♥Form (Rev January 2020) 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 ▶ Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Ā	For th	ne 2019 c	alendar year, or tax year beginning , and ending			
В	Check if	applicable	C Name of organization		D Employe	r identification number
\Box	Address	change	Grace Center of Southern Oklahoma			
一	Name ch	22000	Doing business as		73-0	580285
\equiv			Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
$\overline{}$	Initial ret		11 A Street NW		280-	223-2027
	Final reti		City or town, state or province, country, and ZIP or foreign postal code			222 572
\Box	Amende	d return	Ardmore OK 73401		G Gross rec	eipts\$ 398,579
H			F Name and address of principal officer	H(a) is this a gro	oup return for s	ubordinates? Yes X No
Ш	Applicati	on pending	Laura Akers			
			1	H(b) Are all sub		
				II "No,"	attach a list	(see instructions)
1_	Tax-exe	empt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	4		
J	Websit	e ► W	ww.gracecenterardmore.com	H(c) Group exe		
		organization		ear of formation 1	922	M State of legal domicile OK
鑑品	artill		ımmary			
	1		scribe the organization's mission or most significant activities			
çe		_	revent homelessness and increase self-sufficiency f	_	_	
Jan			er provides educaton and resource assistance in a c	culturally	y sens:	itive,
/eri		enco	uraging, and Christ-centered environment.			
39	2	Check thi	is box ▶ [] if the organization discontinued its operations or disposed of the organization discontinued.	of its net ass	ets	_
∞	3	Number of	of voting members of the governing body (Part VI, line 1a)	ان—	3	9
ies	4	Number o	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) MAR 3 0 202	n 121	4	9
Ξ	5	Total num	nber of individuals employed in calendar year 2019 (Part V, line 🚁 🗀 🗥 💆 💆 💆		5	6
S CI	6	Total num	nber of volunteers (estimate if necessary)	JĔ	6	0
32,	7a	Total unre	elated business revenue from Part VIII, column (C), line 12 OGDEN, U	JT	7a	0
121	b	Net unrela	ated business taxable income from Form 990-T, line 39		7b	0
Reyegue, 9 2024 ctivities & Governance	1			Prior Yea		Current Year
e,	1 8		ions and grants (Part VIII, line 1h)	280	6,457	314,944
<u></u>	# 9	-	service revenue (Part VIII, line 2g)		- 000	02 625
-e	₹ 10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		5,828	83,635
	1 11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.77		200 570
enses ANNED	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279	9,629	398,579
Z	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			0
4	14	•	paid to or for members (Part IX, column (A), line 4)	- 1.4	. 0.51	0
S	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	140	5,251	140,568
e e	16a		nal fundraising fees (Part IX, column (A), line 11e)			U
×	l p		draising expenses (Part IX, column (D), line 25) 3,242	1.00	200	156.655
Ш	1	•	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,863	156,655
	1	-	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,114	297,223
_ v	19	Revenue	less expenses Subtract line 18 from line 12		485	101,356
Net Assets or Fund Balances	20	Total acco	oto (Part V. lino 16)	Beginning of Cur	7,634	761,443
\sse Bala	20		ets (Part X, line 16)		3,593	4,950
ng (21		Illities (Part X, line 26)		1,041	756,493
	artill		s or fund balances Subtract line 21 from line 20		, 041	130,493
			perjury, I declare that I have examined this return, including accompanying schedules and statemen	nin and in the ba		aviladas and balas it is
			ending, I declare that thave examined this return, including accompanying schedules and statement implete. Declaration of preparer (other than officer) is based on all information of which preparer h			owledge and belief, it is
		T	- Va. 00 C-			rch 24,2020
Sig	ın	Sı	pnakire of officer		Date	ion altaore
Hei			ſZ '	tive Dir	ector	•
. 16		 	rpe or print name and title	ULVE DII	GCCOL	• • • • • • • • • • • • • • • • • • • •
—		+	preparer's name Preparer's signature	Date	Check	of PTIN
Paid	d	1 "	11. 1 4.00		/20 self-em	□ "
	- parer	Autumn	Described trialities CDA to D.C.			73-1349920
	Only	Firm's nan	2812 NW 57th St Ste 102	F	rm's EIN	13 1349720
			Object OF 72112, 7064			405-607-8743
Mar	the IE	Firm's add	s this return with the preparer shown above? (see instructions)	P	none no	X Yes No
·v·av	LIIG IF	, U U U U U U U U U U U U U U U U U U U	o tino rotain miti tilo propator onomi aporo" (dee illattaettetta)			1==1 . 00 1.40

