

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



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491319018983

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public

For	cale	endar year 2012, or tax ye	ar beginning 01-	01-2012 , and	l end	ling 12-31-	2012	
		undation				A Employer id	entification numbe	er
GR	ACE FA	ARMS FOUNDATION INC				27-1401401		
Num	her and	d street (or P O box number if mail is not	delivered to street address	s) Room/suite		B Telephone nu	ımber (see ınstructior	ıs)
	BOX 87		delivered to street dudiess	Noom, sale		(203) 594-9252	2	
		n, state, and ZIP code				C If exemption	application is pending	g, check here 🕨 🦵
NEW	CANAA	N, CT 068400876						
G C	heck a	all that apply	_	f a former public chai	ity	D 1. Foreign o	rganızatıons, check he	ere 🕨 🔽
		Final return Address change	A mended retui	rn			rganizations meeting e and attach computa	
<u>—</u>	eck ty	ype of organization Section 5		ate foundation		CHECK HE	e and attach compute	ation
_		n 4947(a)(1) nonexempt charitable			n			
			Accounting method				undation status was t n 507(b)(1)(A), chec	
		from Part II, col. (c), \$ 68,975,223	Other (specify)	. , , , ,			ation is in a 60-month	
			Part I, column (d) must	t be on cash basis.)		under sectio	n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and total of amounts in columns (b), (c), necessarily equal the amounts in columnstructions)	and (d) may not	(a) Revenue and expenses per books	(b) I	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	d (attach schedule)	10,000,000				
	2	Check F ref	uired to attach Sch B					
	3	Interest on savings and tempora	ry cash investments					
	4	Dividends and interest from secu	rities					
	5a	Gross rents		103,512			103,512	
	ь	Net rental income or (loss)						
Φ	6a	Net gain or (loss) from sale of as:	sets not on line 10					
量	ь	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Pa	rt IV, line 2)			0		
<u>~</u>	8	Net short-term capital gain					0	
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	Ь	Less Cost of goods sold						
	C	Gross profit or (loss) (attach sch						
	11 12	Other income (attach schedule) Total. Add lines 1 through 11 .		10,103,512		0	103,512	
	13	Compensation of officers, directo		50,000		0	0	50,000
	14	Other employee salaries and wag						
φ	15	Pension plans, employee benefits						
ē.	16a	Legal fees (attach schedule)		% 65,911		0	0	65,911
Expenses	ь	Accounting fees (attach schedule	e)	29,850		0	0	29,850
	c	Other professional fees (attach s	chedule)					
and Administrative	17	Interest						
풍	18	Taxes (attach schedule) (see instructions	s)	299,601		0	39,415	260,186
	19	Depreciation (attach schedule) a	nd depletion	45,585		0	41,274	
등	20	Occupancy		20,168		0	2,209	17,959
) pi	21	Travel, conferences, and meeting	js					
	22	Printing and publications		1,652		0	0	1,652
Operating	23	Other expenses (attach schedule		188,243		0	20,614	167,629
भव्य	24	Total operating and administrative	_					
ă O		Add lines 13 through 23		701,010		0	103,512	•
_	25	Contributions, gifts, grants paid.		220,000			,	220,000
	26	Total expenses and disbursements.	Add lines 24 and 25	921,010		0	103,512	813,187
	27	Subtract line 26 from line 12	and dishurases	0 100 500				
	l a	Excess of revenue over expenses Net investment income (if negative)		9,182,502		0		
	b с	Adjusted net income (if negative,				0	0	
		jaceaaat moone (ii negative)	, ,				ı Yı	1

D-	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year			f year	
			(a) Book Value	(b) Book \		(c) Fair Market Val	
	1	Cash—non-interest-bearing	16,358,768	19	,948,223	19,948,	<u> </u>
	2	Savings and temporary cash investments					—
	3	Accounts receivable					
	_	Less allowance for doubtful accounts					—
	4	Pledges receivable					
	_	Less allowance for doubtful accounts					
	5	Grants receivable					—
	6	disqualified persons (attach schedule) (see page 15 of the					
		Instructions)					
	7	Other notes and loans receivable (attach schedule)					—
	′						
Ø		Less allowance for doubtful accounts 🟲					
Assets	8	Inventories for sale or use					
Ą	9	Prepaid expenses and deferred charges					
		Investments—U S and state government obligations (attach schedule)					
		Investments—corporate stock (attach schedule)					
		Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)					
		Investments—mortgage loans					
		Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis - 38,878,701	20.744.220	05 0 20	720 074	20.720	074
		Less accumulated depreciation (attach schedule) 158,627	38,744,228		,720,074		
		Other assets (describe	3,543,641	10	,306,926	10,306,	926
	16	Total assets (to be completed by all filers—see the	E9 646 627	60	075 222	60.075	222
_	4-7	Instructions Also, see page 1, item I) Accounts payable and accrued expenses	58,646,637		,975,223 ,122,084		
	17 18	Grants payable		1	,122,004		
.n	19	Deferred revenue			24,000		
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
喜	21	Mortgages and other notes payable (attach schedule)					
Ξ		Other liabilities (describe	95 10,601		10,601		
	23	Total liabilities (add lines 17 through 22)	10,601	1	,156,685		
		Foundations that follow SFAS 117, check here 🕨 🦵					
J.		and complete lines 24 through 26 and lines 30 and 31.					
or Fund Balances	24	Unrestricted					
<u>a</u>		Temporarily restricted					
Ö	26	Permanently restricted					
Ĭ		Foundations that do not follow SFAS 117, check here					
丑		and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0				
Ę,	28	Paid-in or capital surplus, or land, bldg, and equipment fund	TO 626 026	67	010 520		
Assets	29	Retained earnings, accumulated income, endowment, or other funds	58,636,036	67	,818,538		
Šet	30	Total net assets or fund balances (see page 17 of the instructions)	58,636,036	67	,818,538		
Z	31	Total liabilities and net assets/fund balances (see page 17 of	30,030,030		,010,000		
	-	the instructions)	58,646,637	68	,975,223		
Pa	rt II		, ,				_
			(n) line 20 (1		—
1		Total net assets or fund balances at beginning of year—Part II, column with end-of-year figure reported on prior year's return)			1	58,636,0	36
2		Enter amount from Part I, line 27a		<u> </u>	2	9,182,5	
3		Other increases not included in line 2 (itemize)		—	3	9,102,5	0
4		Add lines 1, 2, and 3			4	67,818,5	
5		Decreases not included in line 2 (itemize)		_	5	2. /0 20/3	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—		ne 30 .	6	67,818,5	38

