DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
13	2 - A/C UNITS CLOTHING BOUTIQUE	167.	200.	-33.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

	70 FAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS (DEPT 1)														
2	BUILDING * 990 PAGE 10 TOTAL -	06/16/21	SL	40.00		16	357,500.				357,500.	13,034.		8,938.	21,972.
	BUILDINGS (DEPT 1)						357,500.				357,500.	13,034.		8,938.	21,972.
	COMPUTER SOFTWARE (DEPT 2)														
4	(D)COMPUTER SOFTWARE NFG	12/31/20	SL	10.00		16	3,600.				3,600.	3,600.		0.	3,600.
5		08/24/21	SL	3.00		16	3,600.				3,600.	1,700.		0.	1,700.
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE (DEPT 2)						7,200.				7,200.	5,300.		0.	5,300.
	FURNITURE AND EQUIPMENT (DEPT 4)														
7	FY20 FURN & EQUIP	12/31/20	SL	10.00	:	16	50,087.				50,087.	10,017.		5,009.	15,026.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT (DEP						50,087.				50,087.	10,017.		5,009.	15,026.
	LAND (DEPT 5)														
9	LAND	06/16/21	L	.000			742,500.				742,500.			0.	
	* 990 PAGE 10 TOTAL - LAND (DEPT 5)						742,500.				742,500.	0.		0.	0.
	LEASEHOLD IMPROVEMENTS (DEPT 6)														
11	CARPETS	06/01/21	SL	5.00		16	6,700.				6,700.	2,122.		1,340.	3,462.
12	FY20 LEASEHOLD IMPROVEMENTS	12/31/20	SL	5.00		16	21,535.				21,535.	8,614.		4,307.	12,921.
13	2 - A/C UNITS CLOTHING BOUTIQUE	10/12/23	SL	39.00		16	31,259.				31,259.			200.	200.
14	NEW ROOF	09/29/23	SL	39.00		16	73,900.				73,900.			474.	474.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS (DEPT						133,394.				133,394.	10,736.		6,321.	17,057.
	* GRAND TOTAL 990 PAGE 10 DEPR						.,290,681.				1,290,681.	39,087.		20,268.	59,355.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						.,185,522.			0.	1,185,522.	39,087.			58,681.
	ACQUISITIONS						105,159.			0.	105,159.	0.			674.
	DISPOSITIONS/RETIRED						7,200.			0.	7,200.	5,300.			5,300.
	ENDING BALANCE						,283,481.			0.	1,283,481.	33,787.			54,055.
	ENDING ACCUM DEPR LESS DISPOSITIONS											54,055.			
	ENDING BOOK VALUE										1	,229,426.			

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GRACEWAY VILLAGE INC

Asset No.	Description	Da Acqı	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS (DEPT 1)												
		061	621	SL	40.00	16	357,500.			357,500.	13,034.		8,938.
	* 990 PAGE 10 TOTAL - BUILDINGS (DEPT 1						357,500.		0.	357,500.	13,034.		8,938.
	COMPUTER SOFTWARE (DEPT 2)									,	, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(D)COMPUTER	123	120	SL	10.00	16	3,600.			3,600.	3,600.		0.
5	(D)COMPUTER SOFTWARE AIO	082	421	ST.	3.00	16	3,600.			3,600.	1,700.		0.
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE	002	72.1		3.00	10	7,200.		0.	7,200.	5,300.		0.
	FURNITURE AND EQUIPMENT (DEPT 4)						77=000			.,,=			Ç.
7		123	120	SL	10.00	16	50,087.			50,087.	10,017.		5,009.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQU						50,087.		0.	50,087.	10,017.		5,009.
	LAND (DEPT 5)												
		061	621	L	.000		742,500.			742,500.			0.
	* 990 PAGE 10 TOTAL - LAND (DEPT 5)						742,500.		0.	742,500.	0.		0.
	LEASEHOLD IMPROVEMENTS (DEPT												
11	CARPETS	060	121	SL	5.00	16	6,700.			6,700.	2,122.		1,340.
12		123	120	SL	5.00	16	21,535.			21,535.	8,614.		4,307.
	2 - A/C UNITS CLOTHING BOUTIQUE	101	223	SL	39.00	16	31,259.			31,259.			200.
14	NEW ROOF	092	923	SL	39.00	16	73,900.			73,900.			474.

