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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)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No 1545-0047

	artment of the Treasunal Revenue Service		t t	Open to Public Inspection
Ā	For the 2016 c	alendar year, or tax year beginning , and ending		
В	Check if applicable	C Name of organization GRACE MINISTRIES OF DURHAM, NORTH	D Employer ident	ification number
П	Address change	CAROLINA	ì	
ī	Name change	Doing business as	11-2126	5726
\equiv		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone numl	
$\boldsymbol{}$	Initial return	3333 CHAPEL HILL BLVD., P.O.B 52328		
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
П	Amended return	DURHAM NC 27717	G Gross receipts \$	136,109
\exists	Application pending	F Name and address of principal officer H(a) Is this	a group return for subordin	ates? Yes X No
Ш	Application pending	CHARLENE HAMLETT	•	Yes No
			I subordinates included? "No," attach a list (see in	
			NO, BUBCH B RSI (800 III	isii datoris)
_	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527		
<u> </u>			exemption number	270
	Form of organization	X Corporation Trust Association Other ▶ L Year of formation	2000 M S	tate of legal domicile NC
	T	ımmary		
	1	escribe the organization's mission or most significant activities	a m a	0 m m
õ		OTE CHRISTIANITY AMONG MANKIND THROUGHOUT THE WORLD THROUGH	GH THE SUPP	ORT
nar	OF R	ELIGIOUS EDUCATION AND OTHER MINISTRIES.		
ver		. 		
ŝ	1	is box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net	1 1 -	
∞5		of voting members of the governing body (Part VI, line 1a)	3 3	
ıë	1	of independent voting members of the governing body (Part VI, line 1b)	4 3	
Activities & Governance	1	mber of individuals employed in calendar year 2016 (Part V, line 2a)	5 0	
¥	1	nber of volunteers (estimate if necessary)	6 0	1 005
, N	1	elated business revenue from Part VIII, column (C), line 12	7a	1,295
	b Net unre	lated business taxable income from Form 990-T, line 34	r Year	Current Year
	8 Contribut		224,421	111,010
Revenue		service revenue (Part VIII line 2n)		0
Č	10 Investme	ent income (Part VIII, column (A), lines 3, 45 and 7d) V 2 0 2017	11,961	12,866
å	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-720	1,295
			235,662	125,171
		nd similar amounts paid (Part IX, column (A), lines 1–3)	12,650	15,294
		paid to or for members (Part IX, column (A), line 4)	_=_/	0
"		other compensation, employee benefits (Part IX, column (A), lines 5–10)		
ses		onal fundraising fees (Part IX, column (A), line 11e)		0
Exper	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0		
Щ	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,178	14,224
	1	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,828	29,518
	19 Revenue		212,834	95,653
Net Assets or	3	Beginning of	f Current Year	End of Year
sets	20 Total ass		757,485	1,855,836
AB	21 Total liab		114,386	117,084
Ž,	22 Net asse	ts or fund balances. Subtract line 21 from line 20	643,099	1,738,752
F	Part II Si	gnature Block		
		penury, I declare that I have examined this return, including accompanying schedules and statements, and to the		dge and belief, it is
tr —	ue, correct, and c	omplete Declaration of preparer (other than officer) is based on all information of which preparer has any know	/ledge	
		(Males () Houll		12011
Sig	ייפ ן ייפ	Signalure of officer	Date 1	
He		CHARLENE HAMLETT PRESIDENT/S	ECRETARY	
	<u></u>	Type or print name and title		1 (
5 -1		e preparer's name Paparer's signature Date	1,21 2	f PTIN
Pai	WINDIA	AM TEMPLE ALLEN, CPA, PA	13 17 self-employe	
	parer Firm's na		Firm's EIN	56-1833865
US	e Only	3620 CAPE CENTER DRIVE		
_	Firm's ac		Phone no 9	10-323-0191
_		ss this return with the preparer shown above? (see instructions)		X Yes No
For	Paperwork Red	uction Act Notice, see the separate instructions.	. /	A Form 990 (2016)

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For Paperwork Reduction Act Notice, see the separate instructions. DAA