Form 990 (2019)	Grace Center of	Southern Oklahoma	73-0580285		Page 2
	Statement of Program Ser	•	on the Dort III		
	Check if Schedule O contain cribe the organization's mission	s a response or note to any line	in this Part III		
		and increase self-s	sufficiency	for all pe	ople. The
center	provides educator	n and resource assis	stance in a	culturally	sensitive,
		-centered environmen		-	·
2 Did the orga	anization undertake any significant	t program services during the year whic	h were not listed on the		
	990 or 990-EZ?	t program services deling the year time		•	Yes X No
If "Yes," de	scribe these new services on Sche	edule O			
3 Did the organization services?	anization cease conducting, or ma	ke significant changes in how it conduc	ts, any program		Yes X No
If "Yes," de	scribe these changes on Schedule	e O			
		accomplishments for each of its three la			
•		ganizations are required to report the ar	nount of grants and allo	ocations to others,	
the total exp	penses, and revenue, if any, for ea	ich program service reported			
	ent homelessness	210,337 including grants of \$ and increase self-s			
		n and resource assis -centered environmen		culturally	sensitive,
ccuara	929, 44 02200				
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A					
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A					
4d Other progra	am services (Describe on Schedul	e O)			
(Expenses		luding grants of \$) (Revenue \$)
4e Total progra	im service expenses >	210,337			

BADO Page 3

Part 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	Х	
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)	l .		.,
_	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,	_		v
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	İ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	٣		
	or in 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	
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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	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			
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			17
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
۵	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ves." complete Schedule G. Part III.	40		X
Na	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21]	X
	Composite government on that the constant try, and the troop companie contract that the transfer and the	1	1	~_

reportable gaming (gambling) winnings to prize winners?

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₽R	artilV ■ Checklist of Required Schedules (continued)			
22	Did the assessment assessment assessment assessment as a fine of the second as a fine of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	 	<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		x
24a		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		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	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			ŀ
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	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)	التالق		A. A.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		_
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1-2		<u> </u>
	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, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Part II, III,			
	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
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			İ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		· ·	
.∵Dă	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
, r _g d	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
	Check it deficable decontains a response of note to any line in this Fait V		Yes	_ <u></u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2		162	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	A 1 A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	التحييسينين		الكبب

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 6 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 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 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

.Form 990 (2019) Grace Center of Southern Oklahoma 73-0580285 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion 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	9			
	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				ļ	
	committee, explain on Schedule O					ŀ
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
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, 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	?		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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	ne following			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
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 on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	de)		
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	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		
			_	_		

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			
	with a taxable entity during the year?	16a		X
b	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?	16b		

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Section	L.	Disclosure	

- OK List the states with which a copy of this Form 990 is required to be filed ▶
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 >

Angela Bradsher

Ardmore

177 E St. NW

580-223-1772

OK 73401

Form 990 (2019)	Grace	Center	of	Southern	Oklahoma	73-0580285

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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. See instructions for the order in which to list the persons above

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	bo off	x unle	Pos check ess pe nd a c	erson directo	than c is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(***27033********************************	(**-2/1033-111100)	related organizations
(1) Frankie Bell	1 00									
Board Member	1.00	x						o	o	o
(2) Johnathan Clubb	0.00	1	-		\vdash					<u> </u>
(1) 0 1 1 1 0 1 4 2 2	1.00									
Board Member	0.00	X						o	0	0
(3) Meida Lockhart										-
	1.00									
Board Member	0.00	X						0	0	0
(4) Carolyn McElroy										
	1.00									
Board Member	0.00	X		<u> </u>				0	0	0
(5) Sharon Claytor								, , , , , , , , , , , , , , , , , , ,		
_	1.00									_
Secretary	0.00			X	 			0	0	0
(6) Derrick Harvey	1 00									
President	1.00			х				0	0	0
(7) Jesse Rigney	0.00	-		^	-			0.	U	0
(/) besse kighey	1.00									
Treasurer	0.00			x				l ol	0	0
(8) Jacob Tynes	- 0.00	\vdash								
.,	1.00									
Vice-President	0.00			X				o	0	0
(9)										
(10)										
(11)										
	 .									000