- CURRENT YEAR FEDERAL - GRACEWAY VILLAGE INC

Asset No.	Description	D Acq)ate quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVE						133,394.		0.	133,394.	10,736.		6,321.
	* GRAND TOTAL 990 PAGE 10 DEPR						1290681.		0.	1290681.	39,087.		20,268.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						1185522.		0.	1185522.	39,087.		
	ACQUISITIONS						105,159.		0.	105,159.	0.		
	DISPOSITIONS						7,200.		0.	7,200.	5,300.		
	ENDING BALANCE						1283481.		0.	1283481.	33,787.		

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN GRACEWAY VILLAGE INC 27-0890615 Name and title of officer or person subject to tax JUSTIN CASE TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. $\underline{\mathbb{K}}$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b $\underline{1,132,923}$. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize OFFUTT BARTON SCHLITT, LLC 70530 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 65262132963 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 09/06/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of	the forms	
listed b	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts.	An extensior	ı
reques	t for Form 8870 must be sent to the IRS in a paper format ((see instrud	ctions). For more details on the elect	ronic filin	g of Form	
8868, v	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-	profits.				
Caution	n: If you are going to make an electronic funds withdrawal ((direct deb	it) with this Form 8868, see Form 84	53-TE an	d Form 8879	TE for payment
instruc	tions.					
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
<u>must u</u>	se Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I -	Identification					
Type o	r Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identificatio	on number (TIN)
Print						
File by the	GRACEWAY VILLAGE INC				27-08	90615
due date	for Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
filing your return. Se						
instructio	511), 15111 51 post 511155, 51415, 4114 ±11 55451 751 415	reign addr	ress, see instructions.			
	FORT PIERCE, FL 34947					
Enter tl	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			<u> 01</u>
Applica	ation Is For	Return	Application Is For			Return
		Code				Code
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4	720 (individual)	03	Form 5227			10
Form 9	90-PF	04	Form 6069			11
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 9	90-T (trust other than above)	06	Form 5330 (individual)			13
Form 9	90-T (corporation)	07	Form 5330 (other than individual)			14
Form 1	041-A	08				
After	you enter your Return Code, complete either Part II or Par	t III. Part III	l, including signature, is applicable o	nly for ar	extension o	f
time to	file Form 5330.					
If this	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
F	Plan Name					
F	Plan Number		<u></u>			
F	Plan Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File for Exempt Organ		ee instructions)			
The	books are in the care of CHRYSTAL NETHERTO			_		
) – FC	ORT PIERCE, FL 3494	.7		
	phone No. (877)472-2311		Fax No.			
	e organization does not have an office or place of business					
• If th	is is for a Group Return, enter the organization's four-digit (_				
box	. If it is for part of the group, check this box		ch a list with the names and TINs of			
	request an automatic 6-month extension of time until $\ \ \underline{N0}$		· · · · · · · · · · · · · · · · · · ·	e the exer	npt organiza	tion return for
t	he organization named above. The extension is for the orga	anization's	return for:			
2	calendar year 20 23 or					
L	tax year beginning	, 20 _	, and ending			, 20
2 1	f the tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Final retu	rn	
L	Change in accounting period				1	
3a li	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			-
_	ny nonrefundable credits. See instructions.			3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	•				-
_	stimated tax payments made. Include any prior year overp			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa	•				_
	ising FFTPS (Flectronic Federal Tax Payment System). See	instruction	ns	3c	l \$	0.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A 1	OI LITE	2023 Calefidar year, or tax year beginning	enung					
	heck if	C Name of organization		D Employer identific	cation number			
	Addres	GRACEWAY VILLAGE INC						
	Name change	Doing business as		27-089063	15			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1 — · · · · · · · · · · · · · · · · · ·				
	return/ termin-	1780 HARTMAN ROAD		(877) 473				
_	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,134,500.			
	return	FORT PIERCE, FL 34947		H(a) Is this a group re				
	tion pendin	F Name and address of principal officer: UUSIIN CASE	•	for subordinates				
		9 1780 HARTMAN RD, FORT PIERCE, FL 34947		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	list. See instructions			
_	Vebsit			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 2009 N	1 State of legal domicile; FL			
Pč	art I	Summary	TDE 61	OBUITNO BOOK	AND OFFICE			
Governance		Briefly describe the organization's mission or most significant activities: PROV BASIC NEEDS TO QUALIFIED INDIVIDUALS AND			O AND OTHER			
nar	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.			
Ver	3			3	10			
ၓ	l	Number of independent voting members of the governing body (Part VI, line 1b)			10			
ა ა		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9			
iţie	I	Total number of volunteers (estimate if necessary)			3693			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)		784,919.	1,106,218.			
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,065.	3,583.			
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,912.	23,122.			
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		821,896.	1,132,923.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		220,434.	209,027.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ě	b ·	Total fundraising expenses (Part IX, column (D), line 25)	26.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		430,282.	459,690.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		650,716.	668,717.			
		Revenue less expenses. Subtract line 18 from line 12		171,180.	464,206.			
Net Assets or			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,689,970.	2,222,812.			
t As	21	Total liabilities (Part X, line 26)		3,422.	16,866.			
		Net assets or fund balances. Subtract line 21 from line 20		1,686,548.	2,205,946.			
	art II	Signature Block			 			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.				
		Signature of officer		l Date				
Sigı 				Date				
Her	е	JUSTIN CASE, TREASURER Type or print name and title						
				Date Check	PTIN			
Da!d		Print/Type preparer's name Preparer's signature						
Paid		WILLIAM F. SCHLITT	Į.	9/06/24 self-employe	P00854938 6-1585527			
	arer	Firm's name OFFUTT BARTON SCHLITT, LLC Firm's address 570 BEACHLAND BLVD.		Firm's EIN 4	0-1303341			
บริย	Only	Firm's address 570 BEACHLAND BLVD. VERO BEACH, FL 32963		Phone no. (7	72) 231-2100			
N/a:	, the IT	•		Prilone no. (7				
		S discuss this return with the preparer shown above? See instructions Paperwork Reduction Act Notice, see the separate instructions. 332001 1	0.01.00		X Yes No Form 990 (2023)			
∟⊓⁄-	· FOI	Paperwork Reduction Act Notice, see the separate instructions. 332001 1	2-21-23		1 01111 000 (2023)			