		RIES OF DURHAM, NORTH	11-2126726	Page 2
∕ Pai	,	m Service Accomplishments contains a response or note to any line	e in this Part III	
P	Briefly describe the organization's mis		OUT THE WORLD THROUGH	THE SUPPORT
	prior Form 990 or 990-EZ? If "Yes," describe these new services	gnificant program services during the year white on Schedule O g, or make significant changes in how it conductions.		Yes X No
4	If "Yes," describe these changes on S Describe the organization's program s	service accomplishments for each of its three Is (c)(4) organizations are required to report the a		, 🗀 100 🖭 110
N D		24,932 including grants of \$ TO SEVERAL ORGANIZATIOS, IN SUPPORT OF MISSIOSPEL.)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$,
4d	Other program services (Describe in	Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$	
DAA	Total program service expenses ▶	24,932		Form 990 (2016)

	990 (2016) GRACE MINISTRIES OF DURHAM, NORTH 11-2126726		P	age 3
۲٤	art-IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ł
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,")]
	complete Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ł		l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ļ		l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		<u></u>	1
	complete Schedule D, Part VI	11a	X	
b			l	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	g , , , ,			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d				7.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	_11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f	├	X
12a		400		x
	Schedule D, Parts XI and XII	_12a	├	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401	ŀ	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	┼^
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	114	ļ	X
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	┼^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13	+-	+*
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
	assistance to orior roleign intriguals in 165, complete scriedule F, Farts III dilu IV	1 10	1 -	

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form **990** (2016)

 \mathbf{x}_{-}

X

17

18

18

19

Pe	irt 1V Checklist of Required Schedules (continued)			
			Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1	ł	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	[[
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Į
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	} ;		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ŀ	
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 1	ĺ	{
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		j	ļ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	l l		1
	or IV, and Part V, line 1	34	 	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	- 1	ł	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
	192 Note All Form 990 filers are required to complete Schedule O	1 38	l X	1

Form	990 (2016) GRACE MINISTRIES OF DURHAM, NORTH 11-2126726		Р	age 5
Pa	art'V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4/1		4 4
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	,	
_	Statements, filed for the calendar year ending with or within the year, covered by this return 2a 0	-	, :	1 .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	4 A	1 2 3
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1,0	1111	2.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	X	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 1		ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
L	account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a		5a		x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1 30		
Va.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>""</u>		
-	gifts were not tax deductible?	6b	1	}
7	Organizations that may receive deductible contributions under section 170(c).	100		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	}	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u>L</u> _	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	├—	↓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	┼
10	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		1	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a	\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
42-	against amounts due or received from them) Section 4947(a)(4) pop exempt charitable trusts is the organization filing Form 990 in lieu of Form 10412	12a	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	1	+
13		-		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	1	†
а	Note. See the instructions for additional information the organization must report on Schedule O		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	٦		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Π	1

DAA

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3	7	1	
	If there are material differences in voting rights among members of the governing body, or					1
	if the governing body delegated broad authority to an executive committee or similar				1	
	committee, explain in Schedule O					12
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3			Buch
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	••••		· [
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	i?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7t	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he follow	ıng		
а	The governing body?			8a		ļ
b	Each committee with authority to act on behalf of the governing body?			8t	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	<u>rnal F</u>	<u>Revenue</u>	<u>e Code j</u>	·	
				_	Yes	
	Did the organization have local chapters, branches, or affiliates?			10	a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ļ		}
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		_	10		├ ─
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the fo	om?	11	a X	┼—
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12		╁
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give re	se to co	onflicts	12	b X	+
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			140	c X	
	describe in Schedule O how this was done			12		+
13	Did the organization have a written whistleblower policy?			1:		+-
14	Did the organization have a written document retention and destruction policy?			1.	-	+
15	Did the process for determining compensation of the following persons include a review and approval by	,				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15	_	x
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15		<u>x</u>
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1	~	† -
16a						
104	with a taxable entity during the year?			16	ء ا	x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>	_	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16	ь	1
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NC					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest po	licy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords. 🕨	•			
C	HARLENE HAMLETT 3633 CHAPEL HILL BLVD					
D.	JRHAM NC 277	17		919-4	89-	2000

