Form **99.0** 

\*Department of the Treasury Internal Revenue Service

### **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

<u> </u>	For the	e 2016 c	calendar year, or tax year beginning , and ending			
В	Check if ap	pplicable	C Name of organization	P	Employer	r identification number
	Address cf	hange	Grace Center of Southern Oklahoma			
$\Box$	Name cha	anne	Doing business as	╗.	73-0	580285
一		_	Number and street (or P O box if mail is not delivered to street address)  Room/suite		Telephone	
$\overline{}$	Initial retur		11 A Street NW	<del>-   :</del>	280-	223-2027
	Final return terminated		City or town, state or province, country, and ZIP or foreign postal code			
	Amended	return	Ardmore OK 73401	G	Gross rece	erpts \$ 252,202
Ħ			F Name and address of principal officer  H(a) Is this	a oroun r	eturn for su	ubordinates? Yes X No
Ш	Application	n pending	restey Dvorak	• ,		
			H(b) Are all			
			<u></u>	"No," atta	ach a tist (	(see instructions)
<u> </u>	Tax-exem	npt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527			
<u></u>	Website:	<u>: ► ₩</u>	www.gracecenterardmore.com H(c) Group			
K	Form of o	organization		192	22	M State of legal domicile OK
	art I	•	ummary			
	1	-	escribe the organization's mission or most significant activities		_	_
	1	_	prevent homelessness and increase self-sufficiency for all p	_		
בה המה	1		ter provides educaton and resource assistance in a culturall	Ly s	ensit	ive,
Activities & Governance	1		ouraging, and Christ-centered environment.			
۵ <u>%</u>	2 0		of voting members of the governing body (Part VI, line 1a)	sets		•
_œ_	3 1		of voting the fibers of the governing body (i art vi, interia)		3	9
Ξű	4 1		of independent voting members of the governing body (Part VL) the 1b)		4	9
<b>₹</b> §	5 1		mber of individuals employed in calendar year 2016 (Part V, In 2) MAR 2 7 2017		5	6
٧	6 7		mber of individuals employed in calendar year 2016 (Part V, Interaction)  mber of volunteers (estimate if necessary)		6	0
Ō	1		related business revenue from Part VIII, column (C), line 12		7a	0
	<u>b</u>	Net unrel		r Year	7b	<u> </u>
	0	Contributi	<b> </b>		902	<u>Current Year</u> 223,607
Revenue	9 F		service revenue (Part VIII, line 2q)	<u> ,</u>	, J U L	223/007
Ķ	10 1	•	ent income (Part VIII, column (A), lines 3, 4, and 7d)		-254	26,575
8	11 (		venue (Part VIII, column (A), lines 5, 4, and 10)			2,020
	1			82	648	252,202
			and similar amounts paid (Part IX, column (A), lines 1–3)	,	, 0.10	0
			paid to or for members (Part IX, column (A), line 4)	_		
	45 6			L58 .	296	152,753
xpenses	16a F		onal fundraising fees (Part IX, column (A), line 11e)			0
De J	h 1		idraising expenses (Part IX, column (D), line 25) ▶ 0			
Щ			(2), mo 20)	17.	511	116,709
	1				807	269,462
	1		e less expenses Subtract line 18 from line 12		841	-17,260
<u>ا</u>	8	2.300	Beginning of			End of Year
Net Assets or	20 7	Total ass	sets (Part X, line 16)		273	652,430
AS	g 21 ⊺	Total liab	pilities (Part X, line 26)	3,	211	2,628
ž	22 N	Net asset	ets or fund balances Subtract line 21 from line 20	<u> 567,</u>	062	649,802
E	art II	Si	ignature Block			
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be omplete <u>Decla</u> ration of <u>pr</u> eparer (other than officer) is based on all information of which preparer has any knowledge		y knowled	dge and belief, it is
_		<b></b> -	Dunois			3-22-17
Sig	_	<b>▼</b> s	Signature of officer Superior	_	Date	
He	ere	-	Lesley Dvorak Executive D	ıre	ctor	· 
		<del>                                     </del>	Type or print name and title			
De.	:	Print/Type	pe preparer's name Preparer's signature Culturelle Date		Check	rf PTIN
Pai		Autumn		/22/1	7 self-em	
	parer	Firm's nar		Firm'	s EIN 🕨	73-1349920
U\$(	e Only		2812 NW 57th St Ste 102			405 605 0540
		Firm's add		Phon	e no	405-607-8743
			s this return with the preparer shown above? (see instructions)		_	X Yes No
For	Paperwe	ork Redu	uction Act Notice, see the separate instructions.			Form <b>990</b> (2016)