Га	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: PROVIDES CLOTHING, FOOD AND OTHER BASIC NEEDS TO QUALIFIED INDIVI	
	AND FAMILIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 593,845. including grants of \$) (Revenue \$) OUTREACH TO QUALIFIED INDIVIDUALS AND FAMILIES)
	46.065	,
4b	(Code:) (Expenses \$ 46,965. including grants of \$) (Revenue \$))
_		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 640,810.	
		Form 990 (2023)

Form 990 (2023) GRACEWAY VILLAGE INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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 Rev. Proc. 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	<u> </u>		
U	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,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 other assistance to or for any	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form 990 (2023) GRACEWAY VILLAGE INC
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
	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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α.
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	150		<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	· <u> </u>	· <u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	X	<u> </u>
22200	4 10 21 22	Eorm	990	(2023)

023) GRACEWAY VILLAGE INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	 		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
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		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	١.,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		
b				
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

GRACEWAY VILLAGE INC 27-0890615 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** 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 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X 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 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a

exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	FL

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Other officers or key employees of the organization

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records CHRYSTAL NETHERTON - (877)472-2311

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

1780 HARTMAN ROAD, FORT PIERCE, FL 34947

Form **990** (2023)

Х

Х

15b

16a

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization r		orga	niza			nper	sate			r
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box offi	, unle cer ar	ss pei	rson i irecto	is both or/trus	n an tee)	compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direct				٥		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	ll trus	nal tri		loyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEE HOLLEY	3 • 0 0	Ĕ	Ë	₩	-S	를' 등	훈			
(1) LEE HOLLEY CHAIR	3.00	X		х				0.	0.	_
(2) SILVANA CUADRADO	2.00	Λ		^		\vdash		· ·	0.	0.
VICE CHAIR	2.00	X		х				0.	0.	0.
(3) JUSTIN CASE	2.00	^		^				0.	0.	· ·
TREASURER	2.00	X		х				0.	0.	0.
(4) MICHELLE FRANKLIN	2.00	Α		Δ		\vdash		0.	<u></u>	<u></u>
SECRETARY	2.00	x		Х				0.	0.	0.
(5) MARY BETH CULLINS	1.00					\vdash		•	•	•
BOARD MEMBER	1100	х						0.	0.	0.
(6) JOLIEN CARABALLO	1.00									
BOARD MEMBER		х						0.	0.	0.
(7) BRIANNA MAST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JAMES THOMAS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CYNTHIA PORTIER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MYISHEA WHITE	1.00									
BOARD MEMBER		Х						0.	0.	0.
						_				
		1								
						_				
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		_				_				
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		-								

	VILLAGE	: I	NC						27-089	0615 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloye	ees,	and	Hig	jhes	t C	ompensated Employee	s (continued)	_
(A) Name and title	(B) Average hours per week	box, offic	not ch unles cer an	s per	tion nore t son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal								0.	0	
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								0. 0. ceived more than \$100.	0 0 000 of reportable	
compensation from the organization										Yes No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	such individual									3 X
 4 For any individual listed on line 1a, is the sand related organizations greater than \$15 5 Did any person listed on line 1a receive or 	50,000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		4 X
rendered to the organization? If "Yes." co Section B. Independent Contractors										5 X
Complete this table for your five highest of the organization. Report compensation for								the organization's tax y		
(A) Name and busines	s address	NC	NE	<u> </u>				(B) Description of s	ervices	(C) Compensation
Total number of independent contractors \$100,000 of compensation from the organ	. •	ot lin	nited	l to t	hos 0		ed	above) who received mo	ore than	Form 990 (2023)

27-0890615

I a		7 111	Check if Schedule O c		nea i	or note to any lin	a in this Part VIII			
			Oncok ii Goricadic O G	oritains a respe	7130	or riote to arry iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in li	ibutions) 1d grants, and above 1f	\$	29,111. 76,800. 000,307.	1,106,218.			
<u> </u>		-				Business Code				
Program Service Revenue	2	a b c d								
Pro		e f	All other program service r	rovonuo	_					
		 g Total. Add lines 2a-2f 3 Investment income (including dividends, interested other similar amounts) 4 Income from investment of tax-exempt bond presented in the following statement of tax-exempt below the following statement of tax-exempt below the following statement of tax-exempt below to tax-exempt below to tax-exempt below to tax-exempt below to tax-exempt below the following statement of tax-exempt below to tax-exempt bellow to tax-exempt below to tax-exempt below to tax-exempt below				est, and roceeds	3,583.	3,583.		
	5	,	Royalties							
	6	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Rea 6a 7,20 6b 7,20	0.	(ii) Personal				
			Net rental income or (loss)				7,200.	7,200.		
	7		Gross amount from sales of assets other than inventory	(i) Securi		(ii) Other	7,2000	7,2000		
Revenue		С	Gain or (loss)	7b 7c						
Other Re	8		Net gain or (loss)							
			contributions reported on Part IV, line 18		8a	1,577. 1,577.				
		b		fundraising avai	8b	1,3//•	0.			
	9	а	Net income or (loss) from f Gross income from gaming Part IV, line 19				<u> </u>			
		b	Less: direct expenses		9b					
		С	Net income or (loss) from (gaming activitie	s					
	10		Gross sales of inventory, leand allowances		10a					
			Net income or (loss) from s		ry					
S				<u> </u>		Business Code				
Miscellaneous Revenue	11	а	REALIZED GAIN				12,549.	12,549.		
lane		b	UNREALIZED GA	IN			3,373.	3,373.		
Sev		c								
Σ			All other revenue				15,922.			
	40		Total rayanua Can instructio				1,132,923.	26,705.	0.	0.
	12		Total revenue. See instruction	ııs			<u>r, r, a, a,</u>	1 40,100.	1 0.	ı 0•