1	3	7	6	

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orm 990 (201	6) GRACE_MINISTRIES OF DURHAM, NORTH	11-2126726	Page
Párt VII	Compensation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated	l Employees, and
	Independent Contractors Check if Schedule O contains a response or note to any lin	e in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compen	sated Employees	

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (E) (F) (B) (C) (D) Name and Title Average Position Reportable Reportable Estimated compensation from hours per (do not check more than one compensation amount of week box, unless person is both an from related other officer and a director/trustee) organizations compensation (list any the (W-2/1099-MISC) from the organization hours for ndividual (W-2/1099-MISC) organization nstitutional (ey employee related ignest compensated and related organizations organizations below dotted trustee line) trustee (1) JOYCE ROBERTS 0.00 DIRECTOR 0.00 X 0 0 (2) PAMELA LOWE 0.00 0.00 X 0 0 0 DIRECTOR (3) CHARLENE HAMLETT 1.00 PRESIDENT/SECRETARY 0.00 X 0 0 0 (4) (5) (6) (7) (8) (9) (10)(11)

Form 990 (2016)

• '(A) Name and title	(B) Average hours per week (list any hours for	bo	k, unle	ss per nd a du	tion nore son i	than on s both a ntrustee	e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimate amount other compensa from th	of ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organizat and relat organizati	ted
		-									
Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	ncluding but not	limite	d to		e lis	ted al	bov	e) who received more than	\$100,000 of		
Did the organization list any foremployee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization of the organization o	ormer officer, du " complete Sche e 1a, is the sum nizations greater 1a receive or acc rganization? If "	recto dule of re thar	r, or <i>J for</i> porta \$15	such able (50,000	o ind com 0? I	dividua ipens if "Yes n from	al atio s," c	in and other compensation complete Schedule J for so	n from the uch	3 4 5	Yes
ction B. Independent Contractor Complete this table for your fi compensation from the organ	ve highest comp							dar year ending with or wit			(C)
Total number of independent		<u>.</u>				-					

ाहुब	IK, V	Check	if Schedule		tains a	response	or note to any line	in this Part VIII		
					T. much		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated can	npaigns	1a			,	. 4 8	, ,	,
Other Revenue Other Similar Amounts of the Si	b	Membership d	ues	1b						,
Ağ,	С	Fundraising ev	vents	1c				,		,
흕희	d	Related organi	ızatıons	1d				/ 1/2		19 1 W
S.E	е	Government grants ((contributions)	1e			19. 11. 11. 19. 19. 19.		1866 3648 1 1137 1137 1137 1137 1137 1137 1137 1	the letter of
흥기	·f	All other contribution		1			rin Wille my Chan	46 M. M.	May 24 (30)	26 12 may 2
뒇		and similar amounts	not included above	1f_		111,010				
털	_		ns included in lines 1a	-1f S	\$	101,010				
<u>Š</u> ē	<u>h</u>	Total. Add line	es 1a-1f			<u> </u>	111,010		101 (
anu.						Busn. Code		I'm h' h' hai'	Marine Marine	Marin San San San San San San San San San Sa
اچ	2a					ļ				
e S	b					 			<u> </u>	
1 Servic	C					ļ				
	a					 				
згап	e	A II - 4b								
ğ			am service reve	enue					<u> </u>	<u> </u>
	3	Total, Add line	come (including	divider	ds inter	rest				
ı	·	and other simi	-	4111461	105, 11101	• • • • • • • • • • • • • • • • • • •	7,105	Ì		7,105
	4		nvestment of ta	x-exem	nt bond i	proceeds >				
	5	Royalties		. 0,0,,,	pt bond)				
	-		(ı) Real		(11)	Personal	-			
	6a	Gross rents	10	,800						
	b	Less rental exps		,505	-		1			
	С	Rental inc or (loss)		,295			1			
	_d	Net rental inco					1,295		1,295	
	7a	Gross amount from sales of assets	(ı) Securitie	5	(ıı) Other				
		other than inventory	7	,194]			
	b	Less cost or other								
		basis & sales exps		<u>,433</u>						
		Gain or (loss)	<u> </u>	,761	L					
		Net gain or (lo	•	1			5,761			5,761
e	8a		om fundraising ev	ents						
eni		(not including \$								
Rev			reported on line 10	-						
e		See Part IV, line		a			_			
₹		Less direct ex		b			-			
			(loss) from fun		events	<u>_</u>				
ļ	Эa	See Part IV, line	om gaming activiti							
	h	Less direct ex		a b			1			
			· (loss) from gar		tivities		1		Ì	İ
			f inventory, less	_	MAINES					
	104	returns and al	• .	a	1					
	b	Less cost of		b			1			
			(loss) from sal	es of in	ventory	<u> </u>	1			
			cellaneous Revenue			Busn. Code				
	11a			_			<u></u>	<u> </u>	<u> </u>	
	b								ļ <u>.</u>	
	С									
	d	All other rever	nue			L	ļ		ļ	
	е	Total. Add line				•				
	12	Total revenue	e. See instruction	ons			125,171	<u>- L</u>	1,295	12,866