If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program			Southern Oklahoma	73-0580285		Page 2
18 Breify describe the organization's mission To prevent homelessness and increase self-sufficiency for all people. The center provides educaton and resource assistance in a culturally sensition encouraging, and Christ-centered environment.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E29 If 'Yes,' describe the sene we services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code ) (Expenses \$ 264,284 including grants of \$ ) (Revenue \$ To prevent homelessness and increase self-sufficiency for all people. The center provides education and resource assistance in a culturally sensiti encouraging, and Christ-centered environment.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )				o in this Dort III		
To prevent homelessness and increase self-sufficiency for all people. The center provides educaton and resource assistance in a culturally sensitic encouraging, and Christ-centered environment.  2 Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  10 TYES, describe these new services on Schedule O  3 Dot the organization cease conducting, or make significant changes in how it conducts, any program services?  11 TYES, describe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  3 (Code ) (Expenses \$ 264,284 including grants of \$ ) (Revenue \$ 10 pervent homelessness and increase self-sufficiency for all people. The center provides education and resource assistance in a culturally sensitive encouraging, and Christ-centered environment.			is a response or note to any lin	e in this Part III	<del></del>	
prior Form 990 or 990-E2?	prevent lenter prov	homelessness ides educato	n and resource assi	stance in a cul		
Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  If (Code ) (Expenses \$ 264,284 including grants of \$ ) (Revenue \$ To prevent homelessness and increase self-sufficiency for all people. The center provides education and resource assistance in a culturally sensitive encouraging, and Christ-centered environment.	onor Form 990 or 99	0-EZ?		n were not listed on the	Yes	X No
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  a (Code ) (Expenses \$ 264,284 including grants of \$ ) (Revenue \$ To prevent homelessness and increase self-sufficiency for all people. The center provides education and resource assistance in a culturally sensitiencouraging, and Christ-centered environment.  b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ } (Revenue \$ ) (Revenue \$	Did the organization of services?	cease conducting, or ma	re significant changes in how it conduct	s, any program	Yes	X No
To prevent homelessness and increase self-sufficiency for all people. The center provides education and resource assistance in a culturally sensitive encouraging, and Christ-centered environment.  (b) (Code )(Expenses \$ including grants of \$ ) (Revenue \$	Describe the organization 50 Describes Section 50	cation's program service a 01(c)(3) and 501(c)(4) or	ccomplishments for each of its three lai ganizations are required to report the ar			
	prevent i	homelessness ides educato	and increase self- n and resource assi	sufficiency for stance in a cul	all people. The	
	(Code )(	(Expenses \$	including grants of \$	) (	Revenue \$	<del></del>
ic (Code ) (Expenses \$ including grants of \$ ) (Revenue \$						
ic (Code ) (Expenses \$ including grants of \$ ) (Revenue \$						
c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$						
	(Code )(	(Expenses \$	including grants of \$	) (	Revenue \$	
4d Other program services (Describe in Schedule O )  (Expenses \$	· -			) (Revenue \$	1	
4e Total program service expenses ► 264,284				/ (Nevende 4		

	RE14 Checklist of Required Schedules		1	
	1	}	Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
	complete Schedule A	1 2	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
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)	<del>  </del>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	l	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 98-19? If "Yes," complete Schedule C,			
	Part III	5	Ì	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	"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			
	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			
	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,"			
	complete Schedule D, Part VI	11a	X	ļ.——
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			₹.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		^
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
ę	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del> -		├ <u></u>
120	Schedule D, Parts XI and XII	12a	x	l
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	<del></del>		
	"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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	[	[	Ī
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ł	}	1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<b> </b>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1	Ì	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<del>  </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1	]	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19_	<u> </u>	<u> </u>

. Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </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	- 1		
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	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			
	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			j
	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,			
	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_
ь	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		)	- T
	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,	24	}	x
••	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32	ļ	x
22	complete Schedule N, Part II	32	<del>                                     </del>	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	73_	$\vdash$	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	34		x
25-	or IV. and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338		
b		35b		1
35	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	200	<u> </u>	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	ĺ	x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	30	$\vdash$	<del></del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u>"</u>	<del>                                     </del>	† <del></del>
J0	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
	10. Note: All I dill dob liet and together to complete defication	, 50	_ <del></del> _	<del></del>