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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) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 194,160. 186,215. 7,945. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14,867. 14,219. 648. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 28,960. 28,343. 231. 386. Advertising and promotion 12 12,317. 9,447. 2,835. Office expenses 13 Information technology 14 15 Royalties 1,500. 1,500. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 20,267. 15,200. 4,864. 203. 22 Depreciation, depletion, and amortization 16,156. 12,329. 3,827. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 210,059. 210,059. IN-KIND GOODS 95,442.**PROGRAM** 95,442. 23,965. 23,791. REPAIRS AND MAINTENANCE 174. 22,712. 22,712. UTILITIES 28,312.SEE SCH O 21.553. 6,757. All other expenses 668,717. 640,810. 27,281. 626. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

<u> </u>	t X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			302,462.	1	818,760
	2	Savings and temporary cash investments			185,859.	2	50,647
	3	Pledges and grants receivable, net			3	8,400	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	sons (as defined				
		under section 4958(f)(1)), and persons describe		6			
ပ္	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			4,062.	9	7,501
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,283,481.			
	b	Less: accumulated depreciation		54,054.	1,171,767.	10c	1,229,427
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		25,820.	15	108,077	
_	16	Total assets. Add lines 1 through 15 (must equ			1,689,970.	16	2,222,812
	17	Accounts payable and accrued expenses	3,422.	17	11,858		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u> </u>		controlled entity or family member of any of the	-	·····		22	
-	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	s 17-24).	Complete Part X	0.	25	5,008
	06	of Schedule D			3,422.	26	16,866
┪	26	Total liabilities. Add lines 17 through 25	ook boro	X	J,422.	26	10,000
g 		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	eck nere				
ဗ္	27				1,604,325.	27	1,747,292
<u>a</u>	28	Net assets with donor restrictions			82,223.	28	458,654
<u> </u>	20	Organizations that do not follow FASB ASC 9			02,223.	20	130,031
틸		and complete lines 29 through 33.					
<u>-</u>	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or e				30	
18S	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,686,548.	32	2,205,946
→	52	Total liabilities and net assets/fund balances		·····	1,689,970.	33	2,222,812

Pa	rt XI Reconciliation of Net Assets				.gc
	Check if Schedule O contains a response or note to any line in this Part XI				
	Oncok ii Odneddie O contains a response of note to any line iir this r art Xi	····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,13	2.9	23.
2	Total expenses (must equal Part IX, column (A), line 25)	2			17.
3	Revenue less expenses. Subtract line 2 from line 1	3			06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,68		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	5	55,1	92.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,20	5,9	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
_		oudit			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on Sch				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Juui c U.			
oa	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,			990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GRACEWAY VILLAGE INC 27-0890615 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

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

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

Sed	etion A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not				• •	• •	
	include any "unusual grants.")	206,919.	749,074.	1582909.	788,202.	1077107.	4404211.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	206,919.	749,074.	1582909.	788,202.	1077107.	4404211.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4404211.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	206,919.	749,074.	1582909.	788,202.	1077107.	4404211.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	115.	20.	688.	4,065.	3,583.	8,471.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	115.	20.	688.	4,065.	3,583.	8,471.
	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.)	207,034.	749,094.	1583597.	792,267.	1080690.	4412682.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here		•				<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2023 (li		•	olumn (f))		15	99.81 %
	Public support percentage from 2022 etion D. Computation of Inves					16	99.86 %
	·			40 1 (0)		4.7	10 %
	Investment income percentage for 20	•	_ ``` *			17	.19 % .14 %
	Investment income percentage from 2			on line 14, and line		18 3 1/20/ and line 17	
	33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	ïes as a publicly su	upported organizat	tion	X
b	33 1/3% support tests - 2022. If the	· ·				*	
	line 18 is not more than 33 1/3%, che Private foundation. If the organization		•	•		•	

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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 Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
_	A /Farm	~ 000	2002

Schedule A (Form 990) 2023

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Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	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		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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 Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (See Instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

emergency temporary reduction (see instructions)

instructions).