	ibe the kind(s) of property sold (e g , rore rehouse, or common stock, 200 shs N		(c)	Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
			-		
			+		
	(f) Depreciation allowe	ed (g) Cost or other basis	\dashv	(h) Gain	or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale) minus (g)
a					
b					
С					
d					
e					
Complete only for asse	ts showing gain in column (h) and own	ed by the foundation on 12/31/69		(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/	(j) Adjusted basis	(k) Excess of col (ı)	\Box	ol (k), but not l	less than -0-) or
(I) I M V d3 01 12/31/	as of 12/31/69	over col (j), if any		Losses (fro	om col (h))
a					
b					
С					
d					
е					
3 Cambal		If gain, also enter in Part I, line 7	1		
2 Capital gain net in	come or (net capital loss)	If (loss), enter -0- in Part I, line 7		2	
3 Net short-term ca	pital gain or (loss) as defined in section	ons 1222(5) and (6)			
If gaın, also enter	ın Part I, line 8, column (c) (see instru	uctions) If (loss), enter -0-	n l		
ın Part I, line 8] [3	
Part V Qualificatio	n Under Section 4940(e) for F	Reduced Tax on Net Investo	ent :	Income	
For ontional use by domest	ıc prıvate foundatıons subject to the s	ection 4940(a) tay on net investme	nt inco	ime)	
Tor optional abe by domest	te private loundations subject to the s	decion 15 16 (a) tax on her investine		,,,,,	
f section 4940(d)(2) applie	s, leave this part blank				
Vas the foundation liable fo	r the section 4942 tax on the distribut	able amount of any year in the base	period	?	┌ Yes 🗸 No
•	s not qualify under section 4940(e) De	•			
1 Enter the appropriate a	mount in each column for each year, s	ee page 18 of the instructions befor	e mak	ing any entries	
(a) Base period years Calendar	(b)	(c)		(d)	
year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distributior (col (b) divided	
2011	3,804,560	8,952,146			0 424989
2010	1,704,487	1,102,948			1 545392
2009	10,197,333	41,994			
2008			1		
2007					242 828333
2007					
	umn (d)		2		242 828333
2 Total of line 1, col3 Average distribution	on ratio for the 5-year base period—di	vide the total on line 2 by 5, or by			242 828333
2 Total of line 1, col3 Average distribution		vide the total on line 2 by 5, or by	2		242 828333
2 Total of line 1, col3 A verage distributionthe number of year	on ratio for the 5-year base period—dirs the foundation has been in existenc	vide the total on line 2 by 5, or by e if less than 5 years	3		242 828333 244 79871 81 59957
2 Total of line 1, col3 A verage distributionthe number of year	on ratio for the 5-year base period—di	vide the total on line 2 by 5, or by e if less than 5 years			242 828333 244 79871 81 59957
 2 Total of line 1, col 3 A verage distribution the number of yea 4 Enter the net valu 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201	vide the total on line 2 by 5, or by e if less than 5 years	3		242 828333 244 79871 81 59957
 2 Total of line 1, col 3 A verage distribution the number of yea 4 Enter the net valu 	on ratio for the 5-year base period—dirs the foundation has been in existenc	vide the total on line 2 by 5, or by e if less than 5 years	3		242 828333 244 79871 81 59957 13,955,57
 2 Total of line 1, cold 3 Average distribution the number of yea 4 Enter the net value 5 Multiply line 4 by 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201	vide the total on line 2 by 5, or by e if less than 5 years	3 4 5		242 828333 244 79871 81 59957 13,955,57 1,138,768,77
 2 Total of line 1, cold 3 A verage distribution the number of yea 4 Enter the net value 5 Multiply line 4 by 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201	vide the total on line 2 by 5, or by e if less than 5 years	3		242 828333 244 79871 81 59957 13,955,57 1,138,768,77
 Total of line 1, col A verage distribution the number of yea Enter the net value Multiply line 4 by Enter 1% of net in 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201 line 3	vide the total on line 2 by 5, or by e if less than 5 years	3 4 5 6		244 798714 81 599573 13,955,573
 2 Total of line 1, cold 3 Average distribution the number of yea 4 Enter the net value 5 Multiply line 4 by 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201 line 3	vide the total on line 2 by 5, or by e if less than 5 years	3 4 5		244 798714 81 59957 13,955,57
 Total of line 1, col A verage distribute the number of yea Enter the net value Multiply line 4 by Enter 1% of net in Add lines 5 and 6 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201 line 3	vide the total on line 2 by 5, or by e if less than 5 years	3 4 5 6 7		242 828333 244 798714 81 599573 13,955,573 1,138,768,770
 Total of line 1, col A verage distribution the number of yea Enter the net value Multiply line 4 by Enter 1% of net in Add lines 5 and 6 Enter qualifying distribution 	on ratio for the 5-year base period—dirs the foundation has been in existence of noncharitable-use assets for 201 line 3	vide the total on line 2 by 5, or by e if less than 5 years	3 4 5 6 7 8	using a 1% tax	242 8283333 244 798714 81 599573 13,955,573 1,138,768,770 1,138,768,770 6,497,720

	990-PF (2012)			age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0
6	C redits/P ayments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	. <u>1a</u>		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of			
	the instructions for definition)?	. <u>1b</u>		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	١.		
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$\bigs \bigs 0 (2) On foundation managers \$\bigs \bigs 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
-	on foundation managers * \$0	١,		Na
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> 2</u>		No
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes]		No
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No No
4a		4b		140
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?	5		No
3				NO
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	. 6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	►CT, DE			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9	Yes	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Form	990-PF (2012)		Р	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►GRACEFARMS ORG			
14	The books are in care of ►GRACE FARMS FOUNDATION INC Telephone no ►(203) 594-	9252	
	Located at ▶PO BOX 876 NEW CANAAN CT ZIP+4 ▶0684008			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year		• •	- ,
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over			
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ✓ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? $ extstyle ex$			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2012?	1 c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years ▶ 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
-	any time during the year?			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	26		
A	If the foundation had excess business holdings in 2012.)	3b		N1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	1	No

5a	During the year did the foundation	pay or incurany amoun	it to		_	•				
	(1) Carry on propaganda, or otherv	vise attempt to influenc	e leg	ıslatıon (section 49	45(e)) [?]	No			
	(2) Influence the outcome of any s	pecific public election (see (section 4955), or to	carı	ry				
	on, directly or indirectly, any ve		-			·	- No			
	(3) Provide a grant to an individua	-				r Yes r	No			
	(4) Provide a grant to an organizat				scrib					
	in section 509(a)(1), (2), or (3		•	· -			- No			
	(5) Provide for any purpose other t					, , , , , , , , , , , , , , , , , , , ,				
	educational purposes, or for the						- No			
b	If any answer is "Yes" to 5a(1)-(5									
	Regulations section 53 4945 or in							5b		
	Organizations relying on a current	_	_				_ ⊢		-+	
_	If the answer is "Yes" to question 5					,				
	tax because it maintained expendi			•		Γ v es Γ	- _{No}			
	If "Yes," attach the statement requir				•		""			
6a	Did the foundation, during the year				pror	nume on				
oa	a personal benefit contract?						- No			
h	Did the foundation, during the year					, ,		6b		No
U		, pay premiums, unecu	y Oi i	nunectry, on a perso	Jilai i	benefit contract	•	OD	-+	140
7 _	If "Yes" to 6b, file Form 8870.	a tha faundation a naut				ransaction? TYes F	- Na			
	At any time during the tax year, wa							76		
	If yes, did the foundation receive a							7b		
Pa	Information About and Contractors	Officers, Directors	5, 11	rustees, rounda	ıuoı	i Managers, nigniy	Palu	Emp	loyee	5,
1	List all officers, directors, trustees,	foundation managers a	and t	heir compensation (see i	nstructions).				
		(b) Title, and average		c) Compensation		(d) Contributions to	(a) E	, nonc	e accou	unt.
	(a) Name and address	hours per week	(1	If not paid, enter		mployee benefit plans			wances	
		devoted to position	-	-0-)	and	deferred compensation				
ee	Addıtıonal Data Table									
2	Compensation of five highest-paid	employees (other than	thos	e included on line 1–	-see	instructions). If none, er	ter "N	ONE."		
, ,		(b) Title, and aver	age			(d) Contributions to				
(a)	Name and address of each employed paid more than \$50,000	hours per week	((c) Compensation	n	employee benefit plans and deferred		-	e accou owances	-
	p a. a	devoted to positi	on			compensation	• • •			
10 L	IE									
	I number of other employees hald ov					<u> </u>				
OT 2	or contribet of other employees hald over									()