	990 (2016) Grace Center of Southern Oklahoma 73-0580	<u> 285</u>			P	age <b>5</b>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	<ul> <li>Check if Schedule O contains a response or note to any line in this Part V</li> </ul>					<u> </u>
4.	Falsatha anatha anatha la Da O off a 1000 F a 1000 F a 1000 F	1. 1	l e	E	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	[		
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_		{		
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			4.	1	Ī
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1	1c		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		L_ <del>-</del>	2b	x	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nonty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al		}	ļ	ļ
	account)?			4a	<u> </u>	X
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 According to the control of	ounts				
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a_	<u> </u>	<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	13		5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<del> </del>	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-	l	x
b	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.	0.5		6a		
IJ	gifts were not tax deductible?	UI		6b	ł	}
7	Organizations that may receive deductible contributions under section 170(c).			l GD	<b></b>	<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				•
	and services provided to the payor?			7a	1	Ī
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	7d				}
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control	act?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		_7f		<b>}</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		•	7 <u>g</u>	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained to	by the		<u> </u>		
^	sponsoring organization have excess business holdings at any time during the year?			8	ļ	<b> </b>
9	Sponsoring organizations maintaining donor advised funds.				1	f
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del>- · · · ·</del>	7	1	
11	Section 501(c)(12) organizations. Enter			7		•
а	Gross income from members or shareholders	11a	<u> </u>			ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	0412		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	, ,	!	ŀ		
	the organization is licensed to issue qualified health plans	13b	<del></del>	_	}	
C	Enter the amount of reserves on hand	13c	<del></del>	<del></del>	ļ	7,5
l4a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to copput these payments? If "No " provide an explanation in Schodule O.			14a	<del> </del> -	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 9 Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C X describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure OK 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 177 E St. NW Angela Bradsher OK 73401 580-223-1772 Ardmore

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bx of	(C) Position (do not check more than one pox, unless person is both an officer and a direct/frustee)		(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
(1) Sharon Claytor	1.00									
Board Member	0.00	x	ł	1	}	1 1		0	o	o
(2) Jesse Rigney	0.00	<del> </del>	<del>                                     </del>	-	-	1 +				
(2,00000 1	1.00	ì				1				
Board Member	0.00	x				1 1		0	o	0
(3) Taylor Thompson										
_	1.00					} }				
Board Member	0.00	X						0	0	0
(4) Andina Wiley										
	1.00		l	i		1 (		_		_
Board Member	0.00	X	L	_	_			0	0	0
(5)Kirk Rodden						1 1				
	1.00					1 1				
Board Member	0.00	X	├—	-	_	╀┷┼	_	0	0	0
(6) Derrick Harvey	1.00	1	1			} }	ĺ			}
President	0.00			x	]	] }		o	o	o
(7) Trey Rateliff	0.00_	┼-	-	^	├	+ +				<u> </u>
(/) ITEY RACEIIII	1.00	(	1		l	1 1				1
Vice President	0.00	1	ł	x	}	} }		o	o	0
(8) JR Polzien		† –			-	1 1		<u> </u>		
(0,010 10111000	1.00				1	1				
Secretary	0.00		ļ	X	1	ĺĺ		ĺ	l o	0
(9) Sandy Newman										
<u>-</u>	1.00				ļ	, ,				}
Treasurer	0.00			X	L			0	0	0
(10)										
(11)		-			_	+				
		1			ļ	1				

Par	t VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	, an	nd Highest Compensated	Employees (continued)			
	(A) Name and title  Average hours per week (list any hours for related organizations  (B) (C) Position Position (do not check more than one box, unless person is both an officer and a director/trustee)  (In the organization (W-2/1099-MISC)  (E) Reportable compensation from related organizations (W-2/1099-MISC)						cor	(F) Estimated imount of other impensation the ganization of related	r on n				
		below dotted line)	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	)				ganizatioi	
											1		
							_						
					_	_					 		
	Sub-total Total from continuation shee Total (add lines 1b and 1c)							<b>&gt; &gt;</b>				_ <del>-</del>	
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire	ctor,						ree, or highest compensated			3	es No
4	For any individual listed on line organization and related organ individual	1a, is the sum of	f гер	ortab	ole co	ompe	ensat	ion a		m the		4	x
5	Did any person listed on line 1a for services rendered to the org	ganization? <i>If "</i> Ye								dividual 		5	x_
Secti 1	on B. Independent Contracto  Complete this table for your five			ed in		nde	nt co		ctors that received more tha	n \$100 000 of			
	compensation from the organiz								r year ending with or within t		<del></del> -		(C) pensation
	Name and	i business address							Descrip	uton of services		Comp	ensation
								-					
							· <del></del> -	-					
			_									<del></del>	
	Total number of independent of								listed above) who				·- <del></del>
DAA	received more than \$100,000 c	of compensation	from	the	orgai	nızat	ion 🕨			. 0		Form	990 (2016)