Part VIII S	ection A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	≀s, a	nd Highest Compensated	Employees (continued)	· -
	(A) and title	(B) Average hours per week (list any	bo: off	x, unle licer ar	Pos check ess pe nd a d	erson i	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	-										
	continuation shee	ets to Part VII, S	ecti	on A				*			
2 Total number	ines 1b and 1c) er of individuals (incompensation from	cluding but not li the organization	mited •	d to t	hose	e list	ed a	bove	e) who received more than	\$100,000 of	Yes No
employee or	n line 1a? If "Yes,"	complete Sched	lule J	I for .	such	h ind	lıvıdu	al	ee, or highest compensated and other compensation		3 X
organization individual 5 Did any pers	and related organi son listed on line 1a	izations greater f	than ue c	\$150 omp	0,000 ensa	0? <i>if</i> ation	f "Yes from	s, <i>" c</i> o n any	omplete Schedule J for suc y unrelated organization or	ch	4 X
	rendered to the orgendent Contractor		es," (comp	<u>)lete</u>	Sch	redul	<u>e J f</u>	for such person		5 X
Complete th compensation	is table for your five	e highest compe ation Report co	nsat mpe	ed in	idep ion f	ende or th	ent c ne ca	ontra lend	actors that received more t ar year ending with or with	han \$100,000 of in the organization's tax yea	ar.
	Name and b	(A) pusiness address							Descript	(B) on of services	(C) Compensation
 	- 1875 - M			<u>-</u>							

			····								
	er of independent corre than \$100,000 o								e listed above) who	0	

P	art \	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
_				,		•		- (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded			
k .								rotal revenue	function revenue	business revenue	from tax under sections 512-514			
10 (1		······································				1		gating provide the activation of the construction of	ig grandfinksjonernistiksprifikans, grocenalisk	For according to the control of	Taribasana Mankanara			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated camp	-	i	1a									
مَ ق		b Membership dues c Fundraising events 1c												
ifts or A		d Related organizations												
S,E	e	d Related organizations e Government grants (contributions) 1d												
Ö	1	All other contributions,		· ·	1									
but		and similar amounts no			1f		314,944							
E C	g	Noncash contributions	ıncluded	l in lines 1a-1f	1g	\$								
<u> </u>	h	Total. Add lines	1a-1	f			<u> </u>	314,944						
•							Business Code							
<u> </u>	2a													
Program Service	b								<u> </u>		 			
am S	d							 						
bo de	e								 					
ď	f		m serv	rice revenue				-						
	f All other program service revenue g Total Add lines 2a–2f													
	3	Investment inco	me (ın	cluding dividend	ls, ınte	rest, and	·							
		other similar am	ounts)			•	83,635			83,635			
	4	Income from inv	estme	ent of tax-exempt	t bond	proceeds	•		1					
	5	Royalties		I					Programme Table Township		CONTRACTOR OF THE PARTY OF THE			
		C		(ı) Real		(11)	Personal							
	Ι.	Gross rents Less rental expenses	6a 6b			l 								
	1	c Rental inc or (toss) 6c												
	d			loss)										
	7a	Gross amount from sales of assets	Ĺ,	(i) Securities		(11)) Other							
•		other than inventory	1 - 1											
ne	b	Less cost or other												
ver		basis and sales exps	7b	-		-								
her Revenue		Gain or (loss)	7c	<u> </u>		<u> </u>		不会是一个人						
the	ı	Net gain or (loss Gross income from		using ovents										
ਰੋਂ	l oa	(not including \$	luriura	iisiig events										
		of contributions rep	orted o	on line 1c)										
		See Part IV, line 18		,	8a		,							
	b	Less direct expe	enses		8b									
		Net income or (lo		- 1	events		· >	Large-philips (E. Carrenson or to be a second		PART OF MAN PROPERTY.				
	9a	Gross income from	-	g activities										
		See Part IV, line 19			9a									
		Less direct expe			9b				POR AN PROPERTY OF THE PROPERT					
		Net income or (lo Gross sales of in			niles									
	100	returns and allow		•	10a									
	b	Less cost of goo		•	10b									
		Net income or (lo							1000	and the second s	21 27 17 112 112 112 112 112 112 112 112			
s				,	,		Business Code							
ieo Teo	11a						<u> </u>							
scellaneous Revenue	b									·				
S S	c d	All other revenue				,	<u> </u>							
≦		Total. Add lines		1d		•								
		Total revenue.						398,579	0		83,635			