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional ser	vices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SANAA JIMUSHO LTD DAIHYOU	DESIGN ARCHITECT	1,329,226
1-5-27 TATSUMI KOTO-KU TOKYO 135-0053 JA		
HANDEL ARCHITECTS LLP	EXECUTIVE ARCHITECT	992,873
150 VARICK ST 8TH FL NEW YORK, NY 10013		,
PARATUS GROUP II INC	PROJECT DIRECTOR	567,370
568 BROADWAY SUITE 602 NEW YORK, NY 10012		
FJ SCIAME CONSTRUCTION COINC	CONSTRUCTION	433,111
14 WALL STREET NEW YORK, NY 10005		
BURO HAPPOLD CONSULTING ENGINEERS PC	ENGINEERING AND CONSULTING	414,714
100 BROADWAY 23RD FL NEW YORK, NY 10005	SERVICES	
Total number of others receiving over \$50,000 for professional serv	/ices	12
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incl organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc	Expenses
1GRACE FARMS FOUNDATION'S EXPENSES ARE IN CONNECT BUILD FACILITIES THAT WILL BE USED TO SPONSOR, CONEDUCATIONAL AND RELIGIOUS ACTIVITIES IN THE AREA EDUCATION AND SOCIAL JUSTICE	NDUCT, AND SUPPORT CHARITABLE,	593,187
2		
3		
4		
Part IX-B Summary of Program-Related Investme	ents (see instructions)	
Describe the two largest program-related investments made by the foundation		A mount
1		
2		
All other was many related investments. Con your 24 of the waster		
All other program-related investments See page 24 of the instru 3	ictions	
Total. Add lines 1 through 3		0

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	14,168,094
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	14,168,094
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation))	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	14,168,094
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	212,521
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	13,955,573
6	Minimum investment return. Enter 5% of line 5	6	697,779
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	atıng	foundations and
	certain foreign organizations check here 🕨 🖍 and do not complete this part.)	Τ	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2012 from Part VI, line 5	-	
b	Income tax for 2012 (This does not include the tax from Part VI) 2b	┨ _	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	813,187
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	5,684,533
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,497,720
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,497,720
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the	

the section 4940(e) reduction of tax in those years

	didistributed filcome (see msu	uctions)			1
		(a)	(b)	(c)	(d)
	Distribute ble successification 2012 forms Dept VI line 7	Corpus	Years prior to 2011	2011	2012
	Distributable amount for 2012 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2012				
	Enter amount for 2011 only				
	Total for prior years 20				
	Excess distributions carryover, if any, to 2012				
	From 2007				
	From 2008				
	From 2009				
	From 2010				
	From 2011				
	Total of lines 3a through e				
4	Qualifying distributions for 2012 from Part				
	XII, line 4 🕨 \$				
	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2012 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2012				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
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 amount				
_	—see instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2012 Subtract				
-	lines 4d and 5 from line 1 This amount must				
	be distributed in 2013				
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
R	Excess distributions carryover from 2007 not				+
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
е	Excess from 2012				

Part XIV Private Operating Four In If the foundation has received a ruling or d foundation, and the ruling is effective for 20	etermination letter t	hat it is a private o		11 9)	
b Check box to indicate whether the organization	-	_	described in section	1942(1)(3) or	T 4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	eracing loundation	Prior 3 years	11 4942())(3) 01	
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for each year listed	0	0	0	0	
b 85% of line 2a	0	0	0	0	
c Qualifying distributions from Part XII,					
line 4 for each year listed	6,497,720	3,804,560	1,704,487	10,197,333	22,204,10
d Amounts included in line 2c not used directly for active conduct of exempt activities	220,000	215,000	195,000	120,000	750,00
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	6,277,720	3,589,560	1,509,487	10,077,333	21,454,100
Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test—enter					
(1) Value of all assets	67,853,138	58,646,637	49,807,821	38,852,768	215,160,364
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	47,904,915	42,287,869	39,685,766	38,767,500	168,646,050
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					(
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support					
from an exempt organization					
(4) Gross investment income Part XV Supplementary Informatio	n (Complete th	ia mare ambri if i	<u> </u>	- had &E 000 a	
assets at any time during			the organization	ii iiau \$5,000 o	i illore ili
a List any managers of the foundation who had before the close of any tax year (but only if	ive contributed more				ation
See Additional Data Table					
b List any managers of the foundation who ov ownership of a partnership or other entity)		•	•	y large portion of the	2
Information Regarding Contribution, Grant	, Gift, Loan, Scholar	ship, etc., Program	ns:		
Check here \(\subseteq \subseteq If the foundation only make unsolicited requests for funds. If the found other conditions, complete items 2a, b, c, and the conditions is a subsete of the conditions.	kes contributions to ation makes gifts, gi	preselected charit	able organizations	and does not accept luals or organizatior	s under
a The name, address, and telephone number	of the person to wh	om applications sh	ould be addressed		
b The form in which applications should be s	ubmitted and inform	ation and material	s they should includ	de	
c Any submission deadlines					
d Any restrictions or limitations on awards, factors	such as by geograph	nical areas, charita	ible fields, kinds of	institutions, or othei	-

Form 990-PF (2012) Part XV Supplementary Inform	mation (continued)			Page 1
3 Grants and Contributions Paid	During the Year or App	proved for F	uture Payment	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor	recipient		
a Paid during the year See Additional Data Table				
	<u> </u>		<u> </u> 	220,00
b Approved for future payment		T		1
Tabal			h. 2L	+

	-A Analysis of Income-Produc	ina Activitie	· C			Page 1 2
	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	<u> </u>	(e) Related or exempt function income
	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See instructions)
ь						
2 Membe 3 Interest of the provider of the prov	and contracts from government agencies rship dues and assessments			16		
	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0			0
	orksheet in line 13 instructions to verify of Relationship of Activities to	calculations) the Accom	plishment of E	xempt Purpos		
		calculations) o the Accom ich income is re	plishment of E ported in column (xempt Purpos e) of Part XVI-A c	es ontributed importa	antly to
Part XVI	Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accom ich income is re	plishment of E ported in column (xempt Purpos e) of Part XVI-A c	es ontributed importa	antly to
Part XVI	Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accom ich income is re	plishment of E ported in column (xempt Purpos e) of Part XVI-A c	es ontributed importa	antly to

Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	-	Yes	No									
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	1a(2)											
(1) Cash	1a(2)											
	1a(2)											
(2) Other assets	. 1b(1)		No									
b Other transactions (1) Salas of assets to a pensharitable exempt organization												
(1) Sales of assets to a noncharitable exempt organization	45(2)		No									
(2) Purchases of assets from a noncharitable exempt organization	. 1b(2)		No									
(3) Rental of facilities, equipment, or other assets	. 1b(3)		No									
(4) Reimbursement arrangements	1b(4)		No									
(5) Loans or loan guarantees	1b(5)		No									
(6) Performance of services or membership or fundraising solicitations	1b(6)		No									
${f c}$ Sharing of facilities, equipment, mailing lists, other assets, or paid employees	. 1c		No									
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair main any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	rket valu ived	е										
(a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and	snaring arra	ingeme	nts									
 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		_{es} [√ No									
(a) Name of organization (b) Type of organization (c) Description of re	ationship											
with		s this ret	urn									
		, 110	—									
Print/Type preparer's name Preparer's Signature Check if self-employed ▶ PTIN RIAZ S QUREISHI CPA RIAZ S QUREISHI CPA PTIN	P00047	903										
Preparer Firm's name ► PERELSON WEINER LLP Firm's EIN ► 13-3791	92											
ONE DAC HAMMARSKIOLD BLAZA												
ONE DAG HAMMARSKJOLD PLAZA Firm's address NEW YORK, NY 100172286 Phone no (212)605-3	100											

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

compensation				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHARON PRINCE	DIRECTOR/PRESIDENT	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	50 00			
ROY MEDILE	DIRECTOR/SECRETARY	50,000	0	0
PO BOX 876 NEW CANAAN,CT 06840	20 00			
THOMAS CHAMPION	DIRECTOR/TREASURER	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	3 00			
WALTER BEATTY	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	5 00			
ROBERT PRINCE	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	5 00			
RICHARD BRENNAN	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
LEIGHANNE CHAMPION	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
JAY FIELDEN	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
LAMONT HIEBERT	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN, CT 06840	1 00			
JANE HUNSINGER	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
PETER HUNSINGER	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
DAVID VERKLIN	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
VERONICA VERKLIN	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			
DR MIROSLAV VOLF	DIRECTOR 1 00	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	100			
GREGORY ZEHNER	DIRECTOR	0	0	0
PO BOX 876 NEW CANAAN,CT 06840	1 00			

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

SHA	RO N	PRINC	ĴΕ

ROBERT PRINCE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
A BETTER CHANCE INC OF NEW CANAAN PO BOX 355 NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	GENERAL	5,000
ARTS FOR HEALING INC 24 GROVE ST NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	GENERAL	5,000
DOMESTIC VIOLENCE CRISIS CENTER 5 EVERSLEY AVE NORWALK,CT 06851	NONE	PUBLIC CHARITY	GENERAL	5,000
HOPE FOR HAITI INC 4303 INNOVATION LOOP MARBLE FALLS,TX 78654	NONE	PUBLIC CHARITY	GENERAL	50,000
LOVE 146 INC POBOX 8266 NEW HAVEN, CT 06530	NONE	PUBLIC CHARITY	GENERAL	50,000
NEW CANAAN CARES INC POBOX 178 NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	GENERAL	5,000
NEW CANAAN HISTORICAL SOCIETY 13 OENOKE RIDGE ROAD NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	GENERAL	5,000
NEXT GENERATION NEPAL C/O ANNA HOWE POBOX 5583 EUGENE,OR 97405	NONE	PUBLIC CHARITY	GENERAL	40,000
PHILIP JOHNSON GLASS HOUSE 199 ELM STREET NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	GENERAL	5,000
YALE CENTER FOR FAITH AND CULTURE 409 PROSPECT ST NEW HAVEN, CT 06511	NONE	PUBLIC CHARITY	GENERAL	50,000
Total				220,000
,				•

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93491319018983
Schedule B		Schedule of Contributors	 S	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		► Attach to Form 990, 990-EZ, or 990-P	F.	2012
Name of the organization			Employer id	dentification number
- GRACE TARTIST CONDATION	INC		27-140140	01
Organization type (che	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	┌ 501(c)() (enter number) organization		
	~ 4947(a)(1)) nonexempt charitable trust not treated as a p	rivate foundation	
	F 527 politica	al organization		
Form 990-PF	5 01(c)(3)	exempt private foundation		
	— 4947(a)(1)) nonexempt charitable trust treated as a privat	e foundation	
	501(c)(3)	taxable private foundation		
	ion filing Form 990, 99 ny one contributor Ca	90-EZ, or 990-PF that received, during the year omplete Parts I and II	, \$5,000 or more (in money or	
Special Rules				
under sections 5	509(a)(1) and 170(b)(ıling Form 990 or 990-EZ that met the 33 ¹ /3% รบ 1)(A)(vı) and received from any one contributo amount on (ı) Form 990, Part VIII, line 1h, or (แ)	or, during the year, a contribut	
during the year,	total contributions of i	rganization filing Form 990 or 990-EZ that recermore than \$1,000 for use <i>exclusively</i> for religionses, or the prevention of cruelty to children or	ous, charitable,	,
during the year, not total to more the year for an e applies to this or	contributions for use than \$1,000 If this bo exclusively religious, of ganization because it	rganization filing Form 990 or 990-EZ that receivex clusively for religious, charitable, etc., purpox is checked, enter here the total contributions charitable, etc., purpose. Do not complete any correceived nonexclusively religious, charitable, etc.	oses, but these contributions of that were received during of the parts unless the Gener etc, contributions of \$5,000 o	did ral Rule
990-EZ, or 990-PF), but	it must answer "No"	by the General Rule and/or the Special Rules d on Part IV, line 2 of its Form 990, or check the 0-PF, to certify that it does not meet the filing re	box on line H of its	

Name of organization GRACE FARMS FOUNDATION INC

Employer identification number

27-1401401

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE MARATHON TRUST C/O PERELSON WEINER LLP ONE DAG HAM NEW YORK, NY 100172286	\$10,000,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization GRACE FARMS FOUNDATION INC **Employer identification number**