73-0580285

Part VIII	Check if Schedule	O contains a r	response or I	note to any line in t	this Part VIII  (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 (C) 45 Fo	derated campaigns	1a					
	embership dues	1b					¥
SE C Fu	indraising events	1c		1			
▼ d Re	elated organizations	1d		1			•
E e Gov	vernment grants (contributions)	1e		1			
f All d	other contributions, gifts, grants,						
and	d similar amounts not included above	1f	223,607	Į.			
g Nor	ncash contributions included in lines 1a	a-1f \$		223,607			
in To	otal. Add lines 1a-1f			223,607			
2E			Busn Code	ţ			
ਹ   2a ਣ   .							
ez   b							
ervic o q							
ισ Ε e							
E f Al	II other program service reve	enue					
E g To	otal. Add lines 2a-2f		<u> </u>				
<b>3</b> In	nvestment income (including	dividends, intere	st,	0.5 575			26,575
	nd other similar amounts)		▶  -	26,575			
4 In	ncome from investment of ta	x-exempt bond pr	roceeds 🕨 📙				
<b>5</b> R	Royalties						
	(i) Real	(  )	Personal	]			
1	Gross rents			}			
	ess rental exps			1			-
1	tental inc or (loss) [ Net rental income or (loss)	L	<b>•</b>	Ī			
	Gross amount from (i) Securit	ies	(ii) Other				į
	ales of assets ther than inventory			1			j
	ess cost or other			1			
1	oasis & sales exps			1			
<b>c</b> G	Gain or (loss)						-
	Net gain or (loss)	<del></del>					
စ္စ 8a ઉ	Gross income from fundraising e	vents		[			
enu (	not including \$	4.5		1			Ī
ايو	of contributions reported on line			1			
_   <u> </u>	See Part IV, line 18 Less direct expenses	a		<u> </u>			
8	Net income or (loss) from fui		<b>•</b>				
1	Gross income from gaming activ	I .					-
	See Part IV, line 19	a		]			
	Less direct expenses	b		1	1		}
	Net income or (loss) from ga	aming activities	<b></b>				
	Gross sales of inventory, les						]
	returns and allowances	a					1
	Less cost of goods sold	b			1		Ť
<u>c</u>	Net income or (loss) from sa		Busn Code				
<u> </u>	Miscellaneous Reven	iue	busn Code	2,020	2,020		
11a	Other Revenue						
b							
C	All other revenue					-	
-	Total. Add lines 11a–11d		<b>•</b>	2,020		<u></u>	
	Total revenue. See instruc	tions	•	252,202	2,020		0 26,57

### Form 990 (2016) Grace Center of Southern Oklahoma Part IX Statement of Functional Expenses

	Check if Schedule O contains a response include amounts reported on lines 6b, b, 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				<del></del>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		}		
	trustees, and key employees				
6	Compensation not included above, to disqualified		}		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	120,585	120,585		
7	Other salaries and wages	120,565	120,363		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	22,943	22,943	<del></del>	
10	Payroll taxes	9,225	9,225		
11	Fees for services (non-employees)				
a	Management		,		
	Legal				
	Accounting	10,500	10,500		
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		0.044		
16	Occupancy	9,944	9,944		
17	Travel	<del> </del>			
18	Payments of travel or entertainment expenses				
4.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		_ <del></del>	<del></del>	<del> </del>
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	5,178	<del></del>	5,178	
23	Insurance				
24	Other expenses Itemize expenses not covered			[	····
	above (List miscellaneous expenses in line 24e If	1		1	
	line 24e amount exceeds 10% of line 25, column	-		1	
	(A) amount, list line 24e expenses on Schedule O)	1			
а	Client Services	60,207	60,207		
b	Property and liability in	10,667	10,667		<del></del>
С	Supplies	5,611	5,611		
d	Literacy Program	4,840	4,840		
е	All other expenses	9,762	9,762		
25	Total functional expenses. Add lines 1 through 24e	269,462	264,284	5,178	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