	AMENAS Statement of Functional LA			.	• • • • • • • • • • • • • • • • • • • •
Sec	tion 501(c)(3) and 501(c)(4) organizations must c			mplete column (A)	
	Check if Schedule O contains a resp	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<u> </u>	Grants and other assistance to domestic organizations	·			
	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				
٠ 4	Benefits paid to or for members	1			
5	Compensation of current officers, directors,				
f	trustees, and key employees				
6	Compensation not included above to disqualified				
i	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			,	
. 7	Other salaries and wages	114,560	. 66,445	. 48,115	
8	Pension plan accruals and contributions (include		00/110		
Ī	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,171	8,799	6,372	
10	Payroll taxes	10,837	6,285	4,552	
11	Fees for services (nonemployees)	,			
а	` ' ' '			_	
b	Legal				
•	· • · · · · · · · · · · · · · · · · · ·	10,930		10,930	· ·
	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			•	
16	Occupancy	13,024	6,382	6,642	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,379		5,379	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
•	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	Client Services	89,825	. 89,825		
þ	Property and liability in	14,989	14,989		
, c	Supplies	7,145	7,145		
d	Literacy Program .	5,516	5,516		* * * * *
е	All other expenses	9,847	4,951	1,654	3,242
25	Total functional expenses. Add lines 1 through 24e	297,223	210,337	83,644	3,242
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			,	

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 76,572 39,557 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 408,875 104 258,420 150,856 b Less accumulated depreciation 10b 10c 150,455 467,221 534,41 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 15 657,634 761,443 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,593 17 Accounts payable and accrued expenses 4,950 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 3,593 950 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 654,041 27 748.814 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 654,041 756,493 Total net assets or fund balances 32 32 657,634 761,443 Total liabilities and net assets/fund balances

Form 990 (2019)

	n 990 (2019) Grace Center of Southern Oklahoma 73-0580285			<u>Pa</u>	age 12
Pa	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			579
2	Total expenses (must equal Part IX, column (A), line 25)	2			223
3	Revenue less expenses Subtract line 2 from line 1	3			<u>356</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	<u>54,</u>	041
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 on Schedule O)	9		1,	096
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	7	56,	493
Pa	art XII 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			T	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		-	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	ļ,
	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			<u> </u>	
	separate basis, consolidated basis, or both				[
	Separate basis Consolidated basis Both consolidated and separate basis				}
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
٠	the audit, review, or compilation of its financial statements and selection of an independent accountant?		_	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		2c		
	Schedule O			1	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				i
Ja	Single Audit Act and OMB Circular A-133?		2-		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a	 	$\vdash $
J	· · · · · · · · · · · · · · · · · · ·		3ь		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			90/	(2019)
			For	か プラし	J (2019)

.SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Соп

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019
Open to Rublic Inspection

