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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public

<u>A</u>	For the	ZUII calend	lar year, or tax year beginn	ing Jul I	, 2011, a	nd ending	j Jun	30		, 2012	
В	Check if a	pplicable	C Name of organization GRA	CE TO YOU				D Employ	er Iden	tification Number	
	Addre	ess change	Doing Business As GRA	CIA A VOSOTROS				95-3	3846	5510	
	Name	e change	Number and street (or P O box	x if mail is not delivered to street addr)		Room/s	uite	E Telepho	ne num	ber	
	Initial	I return	28001 HARRISON P.	ARKWAY				(66	1) 2	295-5777	
	\boldsymbol{H}	inated	City, town or country		State 2	IP code + 4		,			
	H		VALENCIA		$C\Delta$	91355		G Groce v	acounte	\$ 16,415,771	ı
	Ħ	1	F Name and address of principal	officer	CA .		H(a) Is this	a group retur			X No
	Арри	cation pending			C A			affiliates incl		Yes	A No
_				rrison Pkwy Valencia		21222		attach a list		structions)	□
<u> </u>			X 501(c)(3) 501(c) () ◄ (insert no.) 4947	(a)(1) or	527			_	_	
<u>J</u>			w.gty.org		- 1			exemption nu			
K			X Corporation Trust	Association Other ►	L Ye	ar of Formati	on 198	6 M s	tate of	legal domicile CA	
Pa		Summar									
				on or most significant activities							
ø				<u>e of mass communic</u>							
ä				hing ministry via:							
err				ing materials; and							
હ				discontinued its operations of	r dispose	ed of more	than 25	% of its ne		ets '	
જ			ting members of the govern		l long 16				3		12
es			•	of the governing body (Part V)			4 5		74
Activities & Governance			of volunteers (estimate if n	calendar year 2011 (Part V, II	ile Za)	•	•		6		$\frac{74}{150}$
Act			-	art VIII, column (C), line 12					7 a		0.
			business taxable income fr						7b		·
_	2,11	et ameiatea	business taxable income in	5111 5111 335 1; IIIC 54		· · · · · · · · ·		rior Year		Current Ye	
	8 C	ontributions	and grants (Part VIII, line 1	lb)				,944,3	37	14,504	
e			ice revenue (Part VIII, line	•			1	242,7			,291.
Revenue			come (Part VIII, column (A)						38.		,917.
æ				es <u>5, 6d, 8c,</u> 9c, 10c, and 11e)			923,9			,414.
				must equal Part VIII, column		12)	16	,120,7		15,626	
			mılar amounts paid (Part I)				 	452,9			,301.
			to or for members (Part IX,					10273		121	0.
				benefits (Part IX, column (A)	lines 5.	 10\		, 653, 8	78	5,224	
ø			1' 1	1031	, 111163 3	10)		, 055, 0	70.	3,224	
Expenses			undraising fees (Part IX, co				1	. (3) 3.4 (1986)	o o o o o o o o o o o o o o o o o o o	256 Tar + 2 25 2 1 4 5 5	0.
ă	b To	otal fundrais	ıng expenses (Part IX) çolu	imn (D), line 25) 🟲	262	2,718.	1.00			Thatie	2 XIII. 2.7 1
Ш	17 0	ther expense	es (Part-IX, column-(A), li n	es -1-1 -a -1-1 -d, 11f-24e) .			10	,240,0	66.	9,156	,225.
	18 To	otal expense	es Add lines 13-17 (must e	qual Part IX, column (A), line	25)		15	346,9	06.	14,804	,915.
	19 R	evenue less	expenses Subtract line 18	from line 12			1	773,8	80.	821	,436.
8 8							Beginnii	ng-of-Curren	t-Year	End-of-Ye	ar
Net Assets Fund Balanc	-20- To	otal-assets-(Part-X, line 16)				13	3,078,5	21.	13,012	,573.
A B	21 To	otal liabilitie:	s (Part X, line 26)				3	3,077,4	22.	2,112	,799.
25	22 N	et assets or	fund balances Subtract lin	e 21 from line 20 .			10	,001,0	99.	10,899	.774.
		Signatur		-							
				urn, including accompanying schedules	and statem	ents and to	the best of r	ny knowledae	and he	elief it is true correc	t and
com	plete Deci	aration of prepa	rer (other than officer) is based on	irn, including accompanying schedules all information of which preparer has a	ny knowledg	ge					
		N	Marte				1	2/19/1	2		
Sig	ın	Signatui	re of office				Da	ate			
He	re	Phil	llip Johnson				Exec	utive :	Dire	ector	
			print name and title	/							
		Print/Type p	reparer's name	Preparer's signature		Date	-	Check 2	() if	PTIN	
Pa	id	Rufus	Harvey	Rufus Warvey	_	12/19/	12	self-employ	_	P00382279	J
	iu eparer				→		- -	33.1 3.11p.0y		1-0000075	***************************************
	e Only			TE I.N				Firm's EIN	•		
		rimis addre	CANYON COUNTI		01351	-3813		Phone no	(66	1) 252-45	4 1
<u> </u>		C diameter 41.				5013		Triione no	100	X Yes	No
$\overline{}$			eduction Act Notice see the	shown above? (see instruction	15)		· · · ·		•		0 (2011)

	990 (2011) GRACE TO YOU	95-38465	10	Page 2
Par	t·III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission:			
	To spread the gospel of Jesus Christ by communicating the Bible to the world through the media.			
	Did the organization undertake any significant program services during the year which were not listed on the	ne prior		
_	5. 000 000 573	□ pi.o,	Yes X	No
	If 'Yes,' describe these new services on Schedule O.		ies V	.] 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	V [7 No.
	If 'Yes,' describe these changes on Schedule O.	_	Yes _	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo others, the total expenses, and revenue, if any, for each program service reported	s, as measured unt of grants a	d by exper nd allocati	ises. ons to
4 a	(Code:) (Expenses \$ 5,051,779. including grants of \$ 15,475.) (Re	venue \$		0.)
	"Grace To You" daily radio program. Our daily 30 minute program airs over 1,000 times per day across			
	Our daily 30 minute program airs over 1,000 times per day across United States.	_the		
4 b	(Code:) (Expenses \$ 4,565,508. including grants of \$ 0.) (Re	evenue \$	868,	907.)
	Distribution of Bible teaching resources.			
	Grace to You distributes hundreds of thousands of Bible teaching	CDS,		
	DVDs, and books at no charge. We also maintain a content-rich we			
	which provides access to all of John MacArthur's sermons in audi			
	video and written form, free of charge. We also edit books by Jo	hn		
	MacArthur, and make them, along with CDs and DVDs of his message	s		
	available for sale.			
4c	(Code:) (Expenses \$1,667,681. including grants of \$408,826.) (Re	venue \$	220,	<u>116.</u>)
	International ministry.	.		
	Gracia a Vosotros, the Spanish version of Grace to You, is broad			-
	in over 20 countries over 800 times per day. Grace to You also s			
	foreign ministry partners in Canada, Europe and India. These min	istry		
	partners support their constituents in similar ways to Grace to	You.		
	Grace to You also supports some of the foreign translations of J	ohn		
	MacArthur's books.			
4 d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ 1,236,693. including grants of \$ 0.) (Revenue \$		480.)	
4e	Total program service expenses ► 12,521,661.			
				00 (0011)

Rart IV線 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
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		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
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		Х
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 'Yes,' complete Schedule D, Part I	6		х
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		х
8	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; 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		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	_X	
ı	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	11 b		х
•	c 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	11 c		х
•	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	11 d	х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
	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, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
ı	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		_x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		_x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	

Part IV | Checklist of Required Schedules (continued)