art	( Balance Sheet					
:	Check if Schedule O contains a response or note to	any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			87,901	1	42,78
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and former office	cers, dir	ectors,			······
1	trustees, key employees, and highest compensated empl	ovees	·		I	
1	Complete Part II of Schedule L	.,	[	]	5	
6	Loans and other receivables from other disqualified person	ons (as o	defined under section			
-	4958(f)(1)), persons described in section 4958(c)(3)(B), a	•	F.		Ī	
	sponsoring organizations of section 501(c)(9) voluntary e				1	
, }	organizations (see instructions) Complete Part II of Sche		,		6	
7	Notes and loans receivable, net		Ţ		7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
	Land, buildings, and equipment cost or					
	other basis Complete Part VI of Schedule D	10a	403,897		į	
b	Less accumulated depreciation	10b	242,448	145,243	10c	161,44
111	Investments—publicly traded securities			437,129	11	448,19
12	Investments—other securities See Part IV, line 11				12	
13	Investments—program-related See Part IV, line 11	ſ	<del></del>	13	<del></del>	
14	Intangible assets			14		
15	Other assets See Part IV, line 11	Ţ		15		
16	Total assets. Add lines 1 through 15 (must equal line 34		670,273	16	652,43	
17	Accounts payable and accrued expenses		3,211	17	2,62	
18	Grants payable			18		
19	Deferred revenue	Г		19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Schedu	le D		21	
22	Loans and other payables to current and former officers,	director	s,		1	
22	trustees, key employees, highest compensated employee	es, and				
	disqualified persons Complete Part II of Schedule L		Ĺ		22	
23	Secured mortgages and notes payable to unrelated third	parties			23	
24	Unsecured notes and loans payable to unrelated third pa	rties			24	
25	Other liabilities (including federal income tax, payables to	related	third			
	parties, and other liabilities not included on lines 17-24)	Complet	e Part X			
	of Schedule D		Ĺ		25	
26	Total liabilities. Add lines 17 through 25			3,211	26_	2,62
1	Organizations that follow SFAS 117 (ASC 958), chec	k here I	► X and			
<b>?</b>	complete lines 27 through 29, and lines 33 and 34.		Ļ		1	
27	Unrestricted net assets		_	667,062	27	649,80
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	····
2	Organizations that do not follow SFAS 117 (ASC 958	), chec!	k here ▶ 📗 and		1	
<u> </u>	complete lines 30 through 34.				1	
30	Capital stock or trust principal, or current funds		Ĺ		30	
31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or	other fu	inds		32	
33	Total net assets or fund balances			667,062	33	649,80
34	Total liabilities and net assets/fund balances			670,273	34	652,43

Form	990 (2016) Grace Center of Southern Oklahoma 73-0580285			Pag	e <b>12</b>
Pa	rt XI Reconciliation of Net Assets				_
_	Check if Schedule O contains a response or note to any line in this Part XI				ŢŢ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		69,4	
3	Revenue less expenses Subtract line 2 from line 1	3		17,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	67,0	<u>)62</u>
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	6	49,	<u> 302</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<del></del>	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				
	Schedule O		ļ ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	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				
	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		į į		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ <sup>1</sup>		
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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		
			Fo	m 990	(2016)

# SCHEDULE A .(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

2016

Open to Public Inspection

Name of the organization

Craco Contor of Southorn Oklahom

Employer identification number 73-0580285

			GIACE CELLCET	OI DOUGHEIN OKI	anom	<u> </u>	75 050	0200
Pa	rt I	Reas	on for Public Charity	Status (All organizations n	nust co	mplete t	this part ) See instructions	3
The o	rgar	nization is not a	a private foundation because	it is (For lines 1 through 12, che	ck only or	ie box )		
1		A church, cor	evention of churches, or associate	ciation of churches described in s	section 1	70(b)(1)( <i>i</i>	A)(i).	
2		A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E (Form 9	90 or 990	)-EZ) )		
3		A hospital or	a cooperative hospital service	organization described in section	on 170(b)	(1)(A)(iii)		
4		A medical res	search organization operated	in conjunction with a hospital des	cribed in	section 1	170(b)(1)(A)(iii). Enter the hospi	tal's name,
		city, and state						
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in	
		section 170(	b)(1)(A)(iv). (Complete Part I	l)				
6		A federal, sta	te, or local government or gov	vemmental unit described in sect	tion 170(	b)(1)(A)(v	<i>(</i> ).	
7	X	•	on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from mplete Part II)	a governi	mental un	it or from the general public	
8	$\prod$	A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II	)			
9	П			ribed in section 170(b)(1)(A)(ix)		ın conjun	iction with a land-grant college	
		-		agriculture (see instructions) En		-		
10		An organizati	on that normally receives (1)	more than 33 1/3% of its support	t from cor	ntributions	, membership fees, and gross	
		•	-	t functions—subject to certain ex				
		• •	•	unrelated business taxable inco	•		11 tax) from businesses	
44		•	•	1975 See <b>section 509(a)(2)</b> . (0			-)/4)	
11	-	•	•	clusively to test for public safety		-	• • •	
12		•		clusively for the benefit of, to per tions described in section 509(a			•	
				it describes the type of supporting				q
	а			ated, supervised, or controlled by			·	•
			.,	er to regularly appoint or elect a r		_		
		supportin	g organization You must co	mplete Part IV, Sections A and	1 B.			
	b	Type II. A	A supporting organization sup	ervised or controlled in connection	on with its	supporte	d organization(s), by having	
			_	ng organization vested in the san	ne persor	is that cor	ntrol or manage the supported	
			ion(s) You must complete I					
	С			ipporting organization operated in uctions) You must complete P				
	d			A supporting organization opera				)
			• •	organization generally must satis	•	-		
	е		,	ust complete Part IV, Sections ived a written determination from				
	-			functionally integrated supporting			Type I, Type II, Type III	
	f		nber of supported organization	•				{
	g	Provide the fo	ollowing information about the	supported organization(s)				
(1)	Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10	listed in you	ır göverning	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)					163		<del></del>	<del></del>
(A)					ł	ļ		
(B)					<del>                                     </del>	<u> </u>		<del></del>
	_							
(C)		<u> </u>				,		
(D)								<u> </u>
/F\								·
(E)								
Ta4-								

