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**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No. 1545-1150

2014

► Do not enter Social Security numbers on this form as it may be made public.  
► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection**A For the 2014 calendar year, or tax year beginning**

, 2014, and ending

, 20

<b>B</b> Check if applicable	<b>C</b> Name of organization GRACE IN ACTION			<b>D</b> Employer identification number 30-0208781
Address change	Number & street (or P.O. box, if mail is not delivered to street addr.)			Room/ suite
Name change	PO BOX 4393			E Telephone number (530) 792-1053
Initial return				
Final return/terminated				
Amended return				
Application pending	City or town, state or province, country, and ZIP or foreign postal code DAVIS CA 95617			F Group Exemption Number ►
<b>G</b> Accounting Method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	<b>H</b> Check ► <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website:	► N/A			
<b>J</b> Tax-exempt status (check only one) --	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(4)	► (insert no.)	4947(a)(1) or 527
<b>K</b> Form of organization.	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input checked="" type="checkbox"/> Other
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 50,671

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

JUN 9 2015 Revenue	1 Contributions, gifts, grants, and similar amounts received .....	1 2,000
	2 Program service revenue including government fees and contracts .....	2
	3 Membership dues and assessments .....	3
	4 Investment income .....	4 7
	5a Gross amount from sale of assets other than inventory .....	5a
	b Less: cost or other basis and sales expenses .....	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	6b
	c Less: direct expenses from gaming and fundraising events .....	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	6d
	7a Gross sales of inventory, less returns and allowances .....	7a
	b Less: cost of goods sold .....	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	7c
	8 Other revenue (describe in Schedule O) .....	8 48,664
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9 50,671
Expenses	10 Grants and similar amounts paid (list in Schedule O) .....	10
	11 Benefits paid to or for members .....	11
	12 Salaries, other compensation, and employee benefits .....	12 31,440
	13 Professional fees and other payments to independent contractors .....	13
	14 Occupancy, rent, utilities, and maintenance .....	14 5,953
	15 Printing, publications, postage, and shipping .....	15 757
	16 Other expenses (describe in Schedule O) .....	16 3,711
	17 <b>Total expenses.</b> Add lines 10 through 16 .....	17 41,861
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18 8,810
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	19 38,586
	20 Other changes in net assets or fund balances (explain in Schedule O) .....	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 .....	21 47,396

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

**Part II Balance Sheets** (see the instructions for Part II)

**Check if the organization used Schedule O to respond to any question in this Part II.**

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22 Cash, savings, and investments</b> . . . . .	38,586	<b>22</b> 47,295
<b>23 Land and buildings</b> . . . . .	0	<b>23</b> 0
<b>24 Other assets (describe in Schedule O)</b> . . . . .	0	<b>24</b> 0
<b>25 Total assets</b> . . . . .	38,586	<b>25</b> 47,295
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	38,586	<b>27</b> 47,295

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule O to respond to any question in this Part III

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#### What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? \_\_\_\_\_  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28				
29				
30				
31				
32				0

28 (Grants \$ ) If this amount includes foreign grants, check here ►

29 (Grants \$ ) If this amount includes foreign grants, check here ►

30 (Grants \$ ) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here ►

32 Total program service expenses (add lines 28a through 31a) ►

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated -- see the instructions for Part IV)

**Check if the organization used Schedule O to respond to any question in this Part IV**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #1				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37b	X
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <b>CA</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #2</b> Telephone no. ► _____ Located at ► _____	42b	Yes
		No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	N/A	
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>NONE</i>				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

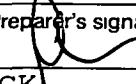
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer MEG HARPER	PRESIDENT	Date <i>5/12/15</i>
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name GEORGIA WORKMAN	Preparer's signature 	Date <i>5/4/15</i>	Check <input type="checkbox"/> if self-employed	PTIN P00039376
	Firm's name ► H AND R BLOCK			Firm's EIN ► 680204731	
	Firm's address ► 602 COTTONWOOD ST			Phone no. 530-666-0101	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► **Attach to Form 990 or 990-EZ.**► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

GRACE IN ACTION  
CHURCH SPONSORS  
18694 -Employer identification number  
30-0208781INDIVIDUAL DONORS  
29771 -MISCELLANEOUS  
199 -TOTAL  
48664 -

INSURANCE 2418 -

AUTO 200 -

LEGAL 185 -

PUBLICITY 521 -

TELEPHONE 327 -

MISC 60 -

TOTAL 3711 -

# 2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

## ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION		For calendar year 2014, or tax period beginning	, and ending		Employer Identification Number
Name of Organization GRACE IN ACTION				30-0208781	
(A) Name and Title		(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) 0	(D) Cont. to employee ben. plans & def. comp. 0	(E) Expense account & other compensation 0
MARY LOU ROSSETTO DIRECTOR			0	0	0
MEG HARPER PRESIDENT			0	0	0
ASHLEY GIOVANNETTONE VICE PRESIDENT			0	0	0
LORELL HARAKER TREASURER			0	0	0
SUE ANN FINLEY SECRETARY			0	0	0
BOB JENNINGS ADMIN SUPPORT			0	0	0
ANN MARIE MCNULTY ADMIN SUPPORT			0	0	0
RITA MT JOY ADMIN SUPPORT			0	0	0

## 2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 2 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

GRACE IN ACTION

Part V - Line 42a

Employer Identification Number

30-0208781

Individual Name

or

Business Name:

LORELL HARDAKER

Street Address

PO BOX 4393

U.S. Address

Zip code 95617

City DAVIS

State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....