6

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GRACEWAY VILLAGE INC 27-0890615 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

GRACEWAY VILLAGE INC

27-0890615

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERNARD EGAN FOUNDATION 1900 OLD DIXIE HWY FORT PIERCE, FL 34946	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVIS FAMILY ALTRUISTIC 600 CITRUS AVE STE 200 FORT PIERCE, FL 34950	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM AND ESTELLE TURNEY 12000 SW OAKWATER CT PORT ST. LUCIE, FL 34987	\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 LOUIS AND PRISCILLA HAYNES 1850 BAY RD APT 1D VERO BEACH, FL 32960	Total contributions \$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE LAURA & ISAAC PERLMUTTER FOUNDATION, INC. PO BOX 1028 LAKE WORTH BEACH, FL 33460	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PETER C KERN FAMILY FOUNDATION 10279 FM 455 EAST PILOT POINT, TX 76258	\$	Person X Payroll

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Name of organization

Employer identification number

GRACEWAY VILLAGE INC

27-0890615

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 4

Name of organization **Employer identification number** GRACEWAY VILLAGE INC 27-0890615 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

GRACEWAY VILLAGE INC

Employer identification number 27-0890615

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	Accounts. Complete if the
	organization answered Tes On Form 990, Fait IV, link	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	()		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	in donor advised fu	nds
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
J	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		•	
Pai				
1	Purpose(s) of conservation easements held by the organization		,	,
-	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat			rtified historic structure
	Preservation of open space		1 10001 Valion of a 00	Timed motorio di dotale
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribut	ion in the form of a c	conservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				<u> </u>
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year	, ,	, ,	Ç
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		n, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	f section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.	A	0.11	O: 11 A
Pai	t III Organizations Maintaining Collections of	-	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	•		ance of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			, provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			4
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

