## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2023 calenda	r year, or tax year beginning , 2023, and ending		, 20
В	Check if a	applicable:	D Employ	er identification number	
Ц	Address	ŭ	26-28	347262	
Н	Name ch	-	E Telepho		
H	Initial ret	urn/terminated	PO Box 301  City or town, state or province, country, and ZIP or foreign postal code	(804)	819-9205
	Amende		F Group	Exemption	
	Applicati	ion pending	McCordsville, IN 46055	Numbe	r
G	Account	ing Method:	Cash X Accrual Other (specify):	Check	if the organization is not
ı	Website	e: www.	gracefdn.org	required to	attach Schedule B
J	Tax-exer	mpt status (che	ck only one) - 🗵 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or 📗 527	(Form 990)	
K	Form of	organization:	▼ Corporation		
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
			500,000 or more, file Form 990 instead of Form 990-EZ		\$ 55,558
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instructio	ns for Part I)
			he organization used Schedule O to respond to any question in this Part I		
	1		, gifts, grants, and similar amounts received		55,471
	2		vice revenue including government fees and contracts		2
	3	•	dues and assessments		3
	4	•	come		1 87
	5a		nt from sale of assets other than inventory		
	b		other basis and sales expenses		
	C		) from sale of assets other than inventory (subtract line 5b from line 5a)	5	С
	6		fundraising events:		
	a	-	e from gaming (attach Schedule G if greater than		
Φ	_ ~		6a		
'n	b		e from fundraising events (not including \$ of contributions		
Revenue			ing events reported on line 1) (attach Schedule G if the		
			gross income and contributions exceeds \$15,000)   6b		
	С		expenses from gaming and fundraising events 6c		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	u				d
	7a		of inventory, less returns and allowances		u
	b		goods sold		
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		С
	8	•	e (describe in Schedule O)		3
	9		<b>ie</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		55,558
_	10		imilar amounts paid (list in Schedule O)		0 8,007
	11		to or for members		1
	12		er compensation, and employee benefits		2
S	13		fees and other payments to independent contractors		
nse.					
Expenses	14		ent, utilities, and maintenance		5
Ш	15	• .	ications, postage, and shipping		5 5 013
	16		ses (describe in Schedule O)	_	5,913
	17		ses. Add lines 10 through 16		7 22,020
w	18		eficit) for the year (subtract line 17 from line 9)	1	8 33,538
seti	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		
As	00	-	igure reported on prior year's return)		9 104,192
Net Assets	20	_	es in net assets or fund balances (explain in Schedule O)	_	0
_	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20	2	1 137,730

Form 99	00-EZ (2023) Grace International E	ducational Fdn		26-28	4726	52 Page
Part	`	,				
	Check if the organization used Schedule O to	o respond to any qu	estion in this Part II			[
			_	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments		F	103,114	22	136,652
23	Land and buildings		F	1,078	23	1,078
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			104,192	25	137,730
26 27	Total liabilities (describe in Schedule O)			0	26 27	0
Part	Net assets or fund balances (line 27 of column (B) m  III Statement of Program Service Accomplis			104,192	21	137,730
ı uıt	Check if the organization used Schedule O	•				Expenses
What is	s the organization's primary exempt purpose? Support				(Red	quired for section
					1	c)(3) and 501(c)(4)
	pe the organization's program service accomplishments for asured by expenses. In a clear and concise manner, descr				orga	nizations; optional fo
	s benefited, and other relevant information for each progra		ica, the mamber of			,
28	To financially support affordable, qu	uality, K-12 ed	ucation			
1	or children of Christian missionarie	es serving in A	sia.			
_						
<u>(</u>	Grants \$ 8,007 ) If this amoun	nt includes foreign grant	ts, check here	x	28a	17,981
29						
-						
-						
-	Grants \$ ) If this amoun	nt includes foreign grant	is, check here	· · · · · · · · <u> </u>	29a	
30	_					
=						
-	Grants \$ ) If this amoun	nt includes foreign grant	ts check here		30a	
-	Other program services (describe in Schedule O)				000	
	,	nt includes foreign grant			31a	
-	Total program service expenses (add lines 28a through				32	
Part					e inst	
	Check if the organization used Schedule O	to respond to any q	uestion in this Part	IV		[
		(b) Average	(c) Reportable	(d) Health benefits,		N Fatimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employed benefit plans, and	e (e	e) Estimated amount of other compensation
		devoted to position	1099-NEC)	deferred compensation		·
			(if not paid, enter -0-)			
	Foltz					
Chair		1.00	0	(	)	0
	Foltz	1 00				•
	Chairman Long	1.00	0		)	0
_	Long Ldent	1.00	0		5	0
	lle Thurston	1.00	0			<u> </u>
	surer	1.00	0		5	0
	<del>, 4</del>	1.30			_	
_						
		i contract of the contract of	i .	1	1	