Form 990 (2016)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp				X
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21	15,294	15,294		
2	Grants and other assistance to domestic	İ			<i>'</i>
	individuals See Part IV, line 22			. 4) * :	
3	Grants and other assistance to foreign			The San San San San San San San San San San	
	organizations, foreign governments, and foreign			Kin e Min Min.	28 - 14 May 1988 1988
	individuals. See Part IV, lines 15 and 16			963 - 440a, 337 - 3660a (3	
4	Benefits paid to or for members			<u>a. Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di</u>	
5	Compensation of current officers, directors,				
	trustees, and key employees				<u> </u>
6	Compensation not included above, to disqualified]			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes		<u> </u>		
11	Fees for services (non-employees)				1
а	Management				
b	Legal				
С	Accounting			_ 	<u> </u>
d	, ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<u></u>
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	5,470	5,470	_ _	
12	• • • • • • • • • • • • • • • • • • • •	4 700			
13	Office expenses	4,586		4,586	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy	4 160	4 7 6 0		
17	Travel	4,168	4,168		<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		_ -		
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	·				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a					<u> </u>
b					
d					
	All other expenses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	29,518	24,932	4,586	
<u>25</u> 26	Joint costs. Complete this line only if the	23,310	41,334		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				

Form 990 (2016)

Part'X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 28,826 Cash-non-interest bearing 35,307 Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net 81,120 4 81,120 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 112,424 106,230 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,473,181 other basis Complete Part VI of Schedule D 26,564 1,348,553 1,446,617 b Less accumulated depreciation 10b 10c 186,562 186,562 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,757,485 1,855,836 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 34,648 17 Accounts payable and accrued expenses 27,189 17 18 Grants payable 18 87,197 82,436 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 114,386 117,084 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,643,099 1,738,752 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 1,643,099 1,738,752 33 33 Total net assets or fund balances 1,855,836 1,757,485 Total liabilities and net assets/fund balances

Form 990 (2016)

om	1990 (2016) GRACE MINISTRIES OF DURHAM, NORTH 11-2126726				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1:	25,	171
2	Total expenses (must equal Part IX, column (A), line 25)	2			29,	518
3	Revenue less expenses Subtract line 2 from line 1	3			95,	653
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1 :	1,7	38,	752
Pä	rt XIII Financial Statements and Reporting		·			
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					ĺ
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.				l '	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1	
	the Single Audit Act and OMB Circular A-133?			3a		Ĺ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L
				For	m 990	0 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public .: Inspection