73-0580285

Page 2

Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support										
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	196,469	202,798	229,554	282,902	223	, 607	1,135,330			
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	196,469	202,798	229,554	282,902	223	3,607	1,135,330			
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)										
6	Public support. Subtract line 5 from line 4						<u></u>	1,135,330			
	tion B. Total Support										
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total			
7	Amounts from line 4	196,469	202,798	229,554	282,902	223	3,607	1,135,330			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,516	65,347	31,228	-254	26,575		159,412			
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10						<del>  </del>	1,294,742			
12	Gross receipts from related activities, etc. (						12	2,020			
13	First five years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)					
	organization, check this box and stop here						_				
Sec	tion C. Computation of Public Su										
14	Public support percentage for 2016 (line 6,		-	(t))			14	87.69%			
15	Public support percentage from 2015 Scher				4 (00)	-1. Al	15	88.97%			
16a	33 1/3% support test—2016. If the organization				1/3% or more, chec	ck this		<b>▶ X</b>			
	box and stop here. The organization qualif				- 00 4/00/	-11-					
b	33 1/3% support test—2015. If the organic				s 33 1/3% or more	, cneck					
	this box and <b>stop here</b> . The organization q				and Chandling 4	4					
17a	10%-facts-and-circumstances test—201										
	10% or more, and if the organization meets										
	Part VI how the organization meets the "factorganization"							▶ [			
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line										
		15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	supported organization					si <b>y</b>		<b>&gt;</b> [			
18	<b>Private foundation.</b> If the organization did instructions	not check a box or	ı lıne 13, 16a, 16b,	17a, or 17b, check	this box and see			<b>&gt;</b> [			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sect	tion A. Public Support	·			omplete i dit iii	<del></del>	
Calen	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")	<del></del>					
	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						
	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			ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<del></del>
	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		ļ				
	Public support. (Subtract line 7c from line 6)		<u> </u>				
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		-	<del> </del>	<del> </del>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						·
С	Add lines 10a and 10b		<u> </u>				
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,			1			
	and 12 )	<u>.</u>	L	L	L		
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	_
	organization, check this box and stop here						<b>_</b>
	tion C. Computation of Public Su				<del></del>		
15	Public support percentage for 2016 (line 8, c	• • •		(†))		15	
16	Public support percentage from 2015 Scheo					16	%_
	tion D. Computation of Investmer			nakuma (fi)		14-1	
17 40	Investment income percentage for 2016 (lin		•	column (t))		17	
18 100	Investment income percentage from 2015 S			14 and line 45	oro than 22 4/20/	18	%_
19a	33 1/3% support tests—2016. If the organ						▶ □
_	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2015. If the organ	-	-				
b							▶ □
20	line 18 is not more than 33 1/3%, check this <b>Private foundation.</b> If the organization did	-	_				<b>▶</b> []

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.)

Seci	ion A. An Supporting Organizations		Yes	No
1	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	1 1		
2	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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	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	3b		
С	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	3c		
4a	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	4a		
b	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	4b		
С	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	f	(	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	F		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ļ		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ŀ		
	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	1		
	was accomplished (such as by amendment to the organizing document)	_5a	ļ	<u> </u>
b	Type i or Type ii only. Was any added or substituted supported organization part of a class already		1	1
	designated in the organization's organizing document?	_5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	ļ
6	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	ŀ		
	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.	6		ļ
7	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	ŧ	1	}

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)

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

- 9a 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**.
- **b** 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.**
- c 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.
- 10a 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
  - **b** 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)

9a

9b

9c

10a

Schedu	e A (Form 990 or 990-EZ) 2016 Grace Center of Southern Oklahoma 73-058028	<u> 5</u>		Page 5
Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	116		
00011	on b. Type I dupporting digunizations	$\neg \neg$	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
•	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		;	
Saati	the supported organization(s)	_1		
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Ì
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		l
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions	)		
		ſ	V	l Na
	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	į		
	that these activities constituted substantially all of its activities	2a		İ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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	3b_		

-				
********	lle A (Form 990 or 990-EZ) 2016 Grace Center of Southern Ok	_		285 Page 6
Par	1 3 3 3 3 3			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
	instructions. All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E	<del></del>
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year
		<del></del>		(optional)
	Net short-term capital gain	1_		
	Recoveries of prior-year distributions	2_		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
	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		<u> </u>	<u> </u>
เกร	tructions for short tax year or assets held for part of year)			<u> </u>
	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		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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			