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>. L</u>
22	Did the appropriation on the six		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22		
34	detailed description of each activity in Schedule O	33		Х
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			i
	change on Schedule O. See instructions	34		v
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		Х
ooa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		3.5
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		Х
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		3.5
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		Х
30	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	30		
ъга b	Did the organization file Form 1120-POL for this year?	37b		v
з8а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	3/10		Х
Joa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		37
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved	Joa		Х
b 39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
a	'	-		ĺ
b 400		-		ĺ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			ĺ
h	section 4911: ; section 4912: ; section 4955: ; section 4955: ; section 4958			i
b				ĺ
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		37
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		Х
С	on organization managers or disqualified persons during the year under sections 4912,			ĺ
	4955, and 4958			ĺ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			i
u	40c reimbursed by the organization			i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
C	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a convert this return in filed.	700		
42a	The organization's books are in care of: Bradley Favazza Telephone no. 804-8	19_9	205	
7 <b>2</b> 0	Located at: PO Box 301, McCordsville, IN ZIP+4 46055		203	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	х
	If "Yes," enter the name of the foreign country:	72.0		A
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			i
	Financial Accounts (FBAR).			ĺ
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
·	If "Yes," enter the name of the foreign country:	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here			Г
-10	and enter the amount of tax-exempt interest received or accrued during the tax year			• ∟
	and office the difficult of tax oxemptime correction decided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		100	
TTU	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		Λ
u	explanation in Schedule O	44d		
	одрішницоп піт обпочию О	770		
452	Did the organization have a controlled entity within the meaning of section 512/b\/13\2	452		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
45a b		45a 45b		x

Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 Х Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . . . . . Yes No 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E....... 48 x 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . . . . . . . . . . . . . 49a b 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Average (e) Estimated amount of contributions to employee (a) Name and title of each employee hours per week (Forms W-2/1099-MISC/ benefit plans, and deferred other compensation devoted to position 1099-NEC) compensation NONE Total number of other employees paid over \$100,000 . . . . . . . . . . . . 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000 . . . . . . . . . d 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Bradley Favazza Sign Signature of officer Date Here Bradley Favazza, Administrator Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check Paid self-employed Karl L Drake CPA Karl L Drake CPA 08-08-2024 P01233711 **Preparer** Firm's name Drake Certified Public Accountants Firm's EIN **Use Only** Firm's address 3775 Kimmel Road 517-937-9333 Horton MI 49246 Phone no. Yes X No May the IRS discuss this return with the preparer shown above? See instructions . . . . .

### **SCHEDULE A** (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection Employer identification number

		International Education					26-284726		
Par	t I	Reason for Public Cha	rity Status. (Al	ll organizations mus	st comple	ete this p	oart.) See instruction	ons.	
The o	rgaı	nization is not a private foundation be	ecause it is: (For lir	nes 1 through 12, check of	only one bo	x.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	Ш	A hospital or a cooperative hospital	l service organizat	ion described in <b>section</b>	170(b)(1)	(A)(iii).			
4	Ш	A medical research organization of	perated in conjunct	tion with a hospital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5	Ш	An organization operated for the be		r university owned or ope	erated by a	a governm	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	•						
6	Ц	A federal, state, or local governme	•						
7	Ш	An organization that normally receive	•		jovernmen	tal unit or f	rom the general public		
_	_	described in section 170(b)(1)(A)(		•					
8	X	· · · · · · · · · · · · · · · · · · ·							
9	Ш	An agricultural research organization				•	•	ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:	(4) (1)	20.4/20/. (*)					
10	Ш	An organization that normally received receipts from activities related to its						S	
		support from gross investment inco	me and unrelated b	business taxable income	(less secti	on 511 tax	) from businesses		
11	П	acquired by the organization after.  An organization organized and ope			•	,	1)		
12	H	An organization organized and ope						es of	
12	Ш	one or more publicly supported org	•	•					l-
		the box on lines 12a through 12d th		,			. , ,	i). Chec	ĸ
а		Type I. A supporting organizat	• •			•	•	vina	
u		the supported organization(s) the		•		•		viilg	
		supporting organization. You r				o all cotoro	or tradeoc or trio		
b		Type II. A supporting organiza	-			pported or	ganization(s), by havin	a	
_		control or management of the s	•					-	
		organization(s). You must cor		·			· · · · · · · · · · · · · · · · · · ·	-	
С		Type III functionally integrate	•		connection	with. and	functionally integrated	with.	
		its supported organization(s) (s		•				•	
d		Type III non-functionally inte	•	•				ion(s)	
		that is not functionally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	S	
		requirement (see instructions).	You must compl	ete Part IV, Sections A	and D, an	d Part V.			
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Type	III non-functionally	integrated supporting of	rganizatior	<b>).</b>			
f	Е	nter the number of supported organ	izations						
g	P	rovide the following information abo	ut the supported or	ganization(s).					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary		Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)		support (see structions)
				, , , , , , , , , , , , , , , , , , , ,		1	,		,
					Yes	No			
A)									
B)									
C)									
D)									
,									
E)									
Catal									