Internal Revenue Service Name of the organization

Part I

Department of the Treasury

GRACE MINISTRIES OF DURHAM, NORTH CAROLINA

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

Employer identification number 11-2126726

2		A school desc	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ))		
3		A hospital or	a cooperative hospital service	e organization described in sec	tion 170	b)(1)(A)(i	II).	
4	П	A medical res	search organization operated	l in conjunction with a hospital d	lescribed	in sectio	n 170(b)(1)(A)(iii). Enter the ho	spital's name,
		city, and state	e [.]					
5		An organizati	on operated for the benefit o	f a college or university owned	or operate	ed by a go	overnmental unit described in	
	_	_	b)(1)(A)(iv). (Complete Part	- ·	•			
6				overnmental unit described in se	ection 17	0(b)(1)(A)(v).	
7	П		-	substantial part of its support fro				
	لبيا		section 170(b)(1)(A)(vi). (Co		ŭ		•	
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)			
9		An agricultura	al research organization desi	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant colleg	e
		or university of	or a non-land grant college o	f agriculture (see instructions)	Enter the	name, cit	y, and state of the college or	
	_	university						
10	X) more than 33 1/3% of its supp				SS
		•		pt functions—subject to certain	•		•	
			_	d unrelated business taxable in), 1975 See section 509(a)(2).	•		•	
11		-	-	exclusively to test for public safe				
12	H	-		exclusively for the benefit of, to				ses
	ш	•		ations described in section 509				
				at describes the type of suppor				
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	pported o	rganization(s), typically by givir	ng
		the suppo	orted organization(s) the pow	er to regularly appoint or elect a	a majority	of the di	ectors or trustees of the	
		supportin	g organization You must co	omplete Part IV, Sections A ar	nd B.			
	þ			pervised or controlled in connec				
				ting organization vested in the s	same pers	sons that	control or manage the supporte	ed
				Part IV, Sections A and C.	4			.L
	С			upporting organization operated tructions) You must complete				ıtn,
	d		= ::::	l. A supporting organization ope				n(s)
	~		•	organization generally must sa				
			• •	nust complete Part IV, Section	-			
	е	Check the	is box if the organization rec	eived a written determination fro	om the IR	S that it is	s a Type I, Type II, Type III	
				n-functionally integrated support	ting orgar	ization.		
	f		nber of supported organizati					
	g	Provide the fo	ollowing information about th	e supported organization(s).	1			
(1		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of
	or	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				, "	Yes	No	ŕ	·
(A)					1			
٧٠,								
(B)					1			
\- /								
(C)				-				
(-,								
(D)		****						·
ν-,								
(E)								
. ,					<u>L</u> _	<u>L</u>		<u> </u>
						1		
Tota	1_					<u> </u>		
For F	ape	rwork Reduction	on Act Notice, see the Instruct	tions for Form 990 or 990-EZ.			Schedule /	A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

'Pa	TELL Support Schedule for Or (Complete only if you check Part III. If the organization	ked the box or	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	
Sec	tion A. Public Support				<u></u>		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	21 B		4	7 7		
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
aler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ
2	Gross receipts from related activities, etc					12	L
3	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
. —	organization, check this box and stop her		A				
	tion C. Computation of Public St			(0)			
4	Public support percentage for 2016 (line 6	• • •	•	nn (f))		14_	
5	Public support percentage from 2015 Sch			40	22 4/20/	15	L
6a	33 1/3% support test—2016. If the organ				33 1/3% or more,	CHECK TRIS	
4-	box and stop here. The organization qual	-			15 to 22 1/20/ as	acro chack	
b	33 1/3% support test—2015. If the organ				13 18 33 1/3% 0 11	iore, check	
7^	this box and stop here. The organization 10%-facts-and-circumstances test—20°	•	•		6a or 16h and lin	e 14 is	
7a	10%-racts-and-circumstances test—201 10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization	acto-and-circumsta	ances test file of	gameanon quanne	o ao a pablicij sup	,,,,,,,,	•
b	10%-facts-and-circumstances test—20	15. If the organizat	tion did not check	a box on line 13. 1	6a. 16b. or 17a. ai	nd line	·
-	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization me						
	supported organization				4	- 4	•