Name of the organization

Grace Center of Southern Oklahoma

Employer identification number 73-0580285

Par	Reason for Public Charity Status (All organizations must complete this part) See instructions								
	he organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)								
1									
-	_	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2				(A)(ii). (Attach Schedule E (Fori					
3				ice organization described in se					
4	A medi	cal re	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the l	nospital's name,	
_	city, and	d stat	e						
5	An orga	nızat	ion operated for the benefit	of a college or university owned	or opera	ted by a g	jovernmental unit described in		
	section	170	(b)(1)(A)(ıv). (Complete Part	t II)					
6	A feder	al, sta	ate, or local government or g	governmental unit described in s	section 1	70(b)(1)(A	A)(v).		
7 2			ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II)	om a gov	ernmenta	Il unit or from the general publi	С	
8	_			170(b)(1)(A)(vi). (Complete Par	t II)				
9				scribed in section 170(b)(1)(A)(ted in con	unction with a land-grant colle	one.	
• _		ersity		of agriculture (see instructions)				.gc	
10	An orga	nızat	ion that normally receives (1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and or	oss	
_				npt functions—subject to certain					
				nd unrelated business taxable in					
				0, 1975 See section 509(a)(2)					
11	An orga	nızat	on organized and operated	exclusively to test for public saf	ety See :	section 5	09(a)(4).		
12	An orga	nızatı	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ons of, or to carry out the purpo	oses	
	of one o	r mo	re publicly supported organia	zations described in section 50	9(a)(1) or	section	509(a)(2). See section 509(a)	(3).	
	Check t	he bo	x in lines 12a through 12d th	hat describes the type of suppor	rting orga	nization a	ind complete lines 12e, 12f, ar	d 12g	
а	Тур	e I. A	supporting organization op-	erated, supervised, or controlled	d by its su	ipported o	organization(s), typically by giv	ing	
				wer to regularly appoint or elect				-	
	sup	portin	g organization. You must c	omplete Part IV, Sections A a	nd B.				
b	🗌 Тур	e II. A	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having		
				ting organization vested in the s					
	orga	nızat	ion(s) You must complete	Part IV, Sections A and C.					
С				supporting organization operated tructions) You must complete				rith,	
d	Тур	e III r	non-functionally integrated	I. A supporting organization ope	erated in o	connection	n with its supported organization	on(s)	
	that	is no	t functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and an attentiven	ess	
	requ	ıırem	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.		
е	Che	ck th	is box if the organization rec	eived a written determination front- n-functionally integrated support	om the IR	S that it is	s a Type I, Type II, Type III		
f			nber of supported organizati		ung organ	nzation			
g				ne supported organization(s)					
·	me of support				(m) to the				
	ime or support organization	eo	(ii) EIN	(III) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No	,	·	
(A)					<u> </u>				
۲۰۰٫									
(B)					<u> </u>				
(0)									
(C)					 	 			
(C)									
(D)			-						
(E)									
-4-1									
otal		ì						Ī	

: Schedule A (Form 990 or 990-EZ) 2019

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you che Part III If the organization						under			
Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	282,902	223,607	295,897	286,457	314,944	1,403,807			
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	282,902	223,607	295,897	286,457	314,944	1,403,807			
` 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						1,403,80/			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	282,902	223,607	295,897	286,457	314,944	1,403,807			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-254	26,575	62,249	-6,828	83,635	165,377			
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	经到期的证明		5世紀 9年5日	理的特別		1,569,184			
12	Gross receipts from related activities, etc	(see instructions)				12				
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, foi	urth, or fifth tax ye:	ar as a section 501	(c)(3)	_			
	organization, check this box and stop her						<u> </u>			
Sec	tion C. Computation of Public Su	apport Percent	tage			**				
14	Public support percentage for 2019 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	89 46%			
15	Public support percentage from 2018 Sche					15	92 11%			
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	check this				
_	box and stop here. The organization quali						▶ X			
b	33 1/3% support test—2018. If the organ				15 is 33 1/3% or m	ore, check	<u>.</u>			
4-	this box and stop here. The organization of	•			401	4.4				
17a	10%-facts-and-circumstances test—201	•								
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in									
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
L	organization	0 1646	ا امام مماهم مم	hav as line 42, 42	en 16h 17	d line	· •			
b	10%-facts-and-circumstances test—201	=								
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	supported organization	eca the idots-dilu-	-circumstances te	at The Organization	on qualines as a pt	,	▶ [