a Public exhibition and provides a conjunctation accession, and other records, check any of the following that make significant use of its collections times (check all that apply). a Public exhibition	Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othei	· Simila	ır Assets	(contii	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make si	gnificant	use of its			
b Scholarly research e Preservation for Nuture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Purpose of the organization and the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. If it is destinated by ear an advantage of the customer of the organization and the part XIII and complete the following table: Contributions		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 2 During the year, did the organization to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X. 1b If "exe," explain the arrangement in Part XIII and complete the following table: 1c Id Additions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? 2 Part V Endowment FundS Complete if the organization answered "Yes" on Form 990, Part X, line 10. 2 Part V Endowment FundS Complete if the organization answered "Yes" on Form 990, Part X, line 10. 2 Part V Endowment FundS Complete if the organization answered "Yes" on Form 990, Part X, line 10. 3 Beginning of year balance 2 S, 32.0,	а	Public exhibition	d	L	Loan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets To be solid to raise funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or severe donation to not form 990, Part X, line 21. To be solid to raise funds after than 10 be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or severe donation in the possession of the organization answered "Yes" on Form 990, Part IV, line 9, or severe donation and the severe donation of the funds of the severe donation of the	b	Scholarly research	е		Other							
5	С	Preservation for future generations										
To be sold for raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Inc.	4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organizatio	n's exen	npt purpo	ose in Part	XIII.		
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets		_		_
Teported an amount on Form 990, Part X, line 21. Yes												No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			te if the o	organization	answered "	Yes" on I	Form 990), Part IV, li	ne 9, or		
on Form 990, Part X?		reported an amount on Form 990, Pai	t X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a		•	,					_	_	_	_
C Beginning balance 1c									L	Yes		No
C Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:				1			
Additions during the year Ending balance Section Forward Forward Section								-		Amoun	t	
Example Distributions during the year Example Ex												
triding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	d											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No in Yves, explain the arrangement in Part XIII. Oheck here if the explanation has been provided in Part XIII. Part V Interverse (Part Ves, Form 990, Part X, line 10. Can be compared to the explanation has been provided in Part XIII. Part V Interverse (Part Ves, Form 990, Part X, line 10. Can be compared to the explanation has been provided in Part XIII. Part V Interverse (Part Ves, Form 990, Part X, line 10. Can be compared to the explanation of the explanation has been provided in Part XIII. Part Ves, explain the arrangement in Part XIII. Par	е											
Bo If V'es," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.										٦.,		
Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_						ity?	L	」 Yes		」No □
Contributions												
1a Beginning of year balance 25,820.	ı uı	Endowment I and Complete II							veare hack	(a) Four	r veare	hack
b Contributions	4.	Designing of year balance		(6)	noi yeai	(C) TWO yea	13 Dack	(u) IIIICC	ycars back	(e) i ou	yoars	Dack
C Net investment earnings, gains, and losses 3,744.	_		25,020.				+					
d Grants or scholarships	D		3 744				+					
Part VI Description of property Cap Description of property Description of propert	C	~ . ~ .	5,744.				+					
and programs												
f Administrative expenses 29,564.	е											
g End of year balance 29,564.												
Permit VI Land, Buildings, and Equipment Land, Buildings, and Equipment Land, Buildings, and Equipment Land Buildings, and Equipment Land Buildings Land			29 564									
a Board designated or quasi-endowment	_			lino 1a	column (a)) hold as:						
b Permanent endowment			4 4 4 4		, coluitiii (a)	ij lielu as.						