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 2

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instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u> </u>					
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Grits, grants, contributions, and membership						
	fees received (Do not include any "unusual grants")	164,937	68,140	6,150	224,421	101,010	564,658
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	164,937	68,140	6,150	224,421	101,010	564,658
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		46,140			10,000	56,140
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b		46,140			10,000	<u>56,140</u>
8	Public support. (Subtract line 7c from			Ī	1		
<u></u>	line 6)			_ <u></u>	<u> </u>	<u></u>	508,518
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		т	<u></u> 1		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	164,937	68,140	6,150	224,421	101,010	564,658
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23	5,469	7,916	7,532	7,105	28,045
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		252			251	503
c	Add lines 10a and 10b	23	5,721	7,916	7,532	7,356	28,548
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)			,			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	164,960	73,861	14,066	231,953	108,366	593,206
14	First five years. If the Form 990 is for the	_	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	F1
	organization, check this box and stop her				 		
	tion C. Computation of Public Su						
15	Public support percentage for 2016 (line 8	• • • • • • • • • • • • • • • • • • • •	•	n (f))		15	85.72%
16_	Public support percentage from 2015 School					16	95.63%
	tion D. Computation of Investme						
17	Investment income percentage for 2016 (I		•	, column (f))		17	5 %_
18	Investment income percentage from 2015					18	1%_
19a	33 1/3% support tests—2016. If the orga						▶ X
L	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2015. If the orga	-	_		-		
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did	nis box and stop he	ere. The organizat	ion qualifies as a p	ublicly supported	organization	▶ □

11-2126726

Schedule A (Form 990 or 990-EZ) 2016 Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

r	-	Yes	No
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	5c	ļ	
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	7		Ì
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	8		1_
	9a		
	9b	<u> </u>	
	9c	 	
	10a	<u> </u>	
	40.		1
Schedule A (F	orm o	90 or 99	0-EZ) 2016
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Schedule A (Form 990 or 990-EZ) 2016

2b

3a

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedu	le A (Form 990 or 990-EZ) 2016 GRACE MINISTRIES OF DURHAM,			726 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI) S	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	olete Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
				(optional)
1	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6_		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		L
6_	Multiply line 5 by 035	6_		<u> </u>
7_	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		L
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4_		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions)	6_		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

	e A (Form 990 or 990-EZ) 2016 GRACE MINISTRIES C			726 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
<u> 3 </u>	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	tion is responsive		
	(provide details in Part VI) See instructions.		 	
9	Distributable amount for 2016 from Section C, line 6			
_10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>	***************************************		·····	——————————————————————————————————————
<u>b</u>	C 2042			
_	From 2013		***************************************	
	From 2014			
	From 2015	<u> </u>		
	Total of lines 3a through e			
	Applied to underdistributions of prior years		····	
<u>n</u>	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			······
<u>_</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from			
4				
				
	Applied to underdistributions of prior years Applied to 2016 distributable amount	<u> </u>		
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if			•
5	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
0	•			
	and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
	Excess distributions carryover to 2017. Add lines 3			
7	and 4c	1	1	
8	Breakdown of line 7.			
<u></u> a	DIEGRADOWIT OF HITE 1.	<u> </u>		
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number GRACE MINISTRIES OF DURHAM, NORTH CAROLINA 11-2126726 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part ! Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

		NISTRIES OF					12672				ge <u>2</u>
Pa	<u> </u>	ng Collections of	Art, Hi	storical Ti	reasures,	or Other	r Simila	ar Assets	(continu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other record	s, check	any of the fol	lowing that a	re a signifi	cant use	of its			
а	Public exhibition	d 🗌	Loan or e	exchange pro	grams						
b	Scholarly research		Other								
С	Preservation for future generations										
4	Provide a description of the organization's	collections and explain	n how the	y further the	organization's	s exempt p	ourpose i	n Part			
	XIII.	•		•	Ū		•				
5	During the year, did the organization solicily assets to be sold to raise funds rather these								□ v _a		Ma
D ₂	assets to be sold to raise funds rather than rt.IV Escrow and Custodial A		oart of the	organization	's collection'	<u></u>			Yes	<u> </u>	No
sister.	Complete if the organization 990, Part X, line 21.	_	on Fo	rm 990, Pa	ırt IV, line 9	or repo	orted a	n amount	on Form		
1a	Is the organization an agent, trustee, custo	odian or other intermed	liary for c	ontributions of	or other asset	s not					_
	included on Form 990, Part X?		,						☐ Yes	3 N	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ilowing ta	ible							
		m and complete the		.5.0			٦		Amount		
c	Beginning balance						<u> </u>	1c			_
	Additions during the year						<u> </u>	1d			_
	• •						}	1e			_
	Distributions during the year Ending balance						-	1f			_
	Did the organization include an amount on	Form 900 Part V line	21 for a	ecrow or our	todial accour	st liability?	L	11 [Ye	. 🗖	No
	If "Yes," explain the arrangement in Part X								1 <i>e</i> :	' 님	110
	rt V Endowment Funds.	Gilook Holo II tilo C	Apidilatio	THUS SOUTH							
	Complete if the organization	on answered "Yes'	on Fo	rm 990. Pa	rt IV. line 1	10.					
		(a) Current year		Prior year	(c) Two yea		(d) Thre	e years back	(e) Four	vears ba	ack
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	— ` '		1				 ``		
	Contributions								 		
					 				 		