27-1401401

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		101101
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

rganization		Employer identification number
IS FOUNDATION INC		27-1401401
that total more than \$1,000 for the year For organizations completing Part III, enter the contributions of \$1,000 or less for the year	r. Complete columns (a) through (e) he total of exclusively religious, cha ar (Enter this information once See	on 501(c)(7), (8), or (10) organizations and the following line entry iritable, etc.
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, al	(e) Transfer of gift nd ZIP 4 Rel	ationship of transferor to transferee
Т		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
	nd ZIP 4 Rei	ationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift nd ZIP 4 Rel	ationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
1:	Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift Transferee's name, address, a	Exclusively religious, charitable, etc., individual contributions to section that total more than \$1,000 for the year. Complete columns (a) through (e) For organizations completing Part III, enter the total of exclusively religious, charitable of \$1,000 or less for the year. Center this information once. See Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Rei (f) Purpose of gift (g) Use of gift (g) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Transferee's name, address, and ZIP 4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491319018983 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990-PF PAGE 1 Name(s) shown on return GRACE FARMS FOUNDATION INC 27-1401401 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 4.311 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ΜМ S/L 40 yrs **Summary** (see instructions) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 4,311 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	<u>nforma</u>	tion (C	Caution	: See t	he ii	าstruct	ions for	limits	for pa	asseng	ier au	tomot	iles.
24a Do you have evider	nce to support t	the business/inv	estment ι	ıse claıme	d? ┌ Yes	БП _{No}		24	b If "Yes,"	' is the e	v idence	written?	Гү	s L N)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	(busines	(e) r deprecia ss/investrr se only)		(f) Recovery period	(g) Method Convent		Depre	n) ciation/ ction		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service	during the	tax year	and u	sed more		5					
26 Property used more			business	use											
		. %													
		%													
7 Property used 50%	orlessina	gualified bus	IDACC IIC	Δ	1		I								
Froperty used 50 A	o or less iii a	%	siliess us				1		S/L -						—
		%							S/L -						
		%			<u> </u>				S/L -						
28 Add amounts in co						ne 21, p	age	1 <u> </u>	28						
29 Add amounts in co	olumn (ı), lın						•		• • •			29			
omplete this section	forvobiolog		ction B							or rolas	od no				
you provided vehicles to													se vehic	les	
30 Total business/in	vestment mi	les driven du	ring the		a)	(b	•		(c)	(d)	(e)		f)
year (do not inclu			· ·	Veh	ıcle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
								-		-				1	
31 Total commuting i		- ,				-		-		+		-		-	
32 Total other persor	•							_		_					
33 Total miles driven through 32 .	during the y	ear Add line	s 30												
34 Was the vehicle a	vailable for n	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty ho				· · · ·	+ "	1.65	-110	+ :==	+ "	+	""	1.05	''	1.05	H
35 Was the vehicle us owner or related p	sed primarily	by a more tl	 nan 5%												
36 Is another vehicle		r personal us	e? .												T
		stions for		vers W	ho Pro	vide V	/ehi	cles fo	r Use	hv Th	eir F	mploy	ees		
nswer these questio % owners or related	ns to determ	ine if you me	et an exc											not mo	re th
37 Do you maintain a employees?				nibits all	personal	l use of	vehic	les, inc	luding co	mmutii	ng, by	your	Y	'es	No
													\vdash		
38 Do you maintain a employees? See t															
39 Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	se?										
40 Do you provide movehicles, and reta				oyees,o	btaın ınfo	ormatior	fron	n your e	mployee	s about	the u	se of			
, 41 Do you meet the r				automobi	ıle demoi	nstratio	n use	? (See	ınstructu	ons)				_	
Note: If your answ	•	_	•					•		•					
	rtization	, 3 5 , 10 , 01	11 13 10	3, 40 110	Compre		1011 15	101 1110	COVERCE	Venicie					
Allio	T CIZ CIOII	(b)			_				1 (e)					
(a)		Date			c) :izable			(d) Iode		tization		Δmo	(f) rtızatı	on for	
Description of c	osts	amortizatio	n		ount			ction	1 '	od or			his ye		
40 A		begins	2015	.	. /	<u> </u>	- \		perce	entage			-		
42 A mortization of co	sts that beg			tax year			s)								
VEBSITE COST		2012-05-1	5		43,	333			3 (5 M				•	9,63
										T					
43 Amortization of co	_	=		•			•			43					2,27
14 Total Add amoun	ts in column	(f) See the I	nstructio	ns for wh	iere to re	port	_			44	I			2	190

TY 2012 Accounting Fees Schedule

Name: GRACE FARMS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	29,850	0	0	29,850

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491319018983

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2012 Amortization Schedule

Name: GRACE FARMS FOUNDATION INC

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
WEBSITE COST	2011-09-01	36,817	4,091	36 000000000000	12,272	0	12,272	16,363
WEBSITE COST	2012-05-15	43,333		36 000000000000	9,630	0	9,630	9,630

DLN: 93491319018983

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2012 Depreciation Schedule

Name: GRACE FARMS FOUNDATION INC

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING	2010-01-01	1,609,700	82,548	SL	39 000000000000	41,274	41,274	41,274	
LAND	2009-12-28	37,163,793		L		0	0	0	
COMPUTER	2010-12-23	10,873	2,175	SL	5 000000000000	2,175	0	2,175	
OFFICE EQUIPMENT	2010-12-31	460	92	SL	5 00000000000	92	0	92	
OFFICE FURNITURE	2010-11-02	1,914	319	SL	7 000000000000	273	0	273	
OFFICE FURNITURE	2010-12-01	1,763	273	SL	7 000000000000	252	0	252	
OFFICE FURNITURE	2010-12-31	1,381	197	SL	7 000000000000	197	0	197	
OFFICE FIXTURES	2010-11-10	7,214	1,203	SL	7 000000000000	1,031	0	1,031	
COMPUTER	2011-03-01	1,453	242	SL	5 000000000000	291	0	291	

TY 2012 Land, Etc. Schedule

Name: GRACE FARMS FOUNDATION INC

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING	1,609,700	123,822	1,485,878	1,485,878
LAND	37,163,793	0	37,163,793	37,163,793
OFFICE EQUIPMENT,FURNITURE & FIXTURES	25,058	8,812	16,246	16,246
WEBSITE COSTS	80,150	25,993	54,157	54,157

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319018983

TY 2012 Legal Fees Schedule

Name: GRACE FARMS FOUNDATION INC

Category Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	65,911	0	0	65,911

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319018983

TY 2012 Other Assets Schedule

Name: GRACE FARMS FOUNDATION INC

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROJECT DEVELOPMENT COSTS	3,543,641	10,306,926	10,306,926

TY 2012 Other Expenses Schedule

Name: GRACE FARMS FOUNDATION INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	29,979	0	0	29,979
FILING FEES	672	0	0	672
BANK FEES	36	0	0	36
REPAIRS AND MAINTENANCE	47,013	0	0	47,013
POSTAGE	490	0	0	490
MISC EXPENSES	3,353	0	0	3,353
PROPERTY MAINTENANCE	62,083	0	0	62,083
SECURITY	851	0	0	851
COMPUTER AND WEBSITE FEES	1,250	0	0	1,250
INSURANCE	2,679	0	2,679	0
REPAIRS AND MAINTENANCE	7,669	0	7,669	0
PROPERTY MAINTENANCE	10,128	0	10,128	0
SECURITY	138	0	138	0
AMORTIZATION	21,902	0	0	21,902



TY 2012 Other Liabilities Schedule

Name: GRACE FARMS FOUNDATION INC

Description	Beginning of Year - Book Value	End of Year - Book Value
TENANT SECURITY DEPOSIT PAYABLE	10,601	10,601