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-FZ\ 26	016

emergency temporary reduction (see instructions)

instructions)

	e A (Form 990 or 990-EZ) 2016 Grace Center of So			285 Page 7
Par		upporting Organizati	ons (continued)	<del></del>
_Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported		
	organizations, in excess of income from activity	<del></del>		
3	Administrative expenses paid to accomplish exempt purposes of supporter	ed organizations		<del></del>
	Amounts paid to acquire exempt-use assets			<del></del>
_ 5	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	<del></del>
	Other distributions (describe in Part VI) See instructions		<del></del> -	
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
9	(provide details in Part VI) See instructions  Distributable amount for 2016 from Section C, line 6			
10		<del></del>	<del></del>	
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	, in the second		
2	(reasonable cause required-explain in Part VI) See			
	Instructions			
3	Excess distributions carryover, if any, to 2016			
a				
<u>b</u>	Form 2040	· · · · · · · · · · · · · · · · · · ·	·	
	From 2013			***************************************
	From 2014		,	······································
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<del>-                                    </del>	Carryover from 2011 not applied (see instructions)  Remainder Subtract lines 3q, 3h, and 3i from 3f			
4	Distributions for 2016 from			,,,
-	Section D, line 7 \$			
	Applied to underdistributions of prior years			_,
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n - mn
5	Remaining underdistributions for years prior to 2016, if			
·	any Subtract lines 3g and 4a from line 2 For result	<u> </u>		:
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			14411 11111
•	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c			
8	Breakdown of line 7			
<u>_</u>				
	Excess from 2013			
	Excess from 2014		**************************************	······································
	Excess from 2015			
	Excess from 2016	5.1***1**1.1**1************************		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Grace Center of Southern Oklahoma

73-0580285

Page 8

Part VI
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.

Open to Public

OMB No 1545-0047

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

Inspection

Name	Name of the organization Employee				mployer identification number			
ح.	race	Center of Southern Oklahoma		73-0	580285			
	rt I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or Acc	_				
			(a) Donor advised funds	- (	b) Funds and other accounts			
1	Total nu	mber at end of year						
2		te value of contributions to (during year)						
3	•	te value of grants from (during year)						
4		te value at end of year						
5		organization inform all donors and donor advisors in writing that t	he assets held in donor advised					
		e the organization's property, subject to the organization's exclus			Yes	No		
6	Did the o	organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used		<u> </u>	-		
		charitable purposes and not for the benefit of the donor or donor				_		
	conferrir	g impermissible private benefit?			Yes	No		
Pa	rt II	Conservation Easements.			<del>_</del>			
		Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7					
1	Purpose	(s) of conservation easements held by the organization (check a	II that apply)					
	Pres	ervation of land for public use (e g , recreation or education)	Preservation of a historically importa	nt land	area			
	Prot	ection of natural habitat	Preservation of a certified historic sti	ucture				
	Pres	ervation of open space						
2		e lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservation	۱				
	easeme	nt on the last day of the tax year			Held at the End of the Tax	Year		
а	Total nu	mber of conservation easements		2a				
b	Total ac	reage restricted by conservation easements		2b				
С	Number	of conservation easements on a certified historic structure include	ded ın (a)	2c				
d	Number	of conservation easements included in (c) acquired after 8/17/06	S, and not on a					
	historic s	structure listed in the National Register		2d				
3	Number	of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization du	iring the	е			
	tax year	▶						
4		of states where property subject to conservation easement is lo						
5		e organization have a written policy regarding the periodic monitor	oring, inspection, handling of			٦		
		s, and enforcement of the conservation easements it holds?			Yes	No		
6	Staff and	d volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easeme	ents dui	ring the year			
7	Amount	of expenses incurred in monitoring, inspecting, handling of violat	tions, and enforcing conservation easements	during t	he year			
	▶ \$							
8	Does ea	ch conservation easement reported on line 2(d) above satisfy th	e requirements of section 170(h)(4)(B)(i)			7		
	and sect	ion 170(h)(4)(B)(ii)?			Yes	No		
9	In Part X	III, describe how the organization reports conservation easemer	nts in its revenue and expense statement, and					
		sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describe	es the				
		tion's accounting for conservation easements						
	ırt III ———	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I		111ar <i>F</i>	Assets.			
1a	If the org	janization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	e sheet	t			
	works of	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherance	e of				
	public se	ervice, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items					
b	-	panization elected, as permitted under SFAS 116 (ASC 958), to r						
	works of	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherance	of				
	-	ervice, provide the following amounts relating to these items						
		enue included on Form 990, Part VIII, line 1			<b>\$</b>			
		ets included in Form 990, Part X		•	\$			
2	-	panization received or held works of art, historical treasures, or o		he				
	-	amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items	_				
a		e included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$			
<u>b</u>	Assets I	ncluded in Form 990, Part X			<u> </u>			