Ç	Net investment earnings, gains, and		Ì						1		
_	losses		 		 -				 		
	Grants or scholarships				 				 		
е	Other expenditures for facilities and		}		ļ				1		
_	programs				 				 		
f	Administrative expenses				 						
g	End of year balance	<u> </u>	l		J]					
2	Provide the estimated percentage of the c	urrent year end balanc	e (line 1g	ı, column (a))	held as.						
а	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ▶ %	6									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%									
3a	Are there endowment funds not in the pos	session of the organiza	ation that	are held and	administered	d for the			-		
	organization by								لـــ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	ired on S	chedule R?					3b		
_ 4	Describe in Part XIII the intended uses of										
Pa	rt VI Land, Buildings, and Eq										
	Complete if the organizati	•	" on Fo	rm 990, Pa	art IV, line	11a. See	Form	990, Part	X, line 1	0.	
	Description of property	(a) Cost or other		(b) Cost or			ccumulated		(d) Book		
		(investment)		(oth	ner)	d€	preciation	1			
1a	Land			1,3	89,181				1,38	39,1	81
	Buildings				81,000		23	564		57,4	
	Leasehold improvements				,_,						
	Equipment				3,000		3	,000			
	Other									-	
	l. Add lines 1a through 1e (Column (d) mus	st equal Form 990. Par	t X. colur	mn (B). line 1	0c)	L		▶	1,44	16.6	517
. Juai		or odeni i omi 330, Lai	colul	(D), mie 1					-,	/ `	 -

Schedule D (F	orm 990) 2016 GRACE MINISTRIES OF DI	URHAM, NORTH	11-2126726	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	e 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial o	·			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)			·	
(C)			<u></u>	
, (D)			<u> </u>	
, (E)			······································	
.(F)				
(G) ,				
(H)				ang ringgangan jawi na mana
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>		44 + 174 (4)
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11c See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	
	 		Cost or end-of-year m	narket value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)			<u> </u>	
(3)	 			
(4)				
(5)			<u> </u>	
(6)				
(7)				
(8)				
(9)	······································			
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶		<u> </u>	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	<u>e 11d. See Form 990, Pa</u>	rt X, line 15
	(a) Description	<u> </u>		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X,
	line 25.	,		
<u>1</u>	(a) Description of liability	(b) Book value		
	income taxes	<u> </u>		
(2)		 		
(3)		 		
(4)		<u> </u>	1	

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2016 GRACE MINISTRIES OF DURHAM,	NORTH	11-2126726	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		:
þ	Donated services and use of facilities	2b		1
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	<u> </u>	<u>.</u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		L	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per Re	eturn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	e 12a	
1	Total expenses and losses per audited financial statements		<u></u>	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			;
а	Donated services and use of facilities	2a		1
b	Prior year adjustments	2b		1
C	Other losses	2c		1
d	Other (Describe in Part XIII)	2d		4
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1]
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		<u>L</u>	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2016 GRACE MINISTRIES OF DURHAM, NORTH 11-2126726 Page 5
Part XIII Supplemental Information (continued)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Grants and Other Assistance to Organizations, SCHEDULE 1 (Form 990)