TY 2012 Taxes Schedule

Name: GRACE FARMS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	260,186	0	0	260,186
PROPERTY TAXES	39,415	0	39,415	0

3115

(Rev. December 2009)
Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

OMB No. 1515-015

Internal Revi nuo Service			_
Name of filer (name of purent corporation if a consolidat	. d group) (sue instructions)	Identification number (see instructions)	
		27-1401401	
		Principal business activity code number (see instruction	15)
CRACE FARMS FOUNDATION, INC.	. <u>-</u>	813219	
Number, street, and room or suite no. If a P.O. box, see	the instructions	Tax year of change begins (MM/DD/YYYY) 01/01/2	2012
P.O. BOX 876		Tax year of change ends (MM/DD/YYYY) 12/31/:	301 <u>3</u>
City or town state, and ZIP code		Name of contact person (see instructions)	
NEW CANAAN, CT 06840-0876		RIAZ S.QUREISHI, CPA	
Name of applicant(s) (if different than filer) and identification	ation number(s) (see instructions)	Contact person's telephi	one number
		203-594-9252	. <u> </u>
If the applicant is a member of a consolidate			l I
·	Bration of Representative, is attac	ched (see instructions for when Form 2848 is	_
required), check this box			اعدا
Check the box to indicate the type of app		Check the appropriate box to indicate the t	
[] Individual	Cooperative (Sec. 1381)	of accounting method change being reque	sted.
Corporation	☐ Partnership	(see instructions)	
[] Controlled foreign corporation	S corporation	Depreciation or Amortization	
(Sec 957)	Insurance co (Sec 816(a))	☐ Financial Products and/or Financial Activit	es of
10/50 corporation (Sec 904(d)(2)(E))	[] Insurance co (Sec 831)	Financial Institutions	
Qualified personal service	[] Other (specify)►	☐ Other (specify) ►	
corporation (Sec 448(d)(2))			
Exempt organization. Frier Code section			
		e taxpayer must provide all information that is relevant to	
		on requested on this Form 3115 (including its instruct	ions), as
well as any other information that is not specified. The taxpayer must attach all applicable s	•	ted throughout this form	
		ea thoughout this form.	
Part Information For Automatic		- , ,	_
•		mber for the requested automatic change. Enter	Yes No
•	-	ept as provided for in guidance published by the thook change number, check "Other," and provide	1 1
		g the automatic change. See instructions	
Dougla de Jonphori de dio dilango aria di	_	g in materials sharing to be in materials.	
▶ (a) Change No <u>122</u>	(b) Other ☐ Description ▶		
- · · · · · · · · · · · · · · · · · · ·		roc. 2008-52 cause automatic consent to be	
unavailable for the applicant's reque			x
Note. Complete Part II below and then Par		gn L of this form (if applicable)	+
Part II Information For All Request		_	Yes No
		s to which the requested change relates, or	ļ ļ
terminate its existence, in the tax ye			x
If "Yes," the applicant is not eligible t	to make the change under autom	atic change request procedures	
	.	which the applicant was a member during the	
applicable tax year(s)) have any I ed	teral income tax return(s) under e	examination (see instructions)?	<u>x</u>
If "No," yo to line 5			
		issue (with respect to either the applicant or	
		s a member during the applicable tax year(s))	
either (i) under consideration or (ii) p			<u> x</u>
D. L. C. C. L. C.	Signature (see instru	,	4
the application contains all the relevant facts relating to	ied this application, including accompanyli o the application, and it is true, correct, a	ng schedules and statements, and to the best of my knowle and complete. Declaration of preparer (other than applicant)	is hased on all
information of which preparer has any knowledge		Decree of other Alexandra of Canada	
f ilo:		Preparer (other than filer/applicant)	
Burn Maria	—	Steposture of industrial managemental according to	dat
Sign Alire and date		Signature of individual preparing the application and	unte
ROY MEDILE, TREASURIE	, . -	8. OUREISHT, CPA Name of Individual preparing the application (print or	tvne)
Name and title (print or type			13 ha)
	PREEI	SON WEINER LLP Name of firm preparing the application	_
For District And an Albanya and Florida Assessment	A Blating and About the formation of		(Ray 12 2009)

Part	Information For All R	equests (continue	d)		Yes	No
4c	le the method of accounting	the confusion is re-	venture to observe on the	and a subject to other the		
40		ormer consolidated gi	oup in which the applica	sue pending (with respect to either the nt was a member during the applicable		x
d	division director consent to the	e filing of the request	t (see instructions)?	procedures requiring that the operating		х
	If "Yes," attach the consent st			d		
е	If 'Yes check the box for the	-	period and attach the requ	-day or 120-day window period? uired statement (see instructions)		Х
f	If you answered 'Yes' to line year(s) under examination	4a, enter the пате а	nd telephone number of	the examining agent and the tax		
	Name ►	To	elephone number ►	Tax year(s) ▶		
g	Has a copy of this Form 3115					N/A
5a	Does the applicant (or any prapplicable tax year(s)) have a lf 'Yes," enter the name of the	any Federal income ta				х
	telephone number, and the ta					
	Name ▶		elephone number 🕨		1	
b	Has a copy of this Form 311 on line 5a?	5 been provided to t	he Appeals officer and/o	r counsel for the government identified		N/A
С		applicant or any pre	esent or former consolida	under consideration by Appeals and/or ted group in which the applicant was a		_ x
6	attach a statement that provi	es' to line 4a and/or des each parent cor nich the applicant wa	poration's (a) name	present or former consolidated group, (b) identification number, (c) address, r examination, before an Appeals office,		
7	a partnership or an S corpor	ation, is it requesting ion, before Appeals	a change from a metho or before a Federal coul	ng a limited liability company) treated as od of accounting that is an issue under rt, with respect to a Federal income tax		N/A
	If 'Yes,' the applicant is not	eligible to make the c	hange			
8a	Does the applicable revenue receive audit protection for th			nsent) state that the applicant does not		_ x
b	If "Yes" attach an explanation	٦				
9a		quiring advance cons		de (under either an automatic change d of accounting within the past 5 years		×
b		ousiness, attach a de	·	sted change in method of accounting consent		
С	If any application was withdra	awn, not perfected, o	r denied, or if a Consent	Agreement granting a change was not in the requested year of change, attach		
10a				e pending any request (including any counting, or technical advice?		x
b				e taxpayer, identification number(s), the chnical advice), and the specific issue(s)	1	
11	Is the applicant requesting to	change its overall in	nethod of accounting?		х	<u> </u>
	If 'Yes,' check the appropriaccounting Also, complete S			s present and proposed methods of		
	Present method.	x Cash	☐ Accrual	☐ Hybrid (attach description)		
	Proposed method	☐ Cash	x Accrual	☐ Hybrid (attach description)		