c Term endowment	_											
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings 1a Land 1b Buildings 1c Leasehold improvements Ceasehold improvemen												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Elated organizations (iv) Elated organiza	Ŭ											
Vest	За		•	tion that	are held ar	nd administer	ed for th	e				
(i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		•						_			Yes	No
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 742,500. 742,500. 742,500. b Buildings 357,500. 21,972. 335,528. c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.		-								3a(i)	Х	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 742,500. The part XIII the intended uses of the organization's endowment funds. (b) Cost or other basis (other) (c) Accumulated depreciation 742,500. 742,500. The part XIII the intended uses of the organization's endowment funds. (d) Book value 1a Land 742,500. 1a Land 742,500. 1a Land 1a		(m) = 1 · · · · · · · ·								<u> </u>		X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements C Leasehold improvements E Land C Leasehold improvements C Omplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) C Description of property (a) Cost or other basis (other) C Description of property (b) Cost or other basis (other) C Description of property (c) Accumulated depreciation 742,500. 742,500. 742,500. 133,394. 17,057. 116,337. 15,025. 35,062. E Other	b											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 742,500. 742,500. b Buildings 357,500. 21,972. 335,528. c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 742,500. 742,500. 742,500. b Buildings 357,500. 21,972. 335,528. c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.	Pai	t VI Land, Buildings, and Equipm	ent									
ta Land basis (investment) basis (other) depreciation b Buildings 357,500. 21,972. 335,528. c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.		Complete if the organization answered	d "Yes" on Form 990	, Part IV,	, line 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings 357,500. 21,972. 335,528. c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.		Description of property	1 ' '						I .	(d) Boo	k valu	е
b Buildings 357,500. 21,972. 335,528. c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.	1a	Land			74	2,500.				74	2,5	00.
c Leasehold improvements 133,394. 17,057. 116,337. d Equipment 50,087. 15,025. 35,062. e Other 0.								21,9	72.			
d Equipment 50,087. 15,025. 35,062. e Other 0.												
e Other	d											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))												
	Tota	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, line 10	Oc. column	(B))				1,22	9,4	27.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GRACEWAY VII	LAGE INC	27	7-0890615 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		1	
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		+	
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	·		, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL LIABILITIE	S		5,008.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			F 000
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		5,008.

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

Schedule D (Form 990) 2023

	rt XI Reconciliation of Revenue per Audited Finance			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stater	nents	1	1,132,923.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	J			0.
3	Subtract line 2e from line 1		3	1,132,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	,			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part	I, line 12.)	5	1,132,923.
Pa	rt XII Reconciliation of Expenses per Audited Finar	•	es per Return	
	Complete if the organization answered "Yes" on Form 990,			CCO 717
1	Total expenses and losses per audited financial statements		1	668,717.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a				
b				
С.				
d	,			0
e	J			0. 668,717.
3	Subtract line 2e from line 1		3	000,717.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	,			
b	,		40	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Pa			668,717.
	rt XIII Supplemental Information	rt I, II/Ie 18.)		000/11/0
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, line	s 1a and 4: Part IV lines 1b and 2b: Par	t V line 4 [.] Part X	line 2: Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		c v, mio i, i aici,	
	za ana 15, ana 1 ar / miso za ana 15. / mos complete the part to	orovido driy additional illionilation.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