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

instructions

Sche	edule A (Form 990 of 990-EZ) 2019 GLC	ice center	L OI SOUCH	IEIII OKIA	iiOilla / J	0300203	raye.
P	art-III Support Schedule for O (Complete only if you che					to qualify under	· Dart II
							raitii
~	If the organization fails to	quality under t	ne tests listed t	below, please c	omplete Part II) .	
	ction A. Public Support	1		<u> </u>		1 ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			/			_
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						
С	Add lines 7a and 7b						
ģ	Public support (Subtract line 7c from line 6.)	المنا والمستونية المارية	Andreas of the second of the s	راز به الهابد التي المراقعة المراقعة التي المراقعة التي المراقعة التي المراقعة التي المراقعة التي المراقعة الت المراقعة المراقعة المراقعة التي المراقعة التي المراقعة التي المراقعة	a * ("w" "" neer" my my end f ca u _ " " a sa. " . f sa u _ " " a sa. " .	To the second se	
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			. , ,			, ,
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	/_					
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, 14,					<u></u> [_
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	I(c)(3)	▶ [
Sec	tion C. Computation ໍøf Public Sເ	ipport Percen	tage				
15	Public support percentage for 2019 (line 8	, column (f), divide	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%_
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2019 (li			3, column (f))		17	%
18	Investment income percentage from 2018					18	%
19a	33 1/3% support tests—2019. If the orga			e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this bo						▶ [
b	33 1/3% support tests—2018. If the orga line 18 is not more than 33 1/3%, check th	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	▶ □
20	Private foundation. If the organization did						> [

Schedule A (Form 990 or 990-EZ) 2019 Grac Part V 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

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- c 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
- 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
- c 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).
- b 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?
- c 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 (as 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)
- 8 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)
- 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)

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Parketing a	Yes	No
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	1950 22 3	THE WAY WANT
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		7
3b		
		E Carrie
3c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10 A A A A A A A A A A A A A A A A A A A	TELESCOPIAS	45.5°C 431
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4a		
遗产	42.5	
		44
4b		
		西班牙
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1		300
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5c		
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9b		
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9c	- gstandama	Sec 7-4-
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10a	- 1	
10a		
10a	- 1	