	1717 One of the dance of teachers (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		x
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? <i>If 'Yes,' complete Schedule J</i> .	23	x	
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
ı	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? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
	a Section 501(c)(3) and 501(c)(4) 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
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	х	
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		х
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):		·	
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	Х	
	c 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	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	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		X
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		x
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		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
- i	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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		X_
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
3AA		Form	1 990 ((2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			$\Box\Box$
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			\Box
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			ĺ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	ļ
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	-	Λ	
ments, filed for the calendar year ending with or within the year covered by this return . 2a 74	- ~		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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		<u> </u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь	_	<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country: ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
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		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7 Organizations that may receive deductible contributions under section 170(c).	- 0.0		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u></u>
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			l
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
11 Section 501(c)(12) organizations. Enter.			l
a Gross income from members or shareholders	i !		l
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			1
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.	134		
·			1
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

BAA

Form 990 (2011)

Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members 1 a 12 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent. 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 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 7 a members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10 a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **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 Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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? a-The-organization's CEO, Executive Director, or top management official 15 a Х 15b Х **b** Other officers of key employees of the organization 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 16a Х taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. __(661) 295-5777 28001 Harrison Parkway, <u> Valencia</u>

TEEA0106 01/23/12

Form	990	(2011)	GRACE	TΩ	YOU
	220	(2011)	GRACE	10	100

95-3846510

Page 7

PartiVIIs Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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	unles	s per	son is	tion ore the	nan one l h an offi rustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		
	(describe hours for related organiza- tions in Schedule O)	advidual trustee or director	Officer andulusional frustee		Key amphyee	High est compensated employee	FORTIER	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) John F. MacArthur, Jr. President/Chairman	20.00	х		х				402,444.	0.	0.		
(2) Phillip Johnson Exec Dir/Secretary	40.00	х		х				191,156.	0.	27,632.		
(3) Kent_Stainback Director	0.50	х						0.	0.	0.		
(4) Dave Parsons Director	0.50	х						0.	0.	0.		
(5) Robert Provost Director	0.50	х						0.	0.	0.		
(6) Joe Aleppo Vice Chairman	1.00	Х		х				0.	0.	0.		
(7) Christopher Parkening Director	0.50	х						0.	0.	0.		
(8) Mark MacArthur Director	0.50	Х						0.	0	0		
(9) Matthew MacArthur Treasurer	1.00	X		<u>х</u>				0.	0.	0.		
(10) Al Sanders Director	0.50	Х						0.	0.	0.		
(11) Bill Molinari Director (Part Year)	0.50	Χ						0.	0.	0.		
(12) Tom Pennington Director	0.50	X						0.	0.	0.		
(13) Donald Green Managing Director	40.00	х						168,936.	0.	31,911.		
(14) Rufus Harvey Controller & CFO	40.00		х					146,231.	0.	24,384.		

Part VII Section A. Officers, Directors, Trust	ees, I	<u>∢ey</u>	Em	plo	ye	es,	and	Highest Com	pensated Emp	loyees (cont)
				•	C)					
· (A)	(B)	(do	Position (do not check more than one				one	(D)	(E)	(F)
. Name and title	Average hours	box	, unles	ss pe	rson	ıs bot	h an	Reportable compensation from	Reportable compensation from	Estimated amount of other
•				_			•	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	week (describ e hours for related organi-	함호	Institutional	Officer	é		Former	(11-21033-141130)	(11-2/1033-111100)	organization
	hours	ec u	ution	Ē	#j	est c	펵			and related organizations
	related	, E	<u>a</u>		loye	ļ, ģ				
	organı- zations	stee	trustee		"	ens				
	Sch O)		e l			Highest compensated employee		1		
45 7 53	├		$\vdash \vdash$				-			
(15) Jay Flowers	-				١			156 400		
Dir of Communications	40.00	 	├─┤		X	<u> </u>		156,129.	0.	31,168.
(16) Bill Fickett	4								_	
Dir of Cust Serv & Tech	40.00	_	\sqcup		<u> </u>	Х	_	149,749.	0.	30,695.
(17) Miguel Contreras	4	1							_	
Director of GAV	40.00					Х		132,391.	0.	23,361.
(18) Travis Allen]									
Director of Internet	40.00					X		111,294.	0.	27,841.
(19)		1								
					_		<u>L</u>			
(20)	1									
	ļ		Ш			_	_			
(21)										
	 	-	\vdash		<u> </u>	_	_			
(22)	1				İ					
(02)	 		\vdash		┝	-	-	-		
(23)	┨								-	
(24)	 		$\vdash \vdash$				 			
(24)	1									
(25)	 		Н				\vdash			
23	1									
1 b Sub-total			٠	· .	٠.	-		1,458,330.	0.	196,992.
c Total from continuation sheets to Part VII, Section A	4						•			
d Total (add lines 1b and 1c)							•	1,458,330.	0.	196,992.
2 Total number of individuals (including but not limited	to thos	se lis	ted	abo	ve)	who	rece		100,000 of reportab	
from the organization > 7					·				,	
										Yes No
3 Did the organization list any former officer, director	or trust	ee. k	ev e	empi	love	e. oi	r hia	hest compensated	l emplovee	
on line 1a? If 'Yes,' complete Schedule J for such in			, .	ح	,.	-,	9			3 X
4 For any individual listed on line 1a, is the sum of rep	ortable	con	nnen	satı	on a	and o	othe	r compensation fro	om	
the organization and related organizations greater th	an \$15	0,00	0?_//	f-'Y€	es' c	omp	lete	Schedule J for	== === = = = = = = = = = = = = = =	
such individual ·				•	•					4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	mpens	ation	n from	m a	ny u	inrel	ated	l organization or in	ndıvıdual	5 X
Section B. Independent Contractors	Jinpiet	. 301	ieuu	16 3	101	Suci	ı pei	15011	•	1 3 1 1 4
1 Complete this table for your five highest compensate	ed inde	pend	ent d	cont	ract	ors 1	that	received more tha	n \$100,000 of	
compensation from the organization Report comper	sation	for t	he ca	alen	dar	year	r end	ding with or within	the organization's	tax year
(A)	_							Description () of sorrusos	(C) Compensation
Name and business address								Description	or services	Compensation
					-			 		
								-		
								-		-
2 Total number of independent contractors (including l	but not	lımıt	ed to	o the	ose	liste	d ab	ove) who received	I more than	
\$100,000 in compensation from the organization										

Pa	rt VIII Statement of Revenue		•			
1	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S TS	1 a Federated campaigns 1 a	0.				
Z A	b Membership dues 1b	0.				
S,G	c Fundraising events 1c	0.				!
AR.	d Related organizations 1 d	0.				i i
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) 1 e	0.				
ER S	f All other contributions, gifts, grants, and					'
ΒĔ	f All other contributions, gifts, grants, and similar amounts not included above 1 f	14,504,729.				
ξŞ	g Noncash contributions included in lns 1a-1f* \$	400,482.				
	h Total. Add lines 1a-1f	<u> </u>	14,504,729.			
PROGRAM SERVICE REVENUE		Business Code				
Š	2a Intn'l Offices Reimbursements		220,116.	220,116.	0.	0.
Ä		900099	480.	480.	0.	0.
Š		900099	21,695.	21,695.	0.	0.
I SEI	d					
RAR	e	-				
စ္ခ	f All other program service revenue .		212 222			
	g Total. Add lines 2a-2f	•	242,291.			ļ
	3 Investment income (including dividends other similar amounts)	, interest and	14,803.	٥.	0.	14,803.
	4 Income from investment of tax-exempt	hand proceeds	14,603.	0.	0.	0.
	5 Royalties	bona proceeds	22,202.	0.	0.	22,202.
	(i) Real	(ii) Personal	22,202.			22,202.
	6a Gross rents 0	. 0.				
	b Less: rental expenses 0		,		* ,	; ;
	c Rental income or (loss)	. 0.	, ,			}
	d Net rental income or (loss)	<u> </u>	0.	0.	0.	0.
	7a Gross amount from sales of (i) Securities	(ii) Other		·	٧,	
	assets other than inventory 38,778	. 8,184.				
	b Less: cost or other basis					ı
	and sales expenses 39, 682					
	c Gain or (loss) -904	3,982.				
	d Net gain or (loss)	<u> </u>	-4,886.	0.	0.	-4,886.
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 0.					,
Ĕ	of contributions reported on line 1c).	_				1
ER	See Part IV, line 18	a 0.				1
臣	b Less: direct expenses .	b 0.				
	c Net income or (loss) from fundraising e	vents	0	~-		0.
	9a Gross income from gaming activities. See Part IV, line 19	a 0.				ı
	b Less: direct expenses	a <u> </u>				
	c Net income or (loss) from gaming activity		0.	0.	0.	0.
		1003	<u> </u>	<u> </u>	····	
	10a Gross sales of inventory, less returns and allowances	a 1,577,552.				
	b Less: cost of goods sold	b 737,572.				
	c Net income or (loss) from sales of inver		839,980.	839,980.	0.	ō.
	Miscellaneous Revenue	Business Code				
	11a Expense Reimbursements	900099	1,716.	1,716.	0.	0.
		900099	5,516.	5,516.	0.	0.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		7,232.			
	12 Total revenue. See instructions .	>	15,626,351.	1,089,503.	0.	32,119.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

