
, ,,,		-	tion return for the organization named a		The extension		
ıe f	or the organization's return for:	i organiza	inomination and organization married a		THE EXTENSION		
	X calendar year 2010 or						
	tax year beginning	an	id ending				
					<u> </u>		
2 f t	he tax year entered in line 1 is for less than 12 months, c	hock reas	on Initial return Fina	al retur	n		
_ "-"	Change in accounting period		5.1		.,		
<u> </u>	Onlinge in accounting period						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nrefundable credits. See instructions	, -	,	3a	s	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						
	lance due. Subtract line 3b from line 3a. Include your pa				 -	0.	
	using EFTPS (Electronic Federal Tax Payment System)	-		3c	\$	0.	
	If you are going to make an electronic fund withdrawal			8879-	EO for payment inst		
LHA F	or Paperwork Reduction Act Notice, see Instructions	3.			Form 8868 (Re	v 1-2011)	