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· Schedu	ıle A (Form 990 or 990-EZ) 2019	Grace Center of	Southern Oklahoma	73-0580285		Page 5
Par	t IV Supporting Orga	nizations (continued)				
					Yes	No
11	Has the organization accepted	a gift or contribution from any of the	following persons?	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	A person who directly or indirect	ctly controls, either alone or together	with persons described in (b) and (c)			
	below, the governing body of a	supported organization?		118	<u> </u>	<u> </u>
b	A family member of a person d	escribed in (a) above?		111	<u> </u>	
			f "Yes" to a, b, or c, provide detail in Part	<i>VI</i> . 110	:	<u></u>
Secti	on B. Type I Supporting	Organizations		<u> </u>	1	
				\$ Annual	Yes	No
1		nembership of one or more supporte				
			ectors or trustees at all times during the			E
			n(s) effectively operated, supervised, or			
		tivities If the organization had more		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
			tees were allocated among the supported			
	_	ons or restrictions, if any, applied to		1	ik terlepteristik	ا الماريد الماريد
· 2	-	r the benefit of any supported organi	• •			
	-		ng organization? If "Yes," explain in Part			1
		arried out the purposes of the suppo	orted organization(s) that operated,			
Saati	supervised, or controlled the su				ــــــــــــــــــــــــــــــــــــــ	<u> </u>
Secti	on C. Type II Supporting	Organizations			T v	T N.
4	10/2	A		· · · · · · · · · · · · · · · · · · ·	Yes	No
1.			e tax year also a majority of the directors			
	=		If "No," describe in Part VI how control			大型
		ng organization was vested in the sa	me persons that controlled or managed			1007
Secti	the supported organization(s) on D. All Type III Suppor	ting Organizations				<u> </u>
36011	on B. All Type III Suppor	ting Organizations			Vac	No
1	Did the organization provide to	each of its supported organizations	by the last day of the fifth month of the		Yes	No
•	-	· · ·	mount of support provided during the price	or tay		
			ne date of notification, and (iii) copies of t	45 mm cu		7.45
			tion, to the extent not previously provided			\$ 100 min
2			(i) appointed or elected by the supported	- Alleria	10 4 1 h	1020
•			organization? If "No," explain in Part VI h	- Property		
			nship with the supported organization(s)	2		Paralle Control
3		escribed in (2), did the organization's		72.0		
		tion's investment policies and in dire		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			in Part VI the role the organization's			
	supported organizations played	•		3	T UMBOLZNOWA	
Secti		ly-Integrated Supporting O	rganizations			•
1			sfy the Integral Part Test during the year	(see instructions)		
а	The organization satisfied t	he Activities Test Complete line 2 b	elow			
b	The organization is the pare	ent of each of its supported organiza	tions Complete line 3 below			
С	The organization supported	a governmental entity Describe in i	Part VI how you supported a government	entity (see instructions)		
2 A	ctivities Test Answer (a) and (i	b) below.		Carre	Yes	No
а	Did substantially all of the organ	nization's activities during the tax yea	ar directly further the exempt purposes of	200 miles		
	the supported organization(s) to	which the organization was respons	sive? If "Yes," then in Part VI identify			
	those supported organization	s and explain how these activities	directly furthered their exempt purposes,			完整
	how the organization was respons	nsive to those supported organization	ons, and how the organization determined			
	that these activities constituted	-		2a	<u>0</u> 5α σ αΣ ≠ 114 ±	and the second
b			e organization's involvement, one or more			支持
	- · · · · · · · · · · · · · · · · · · ·	=	gaged in? If "Yes," explain in Part VI the			
		osition that its supported organizatio	n(s) would have engaged in these			200
	activities but for the organization			2b	g Magnetic Field	National file
3	-	ons Answer (a) and (b) below.				
а		ower to regularly appoint or elect a n		2.5		
		d organizations? <i>Provide details in l</i>		3a	Tage of the board	ATAMATA AND S
b	Did the organization exercise a	substantial degree of direction over	the policies, programs, and activities of e	ach		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedu	lle A (Form 990 or 990-EZ) 2019 Grace Center of Southern Ok)285 Page 6
Par	t V 1 Type iii Non-Functionally Integrated 509(a)(3) Supporting Org	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must			
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		İ
6	Portion of operating expenses paid or incurred for production or			İ
	lection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		**************************************
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount	J	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year)	٠.		
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c	<u> </u>	
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	 		2. •
	factors (explain in detail in Part VI)	ھ ۔		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	
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,	اٽ		
	instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	 .	
	on C - Distributable Amount	<u> </u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	-	
2	Enter 85% of line 1	2	7.7	
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5	-	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	╅		
	ergency temporary reduction (see instructions)	6	-	

7 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) 2019

instructions)

Schedule A (Form 990_or_990_EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) (ii) (1) Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e. Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Grace Center of Southern Oklahoma

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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.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Open to Public

Inspection

Name	of the organization		Employer identification number
G	race Center of Southern Oklahoma		73-0580285
	Organizations Maintaining Donor Advised Fu Complete If the organization answered "Yes" on I	nds or Other Similar Funds or A	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	•
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
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	or advisor, or for any other purpose	
	conferring impermissible private benefit?	·	Yes No
Pa	Conservation Easements.	Tarm 000 Bort IV line 7	
_	Complete if the organization answered "Yes" on I		
1	Purpose(s) of conservation easements held by the organization (check Preservation of land for public use (for example, recreation or educ		was adopt land area
	Protection of natural habitat	Preservation of a historically Preservation of a certified his	
	Preservation of open space	Freservation of a certified his	itoric structure
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	nyation
-	easement on the last day of the tax year	ivation contribution in the form of a control	Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/		
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is I	ocated >	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	nents during the year
	S S S S S S S S S S S S S S S S S S S	he requirements of continu 170/h\/4\/P\/i)	
•	Does each conservation easement reported on line 2(d) above satisfy t and section 170(h)(4)(B)(ii)?	ne requirements of section 170(ff)(4)(b)(f)	Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and evnense statemen	
9	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements	-	
Pa	rt III Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958, not to re-		
	of art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtherance	of public
	service, provide in Part XIII the text of the footnote to its financial stater		
b	If the organization elected, as permitted under FASB ASC 958, to report		
	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		vide the
	following amounts required to be reported under FASB ASC 958 relating	g to these items	. .
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		P \$