- All (Check if Schedule O contains a re			anu (D).	
	Officer if Schedule O contains a fe		(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments		l		
	and organizations in the United States See Part IV, line 21	15,475.	15,475.		
2	Grants and other assistance to individuals in			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	the United States. See Part IV, line 22	0.	0.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	408,826.	408,826.		1 T
4	Benefits paid to or for members	0.	0.	* * * * * * * * * * * * * * * * * * * *	
5	Compensation of current officers, directors, trustees, and key employees	1,211,747.	645,731.	555,578.	10,438.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,319,848.	1,222,076.	91,122.	6,650.
7	Other salaries and wages	1,880,652.	1,470,913.	376,075.	33,664.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b)	,			
0	employer contributions) Other employee herefuls	113,290. 469,411.	89,464.	21,872.	1,954.
9	Other employee benefits		372,202.	89,644.	7,565.
10	Payroll taxes .	229,441.	169,986.	56,075.	3,380.
11	· · · · · · · · · · · · · · · · · · ·				•
	a Management	0.	0.	0.	0.
	Legal	19,855.	0.	19,855.	0.
	Accounting	41,412.	0.	41,412.	0.
	Lobbying	0.	U.		0.
_	e Professional fundraising services See Part IV, line 17 .	7,149.	0.	7,149.	0.
	Investment management fees .	201,179.	180,147.	18,924.	2,108.
12	Advertising and promotion	1,200.	1,200.	0.	2,100.
13	Office expenses	2,054,271.	1,510,369.	404,828.	139,074.
14	Information technology	359,311.	254,098.	99,575.	5,638.
15	Royalties	12,457.	10,443.	992.	1,022.
16	Occupancy	298,491.	256,808.	38,706.	2,977.
17	Travel	146,401.	112,958.	32,525.	918.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	241,967.	235,454.	6,480.	33.
20	Interest	19.	0.	19.	0.
	Payments to affiliates .	0.	0.	0.	0.
22	_ *	528,643.	438,583.		4,774.
	Insurance	61,934.	538.	61,396.	0.
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Radio air time & production	4,249,720.	4,208,409.	0.	41,311.
	TV air time & production	140,348.	139,145.	0.	1,203.
•	Ministry Communication & Promotion	43,191.	41,444.	1,738.	9.
•	Materials Distributed	737,392.	737,392.	0.	0.
•	a All other expenses	11,285.	0.	11,285.	0.
25	Total functional expenses. Add lines 1 through 24e	14,804,915.	12,521,661.	2,020,536.	262,718.
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 X if following				
		5,637,769.	5,319,391.	136,284.	182,094.
	SOP 98-2 (ASC 958-720)	5,051,109.	3,313,331.	130,204.	102,094.

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing 3,000,923 1 3,988,534. 2,789,378 2 2 Savings and temporary cash investments 1,571,014. 3 Pledges and grants receivable, net 3 0 0. Δ Accounts receivable, net 105,789 4 73,105. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 728 5 1,695. Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7,209 6 3,008. 7 Notes and loans receivable, net 306 88. 962,550 8 974,387. Inventories for sale or use Prepaid expenses and deferred charges 414,360 9 424,543. 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 9,377,156. 10b 165,923 5,456,464 10 c 5,211, 233. b Less. accumulated depreciation Investments - publicly traded securities 0 11 490. 0 12 12 Investments - other securities See Part IV, line 11 . 0. 13 13 Investments - program-related. See Part IV, line 11 0. 0. 0 14 14 Intangible assets 0. 15 340,814 15 Other assets See Part IV, line 11 . 764,476. 13,012,573. 16 Total assets. Add lines 1 through 15 (must equal line 34) 13,078,521. 16 1,102,468. 759,771. 17 Accounts payable and accrued expenses 17 Ō. 18 Grants payable 0. 18 19 Deferred revenue 24,248 25,078. 19 20 Tax-exempt bond liabilities 0 20 0. LIABILITIES 21 0 21 0. Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 1,957 892. of Schedule L 22 ,646,736 23 1,267,992. Secured mortgages and notes payable to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0. 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 302,013 25 59,066. 26 3,077,422 26 2,112,799. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. ASSETS 27 9,852,774 27 10,433,304. Unrestricted net assets 28 148,325 28 466,470. Temporarily restricted net assets 29 Permanently restricted net assets 0 29 0. 0 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.__ _ ___ 30 30 Capital stock or trust principal, or current funds 31 BALANCE 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

13,012,573. Form 990 (2011)

10,899,774.

10,001,099

13,078,521

33

Form 990 (2011) GRACE TO YOU 95-3846	5510	Pa	ge 12	
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI			\mathbf{x}	
1 Total revenue (must equal Part VIII, column (A), line 12)1	15,6	26,3	<u> 51.</u>	
2 Total expenses (must equal Part IX, column (A), line 25) 2	14,8	14,804,915.		
3 Revenue less expenses. Subtract line 2 from line 1	8	21,4	36.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10,0	01,0	199.	
5 Other changes in net assets or fund balances (explain in Schedule O)		77,2	39.	
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	10,8	199,7	74.	
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII			\Box	
		Yes	No	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
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		X	
b Were the organization's financial statements audited by an independent accountant?	. 2b	Х		
c 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.		. ,		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis		ļ	اـــا	
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		Х	
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	dit 3b			
BAA	Forn	n 990 (2011)	

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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.

Employer identification number

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

GRA		TO YOU								34651		
Par	t I	Reason for Pub	lic Charity Status	(All organizations	must c	omple	te this	part.)	See i	nstruct	lions.	
The o	rga	nization is not a priva	te foundation because	it is: (For lines 1 through	gh 11, cl	neck onl	y one bo	ox)				
1		A church, convention	of churches or assoc	ation of churches descr	ribed in s	section	170(b)(1)(A)(i).				
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)							
3	П	A hospital or a coope	erative hospital service	e organization described	ın sect	ion 170(b)(1)(A)	(iii).				
4	П		•	in conjunction with a ho					b)(1)(A)	(iii). Ente	er the hospit	al's
	_	name, city, and state	•	•	·			•		•	·	
5			ated for the benefit of	a college or university	owned o	r operat	ed by a	governr	nental u	nıt desci	ribed in sect	ion
6				vernmental unit describ								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	\sqcup	A community trust de	escribed in section 170	0(b)(1)(A)(vi). (Complete	e Part II.)						
9		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)										
10	An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	a											
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f		` , , ,	ceived a written deteri	mination from the IRS tl	hat is a	Гуре I, Т	Гуре II о	r Type I	II suppo	rting org	ganızatıon,	. 🗆
g		Since August 17, 200	06, has the organization	on accepted any gift or	contribu	tion fror	n any of	the follo	owina pe	ersons?		•
•		, , , ,	,	, , , , , , , , , , , , , , , , , , , ,			•		3.			Yes No
		(i) A person who c	directly or indirectly co	ntrols, either alone or to	ogether v	with per	sons des	scribed	ın (ıı) ar	ıd (ııı)		
			erning body of the sup	•					•		11 g (i)	
		· ·	er of a person describ		•		•				11 g (ii)	
		• •	·	lescribed in (i) or (ii) ab			•				11 g (iii)	
h		Provide the following	information about the	supported organization	n(s).		r			1		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in in its listed in overning ment?	the organ	ou notify iization in n (i) of ipport?	organiz	s the lation in nn (i) led in the S ?	(vii) Amount	of support
					Yes	No	Yes	No	Yes	No		
(A)					ł							
(B)					1		ļ					
<u>(C)</u>												
(D)				,								
<u> </u>						i						
<u>(E)</u>							ļ					
Total												
		r Paperwork Reduction	n Act Notice. see the	Instructions for Form 9	90 or 99	0-EZ.	L	L	L Schedul	e A (For	m 990 or 99	0-EZ) 2011

