

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GRACE KLEIN COMMUNITY, INC.</b>	Taxpayer identification number (TIN) <b>80-0569639</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1678 MONTGOMERY HWY, STE. 104</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BIRMINGHAM, AL 35216</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JENNY WALTMAN**

• The books are in the care of ▶ **1678 MONTGOMERY HIGHWAY #104 - BIRMINGHAM, AL 35216**

Telephone No. ▶ **205-490-7516**

Fax No. ▶ **205-390-2177**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> GRACE KLEIN COMMUNITY, INC.		<b>D Employer identification number</b> 80-0569639
	Doing business as		<b>E Telephone number</b> 205-490-7516
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1678 MONTGOMERY HWY, STE. 104		<b>G Gross receipts \$</b> 5,341,970.
	City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35216		
<b>F Name and address of principal officer:</b> JENNY WALTMAN 1678 MONTGOMERY HIGHWAY #104, BIRMINGHAM, AL		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ WWW.GRACEKLEINCOMMUNITY.COM

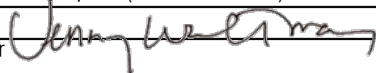
**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 2010 **M State of legal domicile:** AL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE ENTITY'S MISSION IS TO PROVIDE CHARITABLE AND EDUCATION SERVICES TO THE POOR, DISTRESSED		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	24
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,108.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,916,274.	5,312,971.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200.	104.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,922.	-1,212.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,914,552.	5,311,863.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,353,261.	4,689,588.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	191,331.	312,003.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	273,261.	155,405.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,817,853.	5,156,996.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	96,699.	154,867.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	555,451.	686,052.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	276,451.	252,185.
		279,000.	433,867.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date 11/7/2022			
	JENNY WALTMAN, DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHARLES W. LEESBURG	Preparer's signature CHARLES W. LEESBURG	Date 11/7/22	Check if self-employed <input type="checkbox"/>	PTIN P00406253
	Firm's name ▶ PEARCE, BEVILL, LEESBURG, MOORE, P.C.	Firm's EIN ▶ 63-0813240			
	Firm's address ▶ 110 OFFICE PARK DR BIRMINGHAM, AL 35223	Phone no. (205) 323-5440			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ENTITY'S PRIMARY MISSION IS TO A. PROVIDE RELIEF TO THE POOR, DISTRESSED OR UNDERPRIVILEGED, B. LESSEN COMMUNITY TENSIONS, C. HELP TO ELIMINATE PREJUDICE AND DISCRIMINATION, AND D. COMBATING COMMUNITY DETERIORATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,799,119. including grants of \$ 4,689,588. ) (Revenue \$ ) THE ENTITY RESCUED 1,062,101 POUNDS OF FOOD IN THE CALENDAR YEAR. IT PROVIDED FOOD SUPPORT TO APPROXIMATELY 12,000 RECIPIENTS PER WEEK IN CENTRAL ALABAMA WITH 8 DRIVE THRUS OPEN SEVEN DAYS A WEEK.

TOILETRIES, FEMININE PRODUCTS, DIAPERS AND WIPES PROVIDED TO 255 PARENTS AND 334 CHILDREN EACH MONTH.

THE ENTITY SENT 2 TEAMS TO AFRICA TO SERVE GLOBAL PARTNERS FOR A TOTAL OF 6 WEEKS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,799,119.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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  Upon request  Other (explain on Schedule O)
- 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JENNY WALTMAN - 205-490-7516**  
**1678 MONTGOMERY HIGHWAY #104, BIRMINGHAM, AL 35216**







**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 5,312,971.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$4,522,603.					
	<b>h Total.</b> Add lines 1a-1f .....		5,312,971.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		104.		104.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	28,895.			
			(ii) Personal				
			<b>6b</b> Less: rental expenses ...	30,107.			
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	-1,212.				
	<b>d</b> Net rental income or (loss) .....		-1,212.		-1,212.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
			<b>7b</b> Less: cost or other basis and sales expenses .....				
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
		<b>8b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>10b</b> Less: cost of goods sold .....					
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		5,311,863.	0.	-1,108.	0.		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,689,588.	4,689,588.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	289,517.		289,517.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	22,486.		22,486.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	26,199.	26,199.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50.		50.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,470.	48,470.		
23 Insurance	11,335.		11,335.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>TRANSPORTATION</b>	27,476.		27,476.	
b <b>RENT, PARKING, UTILITIE</b>	25,759.	25,759.		
c <b>COMMUNITY EVENTS</b>	8,391.	8,391.		
d <b>CONTRACT SERVICES</b>	6,789.		6,789.	
e All other expenses	936.	712.	224.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,156,996.	4,799,119.	357,877.	0.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	160,339.	<b>1</b>	284,899.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	5,850.	<b>4</b>	1,050.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 575,456.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 200,776.	389,262.	<b>10c</b> 374,680.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	25,423.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	555,451.	<b>16</b>	686,052.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	257,893.	<b>23</b>	242,249.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,558.	<b>25</b>	9,936.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	276,451.	<b>26</b>	252,185.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	279,000.	<b>31</b>	433,867.
	<b>32</b> Total net assets or fund balances .....	279,000.	<b>32</b>	433,867.
<b>33</b> Total liabilities and net assets/fund balances .....	555,451.	<b>33</b>	686,052.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,311,863.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,156,996.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	154,867.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	279,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	433,867.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	302,054.	275,672.	284,124.	716,066.	790,368.	2,368,284.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	302,054.	275,672.	284,124.	716,066.	790,368.	2,368,284.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,368,284.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	302,054.	275,672.	284,124.	716,066.	790,368.	2,368,284.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	17,963.	13,290.	16,057.	39,475.	28,999.	115,784.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	17,963.	13,290.	16,057.	39,475.	28,999.	115,784.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	320,017.	288,962.	300,181.	755,541.	819,367.	2,484,068.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