Sche	edule D (Form 990) 2019 Grace Cen						80285	Page 2
Pa	art III Organizations Maintaining	Collections o	of Art, His	storical T	reasures,	or Other	Similar Asse	ts (continued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)							
а	Public exhibition	d 🗌	Loan or ex	xchange pro	gram			
b	Scholarly research	e T	Other					
C	Preservation for future generations		•					
4	Provide a description of the organization's co	ollections and expla	in how they	further the	organization	's exempt p	urpose in Part	
5	During the year, did the organization solicit o	r receive donations	of art histo	orical treasu	res or other	sımılar		
3	assets to be sold to raise funds rather than to		•					☐ Yes ☐ No
I Pa	art IV Escrow and Custodial Arra		part or the	organization	7.5 00110011011		***	
	Complete if the organization 990, Part X, line 21		s" on Fori	m 990, Pa	art IV, line	9, or repo	rted an amou	nt on Form
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for co	ntributions o	or other asse	ets not	•	
	included on Form 990, Part X?		,					☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing tak	ole				
	1 765, explain the arrangement in Fart Am	and complete the i	onowing tak	J10				Amount
	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
							1f	
f 2a	Ending balance Did the organization include an amount on Fe	orm 000 Bort V Jun	o 21 for on	crow or cuc	todial accoun	nt liability?		Yes No
	If "Yes," explain the arrangement in Part XIII		•			•		
	art V Endowment Funds.	Check here ii the	explanation	nas been pi	IOVIGEG OILF	ait Aili		
	Complete if the organization	answered "Ve	s" on Forr	m 990 Pa	rt IV line	10		
	Complete if the organization	(a) Current year		rior year	(c) Two ye		(d) Three years back	k (e) Four years back
4.	Page and a few and halance	(a) Current year	1. (5)	- Year	(6) 1 110 90	ars back	(d) Three years back	(c) i dai yeare basic
	Beginning of year balance		+					
	Contributions		 					
С	Net investment earnings, gains, and losses							
٦	Grants or scholarships		<u> </u>					
	Other expenditures for facilities and		+		 			
е	`							
	programs	<u> </u>			<u> </u>	+	· · ·	
-	Administrative expenses	 				<u> </u>		
9	End of year balance			luman (a)\	hald as			
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balan %	ce (line 1g,	column (a))	neid as			
		70						
b								
С	Term endowment ▶ %							
•	The percentages on lines 2a, 2b, and 2c sho					al fa - 11 a		
sa	Are there endowment funds not in the posses	ssion of the organiz	ation that a	ire neid and	administere	a for the		Yes No
	organization by							
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(iı)
b	If "Yes" on line 3a(ii), are the related organiza	•						3b
4	Describe in Part XIII the intended uses of the		lowment fur	nds				
Ра	Land, Buildings, and Equi		." C	000 D-	مسالل السما	11- 0	Farm 000 Da	et V. lima 10
	Complete if the organization		· · · · · · · · · · · · · · · · · · ·			I .		
	Description of property	(a) Cost or other		(b) Cost or o		l ''	cumulated	(d) Book value
		(investment	1	(othe	· .	aep	reciation	04 400
	Land				24,480		60 707	24,480
	Buildings			13	86,772		60,797	125,975
С	•				07 600		107 600	
đ	Equipment			1	97,623	<u> </u>	197,623	
	Other	<u> </u>				L		150 455
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pa	rt X, columi	n (B), line 10)C)		<u> </u>	<u> 150,455</u>
							Sch	nedule D (Form 990) 2019

(7) (8) (9)

Total. (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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII DAA Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 Grace Center of Southern Okla	homa 73-058028	5	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	398,579
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b]	
С	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	398,579
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	4a		
b	Other (Describe in Part XIII)	4b		
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	398,579
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per F	Return.	
_	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total expenses and losses per audited financial statements		1	297,223
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		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d	ļ	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	297,223
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		4c	

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

297,223

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Schedule D (Form 990) 2019 Grace Center of Southern Oklahoma 73-0580285

Page 5

BRartXIII Supplemental Information (continued)

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.

Open to Public Inspection

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Grace Center of Southern Oklahoma

Employer identification number 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.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Prior Period Adjustment 1,096