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

(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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	13,184,642.	13,024,515.	13,858,900.	14,944,337.	14,504,140.	69,516,534.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4	Total. Add lines 1 through 3	13,184,642.	13,024,515.	13,858,900.	14,944,337.	14,504,140.	69,516,534.
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)						0.
6	Public support. Subtract line 5 from line 4						69,516,534.
Sec	tion B. Total Support				,		
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	13,184,642.	13,024,515.	13,858,900.	14,944,337.	14,504,140.	69,516,534.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	149,323.	101,655.	90,616.	56,350.	37,005.	434,949.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	14,673.	15,155.	7,978.	27,708.	7,232.	72,746.
11	Total support. Add lines 7 through 10						70,024,229.
12	Gross receipts from related activ	ities, etc (see inst	ructions) .			12	10,934,981.
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
	Section C. Computation of Public Support Percentage						
	Public-support-percentage for 20	•	•	11, column (f))		14	99.27%
15	Public support percentage from 2010 Schedule A, Part II, line 14 15 99.11%						
16a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ □						
17 a	17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organization	' test, check this b tion qualifies as a	oox and stop here. publicly supported	. Explain in Part I\ d organization	V how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			990 or 990-EZ) 2011
BAA	ı				30	JIEGULE A (FUIIII)	ソンひ い フラひ・にん) とひまし

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,	-			-	
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.6	,,,====		\ -{	V/
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						
	Total. Add lines 1 through 5 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						
c	: Add lines 7a and 7b .						
8	Public support (Subtract line 7c from line 6.)	* ^ .	, %, , , , , ,	>	48. 4	· · · · · · · · · · · · · · · · · · ·	
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 IV)						
	Total support. (Add Ins 9, 10c, 11, and 12)				1	··········	<u> </u>
14	First five years. If the Form 990	s for the organiza	ition's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
500	organization, check this box and tion C. Computation of Pu		Percentage	<u> </u>	•		<u> </u>
	Public support percentage for 20			13 column (6)	· ·	15	8
				: 13, column (1))	• • • • • • • • • • • • • • • • • • • •	16	8
	Public support percentage from 2 tion D. Computation of Inv			· · ·	 	10	1 8
	Investment income percentage for				nn (fl)	17	*
	Investment income percentage for	•	• •	•	(1))	18	9
18 19 a	a 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, ar	nd line 15 is more t	han 33-1/3%, and	d line 17
t	33-1/3%, cneck 33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	the organization	did not check a bo	x on line 14 or lii	ne 19a, and line 16	is more than 33-	1/3%, and
20	Private foundation. If the organiz						►□

Schedule A (Form 990 or 990-EZ) 2011 GRACE TO YOU	95-3846510	Page 4
Partilva Supplemental Information. Complete this part to provide the explanations re Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any (See instructions).	equired by Part II, lin additional informatio	ne 10; on.
Part II, Line 10 includes the following sources of revenue:		
Reimbursements for volunteer lunches		
Photocopying Reimbursements		
Postage Reimbursements		
Cobra Administrative Fee Revenue		
Refunds from Class Action Settlements		
Rewards Points Redeemed		
Miscellaneous Revenue		
Other Income Part II, Line 10		
Description: Misc Revenue		
2007: 14673.		
2008: 15155.		
2009: 7978.		
2010: 27708.		
2011: 7232.		
		- -
		====

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public

Employer Identification number

GRZ	ACE TO YOU			95-	3846510	
	t'l Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds			if
	the organization answered 'Yes' t	to Form 990, Part IV, lin	e 6.	or moodum	3. Complete	. "
		(a) Donor advised	funds	(b) Funds	and other acco	nunts
1	Total number at end of year	(2) 201101 0011000	14/145	(5) (5) (5)	and other deer	Julius
2	Aggregate contributions to (during year)	-			·	
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
_	,					
5	Did the organization inform all donors and don funds are the organization's property, subject to			advised .	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or don	ng that grant funds ca or advisor, or for any	an be other	Yes	☐ No
Pai	t Ila Conservation Easements. Comp	lete if the organization a	answered 'Yes' to	Form 990, F	Part IV, line	7.
1					,	
	Preservation of land for public use (e g , re	ecreation or education)	Preservation of a	n historically im	portant land a	rea
	Protection of natural habitat		Preservation of a	certified histori	c structure	
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the	form of a conse	rvation easeme	ent on the
				يُحْدِيْ Held a	t the End of th	e Tax Year
ā	Total number of conservation easements			2a		
ŀ	Total acreage restricted by conservation easer	nents		2b		
•	Number of conservation easements on a certif	ied historic structure included	ın (a) .	2c		
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, ai	nd not on a historic	2 d		
3	Number of conservation easements modified, tax year ►	transferred, released, extingui	shed, or terminated b	y the organizati	on during the	
4	Number of states where property subject to co	nservation easement is locate	d ►			
5	Does the organization have a written policy rea and enforcement of the conservation easemen	garding the periodic monitoring	g, inspection, handlin	g of violations,	Yes	Пио
6	Staff and volunteer hours devoted to monitorin					
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conse	rvation easements di	uring the year		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	quirements of section	1	Yes	☐ No
9	In Part XIV, describe how the organization rep-include, if applicable, the text of the footnote to conservation easements.					
Pai	Organizations Maintaining Collection Complete of the organization and	ections of Art, Historica wered 'Yes' to Form 990	I Treasures, or C), Part IV, line 8.	ther Similar	Assets.	
1 6	alf the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, ed	ucation, or research i	statement and b n furtherance of	alance sheet v public service	vorks of , provide,
ŀ	o If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to repo ld for public exhibition, educat	ort in its revenue state ion, or research in fu	ement and balar rtherance of pub	nce sheet work blic service, pro	s of art, ovide the
	(i) Revenues included in Form 990, Part VIII,	line 1 .			► \$	
	(ii) Assets included in Form 990, Part X	•			► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 (ASC 958) relating to thes	r sımılar assets for fı e items:	nancial gain, pri	ovide the follow	ving
á	a Revenues included in Form 990, Part VIII, line	• •			►\$	_
	Assets included in Form 990, Part X				► \$	