		72-2009)							$\overline{}$	Page 3
Par		Information For							Yes	No
12 a b c	The applicant's present method for the item(s) being changed The applicant's proposed method for the item(s) being changed The applicant's present overall method of accounting (cash, accrual, or hybrid)									
13	activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d) describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application									
		surance companies " attach an explanat		tructions					X	-
15a	Has t reorga	he applicant enga	ged, or wi r liquidatior	i) during the propos				(a) applies (e.g., a vithout regard to any		x
b 16	the mithods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application								x	
17	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change									
	1st prec year en	•	yr	2nd preceding year ended mo	yr		3rd preceding year ended mo	yr		
	\$			\$			\$			L
Pari		Information For				MA	, 		Yes	No
18	other p	oublished guidance a	as an autom	natic change reques	st?		_	notice regulation, or er advance consent		
19	detaile situatio (statut	ed and complete de on and that demons	scription of trates that t ished ruling	the facts that exp he applicant is auth gs, court cases, etc	lains how the horized to use to be the horized to use the horized to use the horized to be the horized	he law ise the p ig the pi	specifically applie proposed method roposed method A	changed Include a s to the applicant's Include all authority slso, include either a		
20	Attach	a copy of all docum	ents related	to the proposed cl	hange (see	ınstruct	ions)			
21		a statement of the a				_				
22		applicant is a mer lidated group use the						er members of the	-	
		attach an explanati								
23a		the amount of user						 		
b Part		applicant qualifies fo Section 481(a) A			e required ii	ntormati	on or certification (see instructions)	Yes	No.
24					regulation.	or other	oublished guidance i	require the applicant to	162	NO
	ımplem	ent the requested cha	nge in metho	d of accounting on a						х
25	Enter income used computational	the section 481(a) e > \$ to determine the sitation for each contained a list of	adjustment <u>NONE</u> A ection 481 iponent If the name,	Indicate whether ttach a summary of (a) adjustment If more than one ap	f the compu it is base plicant is a er, principa	itation a d on m pplying I busine	nd an explanation ore than one co for the method cl	or a decrease (-) in of the methodology mponent, show the nange on the same see instructions), and		

Form 3	115 (Rev. 12-2009)		P	age 4
Part	Section 481(a) Adjustment (continued)		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to tall entire amount of the adjustment into account in the year of change?	ke the		N/A
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group consolidated group, a controlled group, or other related parties? If 'Yes,' attach an explanation	oup, a		N/A
Sche	dule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be co	omplete	ed)	
Pai	Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None statement providing a breakdown of the amounts entered on lines 1a through 1g	e " Also,	attach	n a
		Am	nount	
а	Income accrued but not received (such as accounts receivable)	\$		NONE
b	Income received or reported before it was earned (such as advanced payments) Attach a description of the income and the legal basis for the proposed method			NONE
С	Expenses accrued but not paid (such as accounts payable)			NONE
d	Prepaid expenses previously deducted			NONE
е	Supplies on hand previously deducted and/or not previously reported			NONE
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II			NONE
g	Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment ▶			NONE
h	Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,			
	line 25			

Is the applicant also requesting the recurring item exception under section 461(h)(3)? **SEE STMT. I** Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable as of

the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1q, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences

Change to the Cash Method For Advance Consent Request (see instructions) Part II

Applicants requesting a change to the cash method must attach the following information

2

A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

x Yes

- If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C B 991 attach the following information
- a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34
- If the applicant is filing under the automatic change procedures of Rey Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev Proc 2004-34
- If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8 03(2)(a)-(f) of Rev Proc 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5(b)(1)(ii), attach the following
- a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)
- A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)
- A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income



Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g. unit method or dollar-value method)
- **b** Pooling (e.g. by line or type or class of goods natural business unit multiple pools, raw material content, simplified dollar-value method inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions learliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost identify which inventory items are valued under each method.
- 6 If charging to the IPIC method, attach a completed Form 970

Part | Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2).
- a A description of the types of products produced by the applicant. If possible, attach a brochure
- b A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c)

Page **6**

Proc 2008-52 (or its successor)

'N/A"

Schedule D—Change	in the T	reatment	of Long-	Term Co	ntracts	Jnder	Section	460,	Inventories,	or Ot	ther
Section 263A Assets	(see ins	tructions)	_								

Раг	Change in Reporting Income From Long-Term Contracts	(Also complete	e Part III on pag	es 7 and	8)			
1	To the extent not already provided attach a description of the applicant's							
	and expenses from long-term contracts. Also, attach a representative act	tual contract (with	out any deletion)	for the re	quested			
	change If the applicant is a construction contractor, attach a detailed desc			_	_			
	Are the applicant's contracts long-term contracts as defined in section 460			☐ Yes	□ No □ No			
b	b If Yes "do all the contracts qualify for the exception under section 460(e) (see instructions)?							
	If line 2b is "No," attach an explanation							
С								
_	cost under Regulations section 1 460-4(b)?			∐ Yes	∐ No			
d	If line 2c is 'No" is the applicant requesting to use the exempt-cont method under Regulations section 1 460-4(c)(2)?	ract percentage-c	of-completion	☐ Yes	□No			
	If line 2d is 'Yes,' attach an explanation of what cost comparison the ap- contract's completion factor	oplicant will use to	determine a					
	If line 2d is 'No attach an explanation of what method the applicant is usi	ing and the author	ity for its use					
3a	Does the applicant have long-term manufacturing contracts as defined in s	•	•	☐ Yes	☐ No			
b	If 'Yes," attach an explanation of the applicant's present and proposed me	ethod(s) of accour	nting for long-					
_	term manufacturing contracts Attach a description of the applicant's manufacturing activities, including any	u rogurod installat	ion of manufactur	od goods				
с 4	To determine a contract's completion factor using the percentage-of-comp		ion of manufacture	eu goous				
a	Will the applicant use the cost-to-cost method in Regulations section 1 460			☐ Yes	□No			
	If line 4a is 'No,' is the applicant electing the simplified cost-to-cost metal		460(h)(3) and	103				
-	Regulations section 1 460-5(c))?			☐ Yes	□No			
5	Attach a statement indicating whether any of the applicant's contracts	are either cost-pl	us long-term					
3 - 4	contracts or Federal long-term contracts	(0)			1. 0. 3			
Part		anges (Also com	piete Part III on p	ages / ai	10 8)			
1 2	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed							
	Is the applicant subject to section 263A? If "No " go to line 4a			☐ Yes	□No			
b	Is the applicant's present inventory valuation method in compliance with s	ection 263A (see	inetructions)2	163				
	If "No " attach a detailed explanation	20071 (300	mod delicho)	☐ Yes	□ No			
	·				ory Not			
4a	Check the appropriate boxes below	Inventory Be	eing Changed		Changed			
	Identification methods	Present method	Proposed method	Present	l method			
	Specific identification							
	FIFO							
	LIFO							
	Other (attach explanation)							
	Valuation methods							
	Cost							
	Cost or market, whichever is lower		ļ 					
	Retail cost		ļ	 				
	Retail, lower of cost or market			 				
	Other (attach explanation)			 				
	Enter the value at the end of the tax year preceding the year of change		<u> </u>	٠				
	If the applicant is changing from the LIFO inventory method to a non-instructions)	LIFO method, att	ach the following	ıntormatı	on (see			
а	Copies of Form(s) 970 filed to adopt or expand the use of the method							
	Only for applicants requesting advance consent. A statement describ required by Regulations section 1 472-6(a) or (b), or whether the applicant	0		ing to the	method			
	Only for applicants requesting an automatic change. The statement			e Appendi	x of Rev			