GRACE KLEIN COMMUNITY, INC.

Employer identification number

80-0569639

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

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).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

GRACE KLEIN COMMUNITY, INC.

80-0569639

**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	LAWRENCE KING - KING SIMMONS PC 5300 CAHABA RIVER RD SUITE 100 BIRMINGHAM, AL 35243	\$ 22,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CRAIG AND SHANNON HASKINS 7058 BRADSTOCK CT BIRMINGHAM, AL 35242	\$ 5,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ASBURY UNITED METHODIST CHURCH 6690 CAHABA VALLEY RD BIRMINGHAM, AL 35242	\$ 36,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DOUBLE OAK COMMUNITY CHURCH 115 OLSTED STREET BIRMINGHAM, AL 35242	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LIBERTY CHURCH 2732 OLD ROCKY RIDGE ROAD BIRMINGHAM, AL 35216	\$ 6,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EVAN AND SARAH WISE 1272 POPLARCREST CIRCLE S ATLANTA, GA 30316	\$ 5,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GRACE KLEIN COMMUNITY, INC.	80-0569639

**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
7	CHURCH OF THE HIGHLANDS 4700 HIHGLANDS WAY BIRMINGHAM, AL 35210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANONYMOUS ANONYMOUS ANONYMOUS, AL 99999	\$ 5,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	INDEPENDENT PRESBYTERIAN CHURCH 3100 HIGHLAND AVE BIRMINGHAM, AL 35205	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KABASAG, INC. 2174 PELHAM PKWY PELHAM, AL 35124	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GUARDIAN CREDIT UNION 418 MADISON AVE MONTGOMERY, AL 36104	\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ALAN AND GAIL LINDSEY 5309 SUNRISE DR BIRMINGHAM, AL 35242	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

GRACE KLEIN COMMUNITY, INC.