					_		
Schedule D (Form 990) 2011 GRACE	E TO YOU			95-3846	5510		Page 2
Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, or O	ther Similar Asse	ets (c	ontını	ied)
3 Using the organization's acquisition items (check all that apply):							
a Public exhibition			change programs				
b . Scholarly research		e Other	3.1.3				
c Preservation for future genera	ations						
4 Provide a description of the organ Part XIV.		and explain how they	further the organization	on's exempt purpose i	n		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receive	donations of art, hist tained as part of the	orical treasures, or oth organization's collection	er sımılar on?	Yes	Γ	No
Part IV Escrow and Custodia line 9, or reported an	Arrangements. amount on Form	Complete if the 990, Part X, line	organization answ 21.	ered 'Yes' to For	m 990), Par	t IV,
1 a is the organization an agent, trus included on Form 990, Part X?				ssets not	Yes	2	X No
b If 'Yes,' explain the arrangement	In Part XIV and comp	lete the following tar	oie:		A		
a Danisana kalana					Amoun	τ	
c Beginning balance	•	•		1c			
d Additions during the year				1 d			
e Distributions during the year		•		1 e			
f Ending balance			•	[1f]			
2a Did the organization include an ai	•	Part X, line 217		L	Yes	2	X No
b If 'Yes,' explain the arrangement			107 11 5	000 B + B +	10		
Part V Endowment Funds. Co		1	7	r · · · · · · · · · · · · · · · · · · ·	ĭ		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	's back
1 a Beginning of year balance					ļ		
b Contributions	 	ļ	<u> </u>				
c Net investment earnings, gains, and losses						>.	. 10
d Grants or scholarships .					, ,	*	* .
 Other expenditures for facilities and programs 						, , ,	*
f Administrative expenses	<u> </u>						*
g End of year balance					^		
2 Provide the estimated percentage	of the current year e	end balance (line 1g,	column (a)) held as:				
a Board designated or quasi-endow	ment ►	8					
b Permanent endowment ▶	- 8						
c Temporarily restricted endowmen	t ►	8					
The percentages in lines 2a, 2b, a		00%.					
3a Are there endowment funds not in organization by	the possession of th	e organization that a	re held and administer	ed for the	ſ	Yes	No
(i) unrelated organizations					32(i)		

(i) unrelated organizations
(ii) related organizations
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	res	NO
3a(i)		
3a(ii)		
 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		1,309,249.		1,309,249.			
b Buildings		4,577,843.	1,372,707.	3,205,136.			
c Leasehold improvements		0.	0.	0.			
d Equipment .		3,490,064.	2,793,216.	696,848.			
e Other		0.	0.	0.			
Total. Add lines 1a through 1e. (Column (d) must ed	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)						

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Schedule **D** (Form 990) 2011

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: ket value
(1) Financ	ial derivatives			
(2) Closely	y-held equity interests			
(3) Other				
<u>(A)</u>				
<u>(B)</u>				
(c)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u>				
(H)				
_(l)	mn (b) must equal Form 990 Part X, column (B) line 12)			
	Investments – Program Related. See	Form 990 Part Y Jur	na 13	
1 art viii	(a) Description of investment type	(b) Book value	(c) Method of valuat	IOD'
	(a) Description of investment type	(b) book value	Cost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(9)				
(10)	nn (h) must equal Form 990 Part X column (B) line 13)		· · · · · · · · · · · · · · · · · · ·	
Part IX	mn (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. See Form 990, Part X,	ine 15		· · · · · · · · · · · · · · · · · · ·
raitix		scription		(b) Book value
(1) IIna	amortized Loan Fees	scription		6,278.
	revocable Life Estate	·····		7,613.
	sh Value of Life Insurance			402,230.
	oficial Interest in Trust Held	by Others		348,355.
(5)		-1		
(6)		•		
(7)				<u> </u>
(8)				
(9)				
(10)		•		
Total. (Co	lumn (b) must equal Form 990, Part X, column (B			764,476.
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
	(a) Description of liability	(b) Book value	_	
(1) Fede	eral income taxes		_	
	deral Income Taxes	12,335		
	CA Withholding Payable	16,750	-	ı
	ate Withholding Payable	4,035	<u>-</u>	
	les Tax Payable	2,344	닉	
		1 10 601	.1	
	e Tax Payable	10,684	-	
(7) Cus	stomers' Credit Balances	6,033	_	
(7) Cus (8) Cus			_	
(7) Cus (8) Cus (9)	stomers' Credit Balances	6,033	_	
(7) Cus (8) Cus (9) (10)	stomers' Credit Balances	6,033	_	
(7) Cus (8) Cus (9) (10) (11)	stomers' Credit Balances	6,033		

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Schedule D (Form 990) 2011 GRACE TO YOU		95-3846510	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	icial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12) .		15	,626,351.
2 Total expenses (Form 990, Part IX, column (A), line 25)		14	,804,915.
3 Excess or (deficit) for the year Subtract line 2 from line 1			821,436.
4 Net unrealized gains (losses) on investments .			77,239.
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
	• • • • • • • • • • • • • • • • • • • •		
8 Other (Describe in Part XIV.)	•		
9 Total adjustments (net) Add lines 4 through 8		·· ·	77,239.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3			898,675.
Part XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue	* 	
1 Total revenue, gains, and other support per audited financial statements		1 16	,444,543.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV.)	2d		
e Add lines 2a through 2d	_ = -1		
3 Subtract line 2e from line 1			111 512
	1 1	3 16	,444,543.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		**	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b -818	<u>, 192. [5]</u>	
c Add lines 4a and 4b		4c	-818 , 192.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			,626,351.
Part XIII Reconciliation of Expenses per Audited Financial Statement	ents With Expense	es per Return	
Total expenses and losses per audited financial statements	•	1 15	,545,868.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		178	
a Donated services and use of facilities	2 a	484	
b Prior year adjustments	2b		
c Other losses	2c		
			
d Other (Describe in Part XIV)	2d 740,	<u>, 953. </u>	740 052
e Add lines 2a through 2d		2 e	740,953.
3 Subtract line 2e from line 1	1 1		,804,915.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	~ 🖔	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	5× ,);	
b Other (Describe in Part XIV)	4 b		
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 14	,804,915.
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line any additional information	rt III, lines 1a and 4; Panes 2d and 4b Also con	art IV, lines 1b and 2b mplete this part to prov	; vide
Pt_XII_Line_4b<\$3,381> for "loss_on_sales_of_ass	ets other than	<u>, </u>	
inventory," which was included in	expenses in th	<u>ne</u>	
cost_of_assets_in_Part_VIII_but_wa	s listed under	f	
Pt XII Line 4b expenses in the audited financial	statements.		
Pt XII Line 4b <\$737,572> for Cost of Goods Sold	<u>included in ex</u>	rpenses	
in the audited financial statement	s		
<pre><\$77,239> for the unrealized gain</pre>	on the cash va	alue of	
the keyman life insurance policy.			
BAA TEEA3304 05/25/11		Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 GRACE TO YOU	95-3846510	Page 5
PartiXIV# Supplemental Information (continued)		
Pt XIII Line 2d \$3,381 for "loss on sales of assets other than		
inventory," which was included in the costs of	assets	
in part VIII, but was listed under expenses in	the	
audited financial statements.		·
Pt XIII Line 2d \$737,572 for Cost of Goods Sold included in exp	enses in	
the audited financial statements.		
Pt X Line 2: There was no FIN 48 footnote in the aud	lited	
financial_statements		

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. 2011 Open to Public

Open to Public Inspection

Name of the organization					
GRACĘ	то	YOU			

Employer identification number

95-3846510

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

				,	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and Pacific	0	0	Grantmaking		65,952.
(2) East Asia and Pacific	0	0	Program Services	Radio, Mat. Dist., Tran	44,081.
(3) East Asia and Pacific	0	0	Conferences		6,377.
(4) Europe	0	0	Grantmaking		109,778.
(5) Europe	1	1	Program Services	Radio, Mat. Dist , Spon	207,639.
(6) Europe	0	0	Conferences		11,526.
(7) Europe	0	0	Board Meeting		1,907.
(8) Middle East	0	0	Grantmaking		36,575.
(9) Middle East	0	0	Program Services	TV, Materials Distribut	63,334.
(10) North America	0	0	Grantmaking		70,576.
(11) North America	0	0	Program Services	Radio, Materials Distri	230,957.
(12) North America	0	0	Board Meeting		70.
(13) Russia	0	0	Grantmaking		20,752.
(14) Russia	0	0	Program Services	Materials Distribution	301.
(15) South America	1	1	Program Services	Radio	60,623.
(16) South America	0	0	Conferences		9,634.
(17) South Asia	0	0	Grantmaking		18,575.
3a Sub-total	2	2			958,657.
b Total from continuation sheets to Part I	0	0			17,936.
c Totals (add lines 3a and 3b)	2	2			976,593.