'N/A"

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations the U.S. ratio or other reasonable allocation method)

Section B—Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark 'N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits	_	
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing assembly and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state local and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

2

N/A"

(see instructions)	(continued)
	(see instructions)

Section C—Other Costs Not Required To Be Allocated	(Complete Section C only if the applicant is requesting to change its
method for these costs)	

		Present method	Proposed method
1	Marketing, selling advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
0	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs)		

Schedule E—Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section Applicants *must* provide this information for each item or class of property for which a change is requested

Note. See the **List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167–168–197, 1400L, or former section 168 **Do not** file Form 3115 with respect to certain late elections and election revocations (see instructions)

	263A)?	☐ Yes	☐ No
	If 'Yes,' enter the applicable section ▶		
3	Has a depreciation, amortization, or expense election been made for the property (e.g. the election under sections 168(f)(1), 179, or 179C)? If 'Yes,' state the election made ▶	☐ Yes	□ No
4a	To the extent not already provided, attach a statement describing the property being changed. Include in type of property the year the property was placed in service, and the property's use in the applicant's traincome-producing activity.	•	
b	If the property is residential rental property, did the applicant live in the property before renting it?	☐ Yes	□ No
С	Is the property public utility property?	☐ Yes	☐ No

- To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.)
- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods
- a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))

Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? If 'Yes,' the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii)

Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section

- b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- d The depreciation or amortization method of the property, including the applicable Code section (e.g. 200% declining balance method under section 168(b)(1))
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property
- **g** A statement of whether or not the additional first-year special depreciation allowance (for example as provided by section 168(k), 168(l) 168(m), 168(n) 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to v by no special depreciation allowance was or will be claimed.

☐ Yes

☐ No

Attachment to Form 3115

Organization Grace Farms Foundation, Inc.

TIN <u>27-1401401</u>

Tax Year Ended December 31, 2012

Statement I—Schedule A Attachment

The cash method of accounting was used when preparing the balance sheet for the period ending December 31, 2011

Statement II - Schedule A, Part I, Line 2

Grace Farms Foundation, Inc , is requesting permission to adopt the recurring item exception as part of its application to change from the cash to accrual method of accounting. This exception will be used with respect to all activities of Grace Farms Foundation, Inc , and with respect to all types of items within such activities.

Form **2848**

(Rev March 2012)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150
For IRS Use Only
Received by
Name
Telephone

Internal Revenue Service	▶ Type 0	or print. ► See	e the separate instructions.		Name	
Part I Power of	of Attorney				Telephone	
	A separate Form 2848 should be			B will not be honored	Function	
for any p	urpose other than representation	n before the IR	S		Date /	
1 Taxpayer inforr	nation. Taxpayer must sign and da	te this form on p	page 2, line 7			
Taxpayer name and add	ress		Taxpayer identification	tion number(s)		
GRACE FARMS FOUN	DATION, INC.		27-1401401			
P.O. BOX 876 NEW CANAAN, CT 0	6840-0876		Daytime telephone	number Plan r	number (ıf applıcable)	
NEW CANAAN, CI O	0040 0070		203-594-9252			
hereby appoints the follo	wing representative(s) as attorney	(s)-ın-fact	·			
2 Representative	(s) must sign and date this form on	ı page 2, Part II				
Name and address			CAF No 2005-	-48851R		
RIAZ S. QUREISHI	, CPA		PTIN P000479			
ONE DAG HAMMARSK	JOLD PLAZA, 42ND FLOOR		Telephone No 2	212-605-3100		
NEW YORK, N.Y. 1	0017		Fax No 212-6			
Check if to be sent notic	es and communications	X	Check if new Address	Telephone No	Fax No	
Name and address			CAF No			
			Telephone No			
			Fax No			
Check if to be sent notic	es and communications		Check if new Address	Telephone No	Fax No	
Name and address			CAF No			
			Telephone No			
			Fax No	Tolophono No.		
			Check if new Address	Telephone No	Fax No	

to represent the taxpayer before the Internal Revenue Service for the following matters

check this box See the instructions for Line 4 Specific Uses Not Recorded on CAF

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
REQUEST TO CHANGE ACCOUNTING METHOD	FORM 3115	N/A
4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a sp	ecific use not recorded on CAF,

Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns

Disclosure to third parties,	Substitute or add representative(s),	Signing a return, _	
Other acts authorized			
			(see instructions for more information)
Exceptions. An unenrolled	return preparer cannot sign any document i	or a taxpayer and may	only represent taxpayers in limited situations

An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No 230 (Circular 230) An enrolled returnment plan agent may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230 A registered tax return preparer may only represent taxpayers to the extent provided in section 10 3(f) of Circular 230 See the line 5 instructions for restrictions on tax matters partners in most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner)

List any specific deletions to the acts otherwise authorized in this power of attorney	
	<i></i>

-	•
Page	4

GRACE FARMS FOUNDATION, INC.

Print name of taxpayer from line 1 if other than individual

o'm 2	2848 (Rev. 3-2012)	 	_	- —	Page 2
6	Retention/revocation of prior power(s) of attorney on file with the Internal Revenue Se want to revoke a prior power of attorney, check YOU MUST ATTACH A COPY OF ANY P	ervice for the same matters and years or p here	eriods covered by this do	•	` '
7	Signature of taxpayer. If a tax matter concerr of attorney even if the same representative(s) executor, receiver, administrator, or trustee or taxpayer	is (are) being appointed. If signed by a co	rporate officer, partner, gua	rdian, tax matte	ers partner
	► IF NOT SIGNED AND DATED, THIS P	OWER OF ATTORNEY WILL BE RETU	JRNED TO THE TAXPA	/ER.	
			1'REASUR	ER	
	Sidnature	Date	Title (if applic	able)	

PIN Number

Declaration of Representative Part II

ROY MEDILE

Print Name

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- Lam aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service,
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there, and
- . I am one of the following
 - a Attorney---a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent enrolled as an agent under the requirements of Circular 230
 - d Officer -a bona fide officer of the taxpayer's organization
 - Full-Time Employee—a full-time employee of the taxpayer
 - Family Member -a member of the taxpayer's immediate family (for example, spouse, purent, child, grandparent, grandparent, stepchild, brother, or sister)
 - g Enrolled Actuary- enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the internal Revenue Service is limited by section 10 3(d) of Circular 230)
 - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - Registered Tax Return Preparer -registered as a tax return preparer under the requirements of section 10 4 of Circular 230 Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10 7(d) of Circular 230. See instructions for Part II for additional information and requirements
 - Enrolled Retirement Plan Agent -enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED, REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations def, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information

						— i	_
Designation -Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification registration, or enrollment number (if applicable). See instructions for Pari II for more information.		Signature		I)ate
'			- —	_	_		
в _	йл					· .·	l
				_			
						Form 2848 (Re	ev 3 2017