lame of the organization						Employer ide	ntification number
	Y VILLAGE INC					27-0890	615
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" on	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Total							
List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990-	EZ, lines 1 and 6b. List 6	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BUTTERFLY		NONE	(add col. (a) through
			KISSES			
			(event type)	(event type)	(total number)	col. (c))
ine			71 /	71 /	,	
Revenue	1	Gross receipts	30,688.			30,688.
ш	_	Local Centributions	29,111.			29,111.
	2	Less: Contributions	29,111.			29,111.
	3	Gross income (line 1 minus line 2)	1,577.			1,577.
	4	Cash prizes				
	·	Guar p.1256				
	5	Noncash prizes				
es	_					
Direct Expenses	6	Rent/facility costs				
τĒ	_					
irec	′	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				1,577.
	10		•		I	1,577.
		Net income summary. Subtract line 10 from I	()			0.
Pa	rt I	Gaming. Complete if the organization		990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Discus	(b) Pull tabs/instant	(-) (0)	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ě.						
ă	1	Gross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
ectE	4	Rent/facility costs				
Ë	·					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	a E in column (d)			
	′	bliect expense summary. Add lines 2 timough	13 iii colulliii (u)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re				. Yes No
b	IT "	Yes," explain:				
	_					
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 GRACEWAY VILLAGE INC 2	7 - 08	390	<u>615</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		— ,	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
_	If "Yes," enter name and address of the third party:				
·	in 165, enter hame and address of the tillid party.				
	None				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	<u> </u>				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	he			
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part	III. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ia i aic	,	00 0, 1	, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.				

Schedule G	(Form 990)	GRACEWAY	VILLAGE	INC	27-0890615	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continue	d)			
		Continue	<u>u</u>			
			<u></u>		 	<u></u>
			<u></u>		 	
_						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	GRACEWAY VILI	LAGE I	NC			27-08	390	615	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of det ncash contribut			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		31,929.	FMV				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous	X	1	303,215.	FMV				
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	X	1	178,130.	FMV				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organize	-							
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement 29					
						r		Yes	No
30a	During the year, did the organization receive by			•		at it			
	must hold for at least 3 years from the date of t			· · · · · · · · · · · · · · · · · · ·					37
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.				0				37
31	Does the organization have a gift acceptance p	-	•	•	tions?		31		X
32a	Does the organization hire or use third parties of		•	• •					v
	contributions?					h	32a		X
	If "Yes," describe in Part II.	-l		. fam	امماد	I			
33	If the organization didn't report an amount in co	Diumn (C) foi	r a type of property	ior which column (a) is chec	скеа,				

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

Schedule M (Form 990) 2023

332142 09-11-23

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. Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GRACEWAY VILLAGE INC

Employer identification number 27-0890615

GRACEWAY VILLAGE INC	27-0890615
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TREASURER AND MANAGER REVIEW THE RETURN AND THEN PROVI	DE COPIES TO THE
BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A REVIEW IS COMPLETED BY THE BOARD MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD REVIEWS THE CEO SALARY AT AN ANNUAL BOARD MEETING	G
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	:
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	9,700.
MANAGEMENT AND GENERAL EXPENSES	6,661.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,361.
OTHER:	
PROGRAM SERVICE EXPENSES	5,341.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,341.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization GRACEWAY VILLAGE INC	Employer identification number 27 – 0890615
PRINTING:	
PROGRAM SERVICE EXPENSES	3,890.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,890.
POSTAGE & SHIPPING:	
PROGRAM SERVICE EXPENSES	1,372.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,372.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	1,045.
MANAGEMENT AND GENERAL EXPENSES	30.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,075.
INVESTMENT:	
PROGRAM SERVICE EXPENSES	205.
MANAGEMENT AND GENERAL EXPENSES	66.
FUNDRAISING EXPENSES	2.
TOTAL EXPENSES	273.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	A 28,312.

332212 11-14-23 Schedule O (Form 990) 2023