Continuation Sheet for Schedule F (Form 990)

► Attach to Form 990 to list additional information for Schedule F (Form 990)Part I, line 3; Part II, line 1; or Part III.
► See instructions for Schedule F (Form 990).

2011

Continuation Page 1 of 1

Name of the organization

GRACE TO YOU

Part I Continuation of Activities per Region (Schedule E (Form 990) Part I line 3)

Part I Continuation of A	ctivities per R	eaion. (Sched	dule F (Form 990), Part I		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type (i.e., fundraising, program services, grants to recipients located in the region)	(a) If activity listed in	(f) Total expenditures in region
South Asia	0	0	Program Services	Mat. Dist., Sponsors	17,761
Sub-Saharan Africa	0	0	Program Services	Materials Distribution	175
					·= (= 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1
		-			
					
otals ▶	0	0	149.11		17,930

Page 2

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. GRACE TO YOU Schedule F (Form 990) 2011

Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other) Cost Cost Cost (h) Description of non-cash assistance Books, CDs, Freight Licenses, Freight, Shipping 61,399. 157. 16,748. (g) Amount of non-cash assistance Check & Wire (f) Manner of cash disbursement 60,000.|Check 20,752. Check Wire Wire Wire Wire 32,568. Wire 5,210. Wire Wire 30,932. 12,000. 70,576. 18,575. 35,020. 36,575. (e) Amount of cash grant East Asia and Pacif Radio, Audio Di East Asia and Pacif Translation Materials Distr Translation Translation Translation Conference Spon Materials Distr North America Radio, Material (d) Purpose of grant Middle East South Asia (c) Region Europe Europe Europe Europe Russia (b) IRS code section and EIN (if applicable) (a) Name of organization (II) (12) <u>C</u> **E** <u>(15)</u> <u>G</u> Ξ 2 <u>ම</u> € 9 9 0 **100 ම**

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2011

Enter total number of other organizations or entities ო

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7

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GRACE TO YOU

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA E (2) ପ € 9 ම e 8 ව 9 9 **E** (12) (13) <u>G</u> (15) 9 티

Schedule F (Form 990) 2011 GRACE TO YOU	95-3846510	Page 4
Part IV瓣 Foreign Forms		
1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? It organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Fore Corporation (see Instructions for Form 926)		X No
2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organizar required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receip Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner Instructions for Forms 3520 and 3520-A)	pt of Certain	X No
3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'n organization may be required to file Form 5471, Information Return of U.S. Persons With Respective Foreign Corporations (see Instructions for Form 5471)		X No
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, In Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (Instructions for Form 8621)	nformation	X No
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If ') organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Partnerships. (see Instructions for Form 8865)	Yes,' the n Foreign Yes	X No
6 Did the organization have any operations in or related to any boycotting countries during the tax If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Inst for Form 5713)	year? structions X Yes	∏ No

BAA

TEEA3505 01/17/12

Schedule F (Form 990) 2011

	F (Form 990) 2011	GRACE TO YOU	95-3846510	Page 5
Part V	3, column (f) (Information part to provide the information required by Part I, line 2 (naccounting method; amounts of investments vs expenditure (ethod); Part III (accounting method); and Part III, column (applicable. Also complete this part to provide any addition	res per region); Part II, line (c) (estimated number of	ė 1
<u>Pt_I_I</u>	line 2	Various methods of monitoring are used. For	some	
~		entities, monthly financial statements and	annual	
		audited financial statememnts are required.	For other	
		entities, an accounting of progress with the	e_project	
		substantiates the use of funds for the inter	nded purpose.	
		For other entities, the production of the f	<u>inished</u>	
		product within the approved budget demonstra	ates the use	
		of the funds for the intended purpose.		_÷
Pt_I_L	ine 3 Col (F)	GTY accounts for all activities whether dome	estic_or	
		international using the same accounting pro-	cedures	
		for review and classification of expenses.	When an	
		expense is recorded in the accounting system	m_(whether	
		a grant, or other assistance, or a program	service, etc.)	
		a code is attached to it to indicate which	region the	
		expense is for. The combination of region co	odes, GL	
		account codes, and other descriptive information	ation	
		recorded in the accounting system allows re	ports_to_be	
		produced which, after detailed review and e	diting,	
		provide the data needed to complete Schedul	e F.	
Pt_II_	Line 1	See above.		
				 -
				

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

2011

Department of the Treasury Internal Revenue Service			► Attatch to Form 990.				Inspection
Name of the organization						Employer identification number	ation number
GRACE TO YOU						95-3846510	01
Part In General Information on Grants and Assistance	rants and Assis	stance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ds to substantiate the grants or assistar procedures for mon	ie amount of the gran ice? informa the use of gra	f the grants or assistance, the grantee: use of grant funds in the United States	ntees' eligibility for the gates	grants or assistance,	and	X Yes No
	ince to Governi for any recipier f additional spac	nents and Organ It that received more is needed	izations in the Unit nore than \$5,000. C	ed States. Complet heck this box if no	te if the organizatione recipient rec	tion answered 'Y'	es' to 1 \$5,000.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Far Eastern Broadcasting P.O. Box 1 La Mirada CA 90637	95-1461574	501(c)(3)	25,000.	0.	N/A	N/A	Audio Distribu
(2) Aurora Mission	59-1801070	501(c) (3)	.000,000	0.	N/A	N/A	Bible Conferen
(3) Slavic Gospel Association - 6151 Commonwealth Drive loves Park IL 61111	36-2428314	501(c)(3)	20,752.	0.	N/A	N/A	Conf & Books
(4)						_	
(9)							
(6)	-						
		i					
(8)							
2 Enter total number of section 501(c)(3) and government organization	3) and government	ē	is listed in the line 1 table				E
		age				•	>

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

Schedule I (Form 990) (2011) GRACE TO YOU

Part IIIX Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
r					
4					
S					
9					
7 Part IV* Supplemental Information. Complete this part to		provide the information required in Part I	ion required in Par	, line 2, and any	other additional information.
Pt_I Line_2Grace_to_You_infrequently_		makes grants to	other organizations to	ations to assist	
with translation book/Bib	ion, book/Bib	<u>le distribution</u>	/_or_Bible_con	distribution, or Bible conference expenses.	
		_qrant_is_measured_by_the_fact_that	red_by_the_fac	t_that	
translation was	accomplish	ed, materials were distributed, or a	ere distribute	d or a conference	
<u>was held.</u>	1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	1 1 1 1 1 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: 		
					,
	 	 	1 1 1 1 1 1 1 1 1		
	; ; ; ; ; ; ;				
ВАА				-	Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

GRACE TO YOU

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number 95-3846510

Part I	Questions Regarding Compensation				
				Yes	No
1 a Ch VII	eck the appropriate box(es) if the organization provided any of t , Section A, line 1a Complete Part III to provide any relevant in	the following to or for a person listed in Form 990, Part formation regarding these items.			
X	First-class or charter travel	Housing allowance or residence for personal use			
X	Travel for companions	Payments for business use of personal residence			
X	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	ļ		l
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b If a	any of the boxes on line 1a are checked, did the organization fol mbursement or provision of all of the expenses described above	llow a written policy regarding payment or e? If 'No,' complete Part III to explain	1 b		<u>x</u>
2 Did tru	the organization require substantiation prior to reimbursing or stees, and the CEO/Executive Director, regarding the items che	allowing expenses incurred by all officers, directors, cked in line 1a?	2	х	
3 Ind CE es	licate which, if any, of the following the filing organization used O/Executive Director. Check all that apply. Do not check any boablish compensation of the CEO/Executive Director. Explain in	to establish the compensation of the organization's oxes for methods used by a related organization to Part III.			
	Compensation committee	Written employment contract			
X	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			,
4 Du	ring the year, did any person listed in Form 990, Part VII, Sectional related organization:	on A, line 1a with respect to the filing organization			
a Re	ceive a severance payment or change-of-control payment?		4a		X
b Pa	rticipate in, or receive payment from, a supplemental nonqualifi	ed retirement plan?	4b		Х
c Pa	rticipate in, or receive payment from, an equity-based compens	ation arrangement?	4c		X
lf '	Yes' to any of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part III.			
Or	ly section 501(c)(3) and 501(c)(4) organizations must complete	e lines 5-9.		`	
5 Fo	r persons listed in Form 990, Part VII, Section A, line 1a, did the ntingent on the revenues of:	e organization pay or accrue any compensation			
a Th	e organization?		5 a		X
b An	y related organization?		5b		X
If '	Yes' to line 5a or 5b, describe in Part III.				
6 Fo	r persons listed in Form 990, Part VII, Section A, line 1a, did the ntingent on the net earnings of	e organization pay or accrue any compensation			
a Th	e organization?		6a		~ X ~
b Ar	y related organization?		6ь		Х
lf '	Yes' to line 6a or 6b, describe in Part III				
7 Fo	r persons listed in Form 990, Part VII, Section A, line 1a, did the scribed in lines 5 and 6? If 'Yes,' describe in Part III	e organization provide any non-fixed payments not	7	Х	
8 We	ere any amounts reported in Form 990, Part VII, paid or accrued intract exception described in Regulations section 53 4958-4(a)(d pursuant to a contract that was subject to the initial 3)? If 'Yes,' describe in Part III	8		х
9 If '	Yes' to line 8, did the organization also follow the rebuttable prection 53 4958-6(c)?		9		