Sche	dule D (Form 990) 2016 Grace Ce	nter of Sou	ther	n Oklah	oma	73-0	58028	5		P	age 2
_Pa	rt III Organizations Maintainir	ng Collections of	Art, H	istorical Tre	easures, c	or Other	Similar	<u>Assets</u>	(continu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check a	ny of the follow	ing that are a	significan	t use of its				
а	Public exhibition	d 🗌	Loan or	exchange prog	grams .						
b	Scholarly research	e 🗍	Other								
С	Preservation for future generations	_									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part										
5	XIII  During the year, did the organization solicit of	or receive donations of	art hieto	viical treasures	or other sim	ular					
3	assets to be sold to raise funds rather than					iliai			Ye	. [	No
Pa	ert IV Escrow and Custodial A		it of the v	organization o c	JOIIC GLIGHT						110
• •	Complete if the organization	•	on Fo	orm 990, Par	rt IV, line 9	, or repo	rted an	amount (	on Form		
	990, Part X, line 21.	lion or other intermedia		-televitions of a	ther exects a						
та	Is the organization an agent, trustee, custod	lian or other intermedia	iry for co	ntributions or o	tner assets n	iot			ΓTν		] N.
	included on Form 990, Part X?			.1-					Ye	s _	No
D	If "Yes," explain the arrangement in Part XII	and complete the folio	owing tab	не			[		Amoun		
							<u> </u>	_	Amoun		
	Beginning balance						_	1c			
d	Additions during the year						<u> </u>	1d			
e	Distributions during the year						<u></u> ⊢	1e			
f	Ending balance						L	1f			_
	Did the organization include an amount on F		•			-			Y€	s L	No
	If "Yes," explain the arrangement in Part XII	Check here if the exp	lanation	has been provi	ided on Part	XIII					L
Pa	ert V Endowment Funds.	1 112 4		000 5		•					
	Complete if the organization										
		(a) Current year	(b	) Prior year	(c) Two yea	ars back	(d) Three	years back	(e) Fou	r years i	oack
1a	Beginning of year balance	<u> </u>	<u> </u>		<u> </u>						
b	Contributions										
С	Net investment earnings, gains, and		1						Ì		
	losses		<u> </u>								
d	Grants or scholarships										
е	Other expenditures for facilities and	}									
	programs		<u> </u>								
f	Administrative expenses		<u> </u>								
g	End of year balance		<u> </u>		<u></u>						
2	Provide the estimated percentage of the cui	rrent year end balance	(line 1g,	column (a)) he	ld as						
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %	6									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%									
3a	Are there endowment funds not in the posse	ession of the organizati	on that a	re held and ad	ministered fo	r the					
	organization by	Ť								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as require	ed on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Þ	ert VI Land, Buildings, and Eq		<u></u>								
• •	Complete if the organization	•	" on Fo	rm 990 Par	rt IV line 1	1a See	Form 99	0 Part	X line 10	1	
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated	70, 1 0,12	(d) Book		
	= stanfall or property	(investment)		(othe		, ,	epreciation		(=, DOOK		
	Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			24,480					24,	<u>48</u> 0
	Land	<del> </del>			81,794	<b> </b>	46,	848		34,	
	Buildings			<del>                                     </del>	J. 1 7 7 4	<del> </del>	30,	<del></del>		<del>-</del> - ,	740
	Leasehold improvements	<del></del>		1	97,623	<del> </del>	195,	600		2	023
	Equipment	<del> </del>		<b>┼ ──-</b> ┻	J1,023	<del> </del>	190,	<del>550</del>		<u> </u>	<u> </u>
	Other		· · · · ·	(D) has 40 1		L				61	440
ota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	A, COIUM	ıı (b), iine Tüc )	<u>'</u>			<u> </u>	L	61,	

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

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶

Sche	dule D (Form 990) 2016 Grace Center of Southern Oklahoma	73-0580285	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With R	evenue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
1	Total revenue, gains, and other support per audited financial statements	1	252,202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	252,202
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	252,202
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With I	Expenses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total expenses and losses per audited financial statements	1	269,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	269,462
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		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	269,462

Part 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

<sup>2,</sup> 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 Center of Southern Oklahoma

73-0580285

Page 5

- Part XIII Supplemental Information (continued)

·SCHEDULÈ O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No\_1545-0047 2016

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

► 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

Name of the organization

Grace Center of Southern Oklahoma

73-0580285

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board reviews 990 before it is filed with the IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents are made available upon request.