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	412,940	38,599	184,788	219,917	55,471	911,715
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	412,940	38,599	184,788	219,917	55,471	911,715
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)						607,607
6	Public support. Subtract line 5 from line 4.						304,108
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	412,940	38,599	184,788	219,917	55,471	911,715
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,244	238	162	92	57	1,793
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						913,508
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the o	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	:)(3)
	organization, check this box and stop he	•			•	•	, , ,
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6			1, column (f))		14	33.29 %
15	Public support percentage from 2022 Sch					15	38.20 %
16a	33 1/3% support test - 2023. If the organ					1/3% or more,	check this
	box and <b>stop here.</b> The organization qua						
b	33 1/3% support test - 2022. If the organ	nization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or m	nore, check
	this box and <b>stop here</b> . The organization	qualifies as a p	oublicly suppor	ted organizatio	n		<u>x</u>
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization			-	=		
b	10%-facts-and-circumstances test - 20						_
~	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	
	organization			-		-	
18	Private foundation. If the organization di						.ee
	instructions						_

EEA Schedule A (Form 990) 2023

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(d	2)(3)
	organization, check this box and stop her	•				•	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13, column (f))		15	%
16	Public support percentage from 2022 Scho		•			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organizati	=	-				
	line 18 is not more than 33 1/3%, check this bo						
20	<b>Private foundation.</b> If the organization did	-	_			-	
			,	,			

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
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ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
C	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>	30		
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<b>+</b> a		
b	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
		4c		
5a	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI.</b></i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	•		
•	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

raiti	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following paragraphs?		res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	Alternative Control of the control o		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ns)
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	tions)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	_u		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

<u>Sched</u> u	e A (Form 990) 2023 Grace International Educational Fdn		26-2847	262	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (expla	ain in <b>Part</b> \	VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ns A through	gh E.
Secti	on A - Adjusted Net Income		(A) Prior Year	` '	rent Year ional)
1	Net short-term capital gain	1		(-	,
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount	•	(A) Prior Year	` '	rent Year ional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
-	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount	1		Curre	nt Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			

emergency temporary reduction (see instructions). ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Schedule A (Form 990) 2023 EEA

4 5

6

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continue	d)	<u> </u>
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	าร	(iii) Distributable		

10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
ее	Excess from 2023			

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Grace International Educational Fdn 26-2847262 01. List of grants and similar amounts paid (Part I, line 10) Activity Program Service Relationship Grantee Amount 8,007 02. Description of other expenses (Part I, line 16) Description Amount 948 Advertising Office 1,342 2,227 Insurance Online Giving Fees 1,396

## Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer					EIN or SSN	
Grace Internation	nal Education	nal Fdn			26-2847262	
Name and title of officer or pe	erson subject to tax					
Bradley Favazza,						
Part I Type of I	Return and Re	turn Information				
3038-CP and Form 5330 3a, 4a, 5a, 6a, 7a, 8a, 9a	filers may enter do , or <b>10a</b> below, and <b>b</b> , or <b>10b</b> , whicheve <b>not</b> complete more	e using this Form 8879-TE and er llars and cents. For all other form I the amount on that line for the re er is applicable, blank (do not ent e than one line in Part I. b Total revenue, if any (For	ns, enter who eturn being t er -0-). But, i	ble dollars only. If filed with this form f you entered -0-	you check the box on the return, then each	on line <b>1a, 2a,</b> ave line <b>1b, 2b,</b> enter -0- on the
2a Form 990-EZ che	=	<b>b</b> Total revenue, if any (For				
3a Form 1120-POL	=	b Total tax (Form 1120-PO				
4a Form 990-PF che	=	b Tax based on investmer	. ,			4b
5a Form 8868 check	=	b Balance due (Form 8868				
6a Form 990-T chec	k here 🗌	<b>b Total tax</b> (Form 990-T, Pa				
7a Form 4720 check	chere $\Box$	b Total tax (Form 4720, Pa	rt III, line 1).			7b
8a Form 5227 check	k here $\square$	b FMV of assets at end of	tax year (Fo	orm 5227, Item D)		8b
9a Form 5330 check	k here	<b>b Tax due</b> (Form 5330, Par	t II, line 19).			9b
<b>10a Form 8038-CP</b> c		b Amount of credit payme				10b
		ture Authorization of Off				
Under penalties of perjury	, I declare that	☐ I am an officer of the above	•		subject to tax with	
of entity)						
complete. I further declare ntermediate service provacknowledgement of receive date of any refund. If a (direct debit) entry to the freturn, and the financial in 1-888-353-4537 no later to	ider, transmitter, or eipt or reason for re applicable, I authori inancial institution a stitution to debit the han 2 business day	electronic return originator (ERC jection of the transmission, <b>(b)</b> the ze the U.S. Treasury and its designation in the tax prepare entry to this account. To revoke a syring to the payment (settlement)	ne reason for gnated Finar ration softwa a payment, I t) date. I also	any delay in producial Agent to initial re for payment of t must contact the U coauthorize the final	essing the return on te an electronic fund he federal taxes own I.S. Treasury Finance ancial institutions inv	r refund, and <b>(c)</b> ds withdrawal ed on this cial Agent at volved in the
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