Page 2

95-3846510

Schedule J (Form 990) 2011 GRACE TO YOU

Part-IIs Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

	H	(B) Breakdown of W-2 and/or 1099-	W-2 and/or 1099-MISC	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(f) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	_ (e)	208,000.	157,813.	36,631		4,517.	406,961	0
1 John F. MacArthur, Jr.	(ii)		0	0.		0.	٥	0.
	Θ	174,376.	15,002.	1,778.	14,098.	15,873.	221,127	0
2 Phillip Johnson		0.	00	0.				0.
	0	152,784.	12,804.	3,348.	12,317.	-23.276.	204, 529.	0
3 Donald Green	(ii) 		0	0.		0.		0.
](u)	133,244.	10,445.	2,542.	10,850.	16,764.	$-\frac{1}{2}$	0
4 Rufus Harvey	(ii)		0	0		0.		0
]()	143,984.	11,291.	854.	11,575.	23,020.	$\frac{190}{4}$	0 = = = = = = = = = = = = = = = = = = =
5 Jay Flowers	(ii)		0	0.				0
	Θ	138,069.	10,825.	855.	11,101.	22,893.	183,743.	0
6 Bill Fickett	(ii)	0.	00	0.				0.
	_] (i)	119,714.	9,388	3,289.	 	$-\frac{16}{488}$.	158, 707.	0.
7 Miguel Contreras	(ii)	0	٥	0.				0
](<u>)</u>		 	 	 	 	 	
8	(ii)							
]())			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
6	Θ							
	(i)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	<u>(i)</u>							
	- ω		 	 		 	 	
11	<u>(i)</u>							
	<u> </u>	 	1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1
12	€							
	<u> </u>	1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
13	<u>(i)</u>							
	<u>-</u> (e)	1 1 1 1 1 1		1 1 1 1 1 1 1 1 1	# # ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14	(3)				:			
	<u> </u>	 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15	(3							
16	<u> </u>							
A				TEEA4102 01/2	01/24/12		Sche	Schedule J (Form 990) 2011

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GRACE TO YOU

Schedule J (Form 990) 2011

____First _class_travel: The organization only pays for the President to Pt_I_Line_la

_fly_first_class,_due_to_medical_necessity._ Pt_I Line_la _members_of_employees_to_travel_if_there_is_a_bona_fide_service_to_ Pt_I_Line_la

__travel for companions: The organization only pays for family

Pt_I Line la

the organization that the family member will perform during the Pt_I Line_la

trip. During the year, only 1 person was employed to travel with Pt_I Line la

their spouse. Pt_I_Line_la Gross-up payments: The organization has the policy of grossing up Pt_I_Line_la

_all_bonuses and similar compensation for all employees. Tha Pt_I Line_la

_additional compensation resulting from the calculation is also Pt_I_Line_la

There was no formal written policy on any item checked in la. First reported as taxable wages to the recipients. Pt_I Line_1a Pt_I Line_1b __or_business_class_travel_for_the_President_was_determined_by_ Pt_I Line_1b

_management_to_be_necessary_to_reduce_the_risk_of_a_potentially. Pt_I Line 1b _deadly_medical_condition_from_recurring. With respect to travel for Pt_I Line 1b

family members, proper hiring practices are followed and proper _ Pt_I Line_1b

__substantiation_of_all_expenses_incurred_is_required_in

Pt_I Line 1b

__accordance_with the organization's accountable_reimbursment_policy_ Pt_I_Line_1b

See Schedule J - Part III - Supplemental Information (Continuation Sheet)

BAA

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

GRACE TO YOU

Name of the organization

Employer identification number

95-3846510

Paπ I 🕸	Excess Benefit	ransactions (sec	tion 501(c)(3) a	and section 501	(c)(4) organız	ations only).
	Complete if the organ	ızatıon answered 'Yes	' on Form 990, Pa	rt IV, line 25a or 25	b, or Form 990-E	Z, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Cor	rected?
1	(7)	(-)	Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶\$ ► Ś

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part Ito Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-F7, Part V, line 38a

(a) Name of interested person and purpose		to or from	(c) Original principal amount	(d) Balance due	(e) in d	efault?	(f) App by box comm	ard or		/ritten ment?
	То	From			Yes	No	Yes	No	Yes	No
(1) Travis Allen Receivable for Personal		Х	5.	5.		X		Х		Х
(2) Miguel Contreras Receivable for Personal		Х	11.	11.		Х		Х		Х
(3) Donald Green Receivable for Personal		Х	40.	40.		X		X		Х
(4) Donald Green Receivable for Personal		Х	556.	556.		Х		Х		Х
(5) Rufus Harvey Receivable for Personal		Х	6.	6.		Х		Х		Х
(6) Rufus Harvey Receivable for Personal		X	344.	344.		Х		X		Х
(7) Rufus Harvey Receivable for Personal		X	133.	133.		Х		Х		Х
(8) Rufus Harvey Receivable for Personal		Х	69.	69.		Х		X		Х
(9) Rufus Harvey Receivable for Personal		X	439.	439.		Х		Х		Х
(10) See Schedule L, Part II (continued)										
Total			. ▶\$	5,595.	,		.,,	٠, ٠		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990. Part IV. line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Partival Business Transactions Invol					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zationi
(1) The Welch Group	>35% Entity	694 - 190	Post-Production and Graphic Design		X
(2) Jeremiah Johnson	Family Member		Employment	<u> </u>	X
(3)					
(4)					
(5)					
(6)				 	
<u>(7)</u> (8)				 	
(9)					
(10)				_	
Part V Supplemental Information					
Complete this part to provide additiona	I information for response	s to questions on Sched	lule L (see instructions).		
	oles listed in P				
Course or bo	isiness of the o	rganizacion. 1	He derailed		
reporting re	eflects the orga	nization's com	mitment to		
avoid_excess	<u>benefit transa</u>	ctions by regu	uring		
employees to					
	se which would o	therwise resul	t in		
	compensation.				
	oles from The We				
	sale at FMV of	some small ass	sets_of_the		
organization					
	to the MacArthu			-	
pre-paying t				==	
	their behalf.				
			out-of-pocket		
business_exp	penses paid by t	nose_employees	s and not yet		
reimbursed h	oy_the_organizat	ion at the end	l of the		
fiscal year	·				

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GRACE TO YOU

► Attach to Form 990.