ş

Department of the Treasury Internal Revenue Service		Information about	t Schedule	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	nstructions is at ww	w.irs.gov/form990		Inspectio
Name of the organization	GRACE MINISTRIES O	OF DURHAM,	NORTH				1 E	Employer identification number 11-2126726
Part I Gen	General Information on Grants and Assistance	d Assistance						
1 Does the organ the selection cr 2 Describe in Par	Does the organization maintain records to substantiate the amount of the grants or assistance, the granteer the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the amount of the gince?	grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States	eligibility for the grant	is or assistance, an		X Yes
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	omestic Organ t that received r	izations a	and Domestic Gc \$5,000 Part II ca	vernments. Com	plete if the organd	anization ansve is needed.	vered "Yes" on Form
1 (a) Name	(a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance
(4) CHRISTIAN	OUTREACH MINISTRIES		(II applicable)			Onici		
	CENTER DR	-						GENERAL FUND
PAYETTEVILLE	NC 28306			10,000				
(2)								
(3)								
(4)								
(5)			,					
(9)								
6								
(8)								
(6)								
2 Enter total num 3 Enter total num	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	tions	listed in the line 1 table	1 table		.		A A

Schedule I (Form 990) (2016)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Domestic Individua	ils. Complete if the c	e organization answere	d "Yes" on Form 990, Part	IV, line 22.
	(a) Type of grant or assistance (b) Number of recognition of grant or assistance (c) Type of g	(b) Number of recording	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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8						
4						
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7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information re	quired in Part I, line	2; Part III, column (b)); and any other additional	information.

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SCHEDULE M (Form.990)

Noncash Contributions

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

GRACE MINISTRIES OF DURHAM, NORTH
CAROLINA

11-2

Employer identification number 11-2126726

<u>Pa</u>	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of	d) determining		
1	Art Works of art			Tom obe, talk till, late 18	· · · · · · · · · · · · · · · · · · ·			
2	Art — Historical treasures							
3	Art Eractional interacts							
4	Books and publications					 		
5	Clothing and household							
	goods							
6	Cars and other vehicles			<u>-</u>				
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock						_	
11	Securities — Partnership, LLC, or trust interests						•	
12	Securities — Miscellaneous							
13	Qualified conservation contribution — Historic structures						,	
14	Qualified conservation contribution — Other			-				
15	Real estate — Residential			· <u>-</u>				
16	Real estate — Commercial	x	1	101,010	FAIR MARKET	VALUE		
17	Real estate — Other					-		
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()				·			
26	Other ►(<u> </u>			
27	Other ►()							
28	Other ►(l				<u></u>		
29	Number of Forms 8283 received by	•	•					
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	edgement	29			
30a	During the year, did the organization		• • • •				Yes	No
	28, that it must hold for at least three	e years fro	m the date of the initial o	ontribution, and which isn't	required			
	to be used for exempt purposes for t	the entire h	nolding period?			30a		X
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31_		x
32a	Does the organization hire or use this	ird parties	or related organizations	to solicit, process, or sell n	oncash			1
	contributions?					32a		X
b	If "Yes," describe in Part II							
33	If the organization didn't report an ar	mount in c	olumn (c) for a type of pr	operty for which column (a) is checked,			
	describe in Part II						l	<u> </u>

thedule M (Form 990) (2016) GRACE MINISTRIES OF DURHAM, NORTH 11-2126726

Page 2

Part #3 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

50% OF 3.37 ACS LAND 1907 RIDDLE RD ZONED INDUSTRIAL PROPERTY BY DURHAM COUNTY

1376

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. Employer identification number

Open to Public Inspection

Name of the organization

GRACE MINISTRIES OF DURHAM, NORTH CAROLINA

11-2126726

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION WAS ORGANIZED AS A CORPORATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE MEMBERS ELECT THE OFFICERS ANNUALLY.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ORGANIZATION DECISIONS ARE SUBJECT TO THE APPROVAL OF THE MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 WAS REVIEWED BY OFFICERS PRIOR TO FINALIZING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION ANNUALLY REVIEWS ITS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS WILL BE MADE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION

PROGRAM SERVICE MGT & GENERAL **FUNDRAISING** COUNSELING 0 \$ 5,470 0 \$