Open To Public Inspection Employer identification number

95-3846510

Par	t I Types of Property	<u> </u>						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth- noncash	od of c contril	letermin	ing mounts
1	Art – Works of art							
2	Art - Historical treasures	1						
3	Art - Fractional interests							
4	Books and publications	Х		4,447.	FMV			
5	Clothing and household goods					•		
6	Cars and other vehicles							
7	Boats and planes				<u></u>			
8	Intellectual property							
9	Securities – Publicly traded .	Х	12	39,613.	FMV at	Don	ation	Date
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures .							
14	Qualified conservation contribution — Other							
15	Real estate - Residential							
16	Real estate - Commercial					-		
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Beneficial Interest in Trust)	Х	1	348,355.	Future	va.	lue	
26	Other ► (Bushels of Wheat)	Х	3	6,105.	Market	: Va	lue	
27	Other ► (Bushels of Corn)	X	2	719.	Market	. Va	lue	
28	Other ► (Bushels of Soybeans)	Х	1	1,243.	Market	: Va	lue	
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee	n during the Acknowledg	tax year for contribution	ns for which the	29-			- O.
							Yes	No
30 a	30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?							
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy	that require	es the review of any no	n-standard contribution	s?	31	Х	
32 a	Does the organization hire or use third parties or renoncash contributions?	_		ess, or sell		32 a	х	
b	If 'Yes,' describe in Part II							
33	If the organization did not report an amount in colu	mn (c) for a	type of property for wh	ich column (a) is check	.ed,			
	describe in Part II					ı		

and 33, and v	al Information. Complete this part to provide the information required by Part I, lines 30b, 32b, whether the organization is reporting in Part I, column (b), the number of contributions, the ems received, or a combination of both. Also complete this part for any additional information.
Pt_I_col(b)	All numbers are number of separate donations, not
	quantities of items.
Pt_I_Line_32b	GTY used a third party to dispose of a timeshare which
	the organization had been unable to sell for over 5 years.
	
<u> </u>	

95-3846510

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Schedule M (Form 990) 2011 GRACE TO YOU

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization		Employer identification number						
GRACE TO YOU		95-3846510						
Pt_VI,_Line_2_	Board President, John MacArthur, is related to	Board						
	Treasurer Matt MacArthur (son), and Board member	er, Mark						
	MacArthur (son).							
Pt_VI, Line 11a	The final Form 990 is distributed to all member	rs of the						
	Board, as well as members of the Audit Committee	ee_by						
	email. All members of the Audit Committee and s	select						
	members of the Board review the Form 990 and al	H						
	Schedules prior to filing the form. Also, prior	to the						
	filing of the form, it is reviewed by the CFO,	<u>the</u>						
	Managing Director, and the independent auditors	3 .						
Pt_VI,_Line_12c_	The organization's management constantly monitor	ors for any						
	conflicts of interest that may arise in the nor	rmal						
	_course of business. Additionally, the Audit Cor	mmittee						
	actively monitors and responds to the annual							
	questionnaires provided by members of the Board	d and key						
	employees. The organization's outside auditors	perform,						
_	as part of their annual examination, an evaluat	cion of						
	any transactions that have the potential to be	come-a						
	conflict of interest. Any potential conflicts are							
	brought to the attention of the management to be							
	appropriately addressed.							
Pt_VI, Line 15	The organization engages an independent compens	sation						
	study periodically to guide the independent men	mbers of						
	the Board of Directors in their determination	of						
	executive compensation. The Board uses the students	dy_to						
	guide their setting of compensation and their							

Schedule O (Form 990 or 99	00-EZ) 2011		Page 2
Name of the organization GRACE TO YOU		Employer identification number 95–3846510	
	deliberations and decisions are documented in t	he Board	
	minutes. The study covers all officers, key emp	oloyees,	- -
	and highest compensated employees. No parties v	with a	
	conflict of interest are part of any compensat:	ion	
	decision.		
Pt_VI,_Line_19	The organization makes it's governing documents	conflict	
	of interest policy, and financial statements a	vailable	
	to the public upon request. The most recent aud	dited	
	financial statement is also available on the		
	orgainzation's website.		
Pt_XI	Line 5: Unrealized gain on cash value of keyman	n_life	
	insurance policy.		
Pt_III, Line 3	The Organization held a Bible conference that w	was	
	significantly larger than previous conferences	·	
	Events of this scale will not be held every yes	ar.	
	Conferences and other events for constituents a	are	
	an extension of the Organization's tax-exempt		
	purpose.		
Part III, Line 40	d Other program services: Grace to You television	n_which	
	is broadcast in select_cable marketson-satel	lite, and	
	via the internet; cost of Bible Conferences.		
Part VI, Line 1b	In reporting the number of independent Board me	embers_as	
	7, both here and in Part I, Line 4, we have ex-	cluded	
	two Board members whom the organization treats		
	operationally as non-independent. Matthew MacA	rthur and	
	Mark MacArthur, as disclosed elsewhere on Schee	dule O,	
	are sons of Board President, John MacArthur. A	s_such,	

Schedule O (Form 990 or	· 990-EZ) 2011	Page 2
Name of the organization GRACE TO YOU		Employer identification number 95–3846510
,		
	they do not participate in any routine activit	les_or_the
	Board_which_require_disinterested_directors	
	Operational conflicts of interest are carefull	y_avoided
	in the conduct of their Board membership.	
	Additionally, Mark and Matt are brothers-in-la	w to Kory
	Welch, 100% owner of The Welch Group, as repor	ted_on
	Schedule L, Part IV.	·
Part VI, line 1	4 The organization is in the process of adopting	a
	document_retention_and_destruction_policy	
Part VII, Line la, Iter	n 13 Don Green served as Managing Directopr of Grac	e to You
	until April 15, 2012. He became a director on	the Board
	of Directors on May 21, 2012. All compensation	
	received was for his services as Managing Dire	ctor.
		-

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Other program services.
Expenses	1,236,693.	Grace to You television program which is
Grants Of	0.	broadcast in select cable markets, on satellite,
Revenue	480.	and via the internet; Bible Conferences
-		

Schedule O (Form 990), Supplemental information to Form 990 Form 990, Page 6, Line 17 (continued)

Arizona
California
Georgia
Hawaii
Maryland
Minnesota
Mississippi
New Hampshire
Tennessee
Wisconsin
West Virginia

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Schedule J · Part III Supplemental Information (continued)
Schedule J · Part III · Supplemental Information (Continuation Sheet)

Schedule L, Supplemental Information to Form 990 or 990-EZ Schedule L, Part II (continued)

	_				0											
6	(g) Written Agree-	ment?		s No	×	×	×	×	×	×	×	×	×	×	$\stackrel{\times}{-}$	
			돈		Ye										Щ	Ц
ε	Apprvd Poard	Board	or Com-	mittee?	No	X	×	×	X	×	×	×	×	×	X	×
_	Ap	8	ò	mıt	No Yes No Yes											
_	<u> </u>	De-	12		No	X	Х	X	X	X	×	X	X	X	X	×
(e)	드		fault?		Yes											
Ð	Balance Due					40.	25.	14.	13.	52.	2,453.	503.	330.	185.	207.	170.
<u></u>	Original	Principal	Amount			40.	25.	14.	13.	52.	5,958.	503.	330.	185.	207.	170.
(9)	Chk Loan to	or From	Bus Organ.	ization?	Frm	×	×	×	×	×	×	×				
	<u>د</u>	ò	Ō	ızı	잍								×	×	×	×
		= a	Bus							×	X	×				
	of Interested Person	ırpose		Purpose		Receivable for Personal Exp	Receivable for Personal Exp	ELAS Receivable for Personal Exp	CEAS Receivable for Personal Exp	eceivable for Services Ren	eceivable for Asset Purcha	eceivable for Asset Purcha	ayable for Expense Pre-Pay	Business Expense Payable	eras Business Expense Payable	Business Expense Payable
(a)	Name of Inter	and Purpose		Person		Phil Johnson	Phil Johnson	Miguel Contreras	Miquel Contreras	The Welch Group Receivable for Services Ren	The Welch Group Receivable for Asset Purcha	The Welch Group Receivable for Asset Purcha	Patricia MacArthur Payable for Expense Pre-Pay	Travis Allen B	Miguel Contreras	Jay Flowers B