80-0569639

**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
13	NATIONAL CHRISTIAN FOUNDATION 400 OFFICE PARK DR, STE 201 BIRMINGHAM, AL 35223	\$ 45,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DON AND RACHEL PETRY 2809 FIVE OAKS LANE VESTAVIA, AL 35243	\$ 5,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NATALIE SPRONK 3416 DEERWOOD CIRCLE BIRMINGHAM, AL 35216	\$ 10,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WALTERS AND MASON RETAIL, CO. 150 W CHURCH AVE MARYVILLE, TN 37801	\$ 7,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 40,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WOOD FRUITTICHER GROCERY CO, INC. 2900 ALTON RD BIRMINGHAM, AL 35210	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
19	TANEY A BRAZEAL JR  3404 SAGEWOOD TRAIL  BIRMINGHAM, AL 35243	\$ 8,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 6,494.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 7,685.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 6,425.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 5,920.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 6,071.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
25	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 3,705.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 5,296.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	ALDI  4639 US 280 SUITE 101  BIRMINGHAM, AL 35242	\$ 9,462.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	ANONYMOUS  ANONYMOUS  ANONYMOUS, AL 99999	\$ 810.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	ANONYMOUS  ANONYMOUS  ANONYMOUS, AL 99999	\$ 2,593.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	ANONYMOUS  ANONYMOUS  ANONYMOUS, AL 99999	\$ 4,156.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
31	ANONYMOUS <hr/> ANONYMOUS <hr/> ANONYMOUS, AL 99999	\$ 3,291.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	ANONYMOUS <hr/> ANONYMOUS <hr/> ANONYMOUS, AL 99999	\$ 2,659.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	ANONYMOUS <hr/> ANONYMOUS <hr/> ANONYMOUS, AL 99999	\$ 2,618.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	ANONYMOUS <hr/> ANONYMOUS <hr/> ANONYMOUS, AL 99999	\$ 3,243.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	ANONYMOUS <hr/> ANONYMOUS <hr/> ANONYMOUS, AL 99999	\$ 3,912.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	ANONYMOUS <hr/> ANONYMOUS <hr/> ANONYMOUS, AL 99999	\$ 348.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
37	BARGAIN HUNT <hr/> 7001 CRESTWOOD BLVD #300 <hr/> BIRMINGHAM, AL 35210	\$ 5,427.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	BARGAIN HUNT <hr/> 7001 CRESTWOOD BLVD #300 <hr/> BIRMINGHAM, AL 35210	\$ 2,655.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	BARGAIN HUNT <hr/> 7001 CRESTWOOD BLVD #300 <hr/> BIRMINGHAM, AL 35210	\$ 1,103.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	BARGAIN HUNT <hr/> 7001 CRESTWOOD BLVD #300 <hr/> BIRMINGHAM, AL 35210	\$ 2,723.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	BARGAIN HUNT <hr/> 7001 CRESTWOOD BLVD #300 <hr/> BIRMINGHAM, AL 35210	\$ 3,721.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	BERRY MIDDLE SCHOOL <hr/> 4500 JAGUAR DR <hr/> BIRMINGHAM, AL 35242	\$ 5,609.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
43	BIG OAK RANCH  6000 SHELLEY DR  SPRINGVILLE, AL 35146	\$ 4,873.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	BIG OAK RANCH  6000 SHELLEY DR  SPRINGVILLE, AL 35146	\$ 26,340.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	BIG OAK RANCH  6000 SHELLEY DR  SPRINGVILLE, AL 35146	\$ 10,740.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	CHICK-FIL-A  5375 HWY 280  BIRMINGHAM, AL 35242	\$ 1,312.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	CHICK-FIL-A  5375 HWY 280  BIRMINGHAM, AL 35242	\$ 3,214.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	CHICK-FIL-A  5375 HWY 280  BIRMINGHAM, AL 35242	\$ 3,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
49	<u>CHICK-FIL-A</u> 5375 HWY 280 BIRMINGHAM, AL 35242	\$ 5,793.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	<u>CHICK-FIL-A</u> 5375 HWY 280 BIRMINGHAM, AL 35242	\$ 3,206.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51	<u>CHICK-FIL-A</u> 5375 HWY 280 BIRMINGHAM, AL 35242	\$ 5,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	<u>CHICK-FIL-A</u> 5375 HWY 280 BIRMINGHAM, AL 35242	\$ 1,658.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	<u>CHICK-FIL-A</u> 5375 HWY 280 BIRMINGHAM, AL 35242	\$ 2,035.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54	<u>CHICK-FIL-A</u> 5375 HWY 280 BIRMINGHAM, AL 35242	\$ 1,127.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
55	CHURCH OF THE HIGHLANDS <hr/> 3660 GRANDVIEW PKWY <hr/> BIRMINGHAM, AL 35243	\$ 2,726.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	CHURCH OF THE HIGHLANDS <hr/> 3660 GRANDVIEW PKWY <hr/> BIRMINGHAM, AL 35243	\$ 616.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	CHURCH OF THE HIGHLANDS <hr/> 3660 GRANDVIEW PKWY <hr/> BIRMINGHAM, AL 35243	\$ 62.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58	CHURCH OF THE HIGHLANDS <hr/> 3660 GRANDVIEW PKWY <hr/> BIRMINGHAM, AL 35243	\$ 5,361.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59	CHURCH OF THE HIGHLANDS <hr/> 3660 GRANDVIEW PKWY <hr/> BIRMINGHAM, AL 35243	\$ 277.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	CHURCH OF THE HIGHLANDS <hr/> 3660 GRANDVIEW PKWY <hr/> BIRMINGHAM, AL 35243	\$ 139.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
61	COSTCO <hr/> 3650 GALLERIA CIR <hr/> HOOVER, AL 35244	\$ 1,417.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	COSTCO <hr/> 3650 GALLERIA CIR <hr/> HOOVER, AL 35244	\$ 2,485.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	COSTCO <hr/> 3650 GALLERIA CIR <hr/> HOOVER, AL 35244	\$ 2,057.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	CULLMAN FARMS <hr/> 209 1ST AVE NE <hr/> CULLMAN, AL 35055	\$ 30,646.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65	CVS <hr/> 2228 BESSEMER ROAD <hr/> BIRMINGHAM, AL 35208	\$ 3,557.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	CVS <hr/> 2228 BESSEMER ROAD <hr/> BIRMINGHAM, AL 35208	\$ 14,134.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
67	CVS 2228 BESSEMER ROAD BIRMINGHAM, AL 35208	\$ 7,361.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	CVS 2228 BESSEMER ROAD BIRMINGHAM, AL 35208	\$ 17,122.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
69	CVS 2228 BESSEMER ROAD BIRMINGHAM, AL 35208	\$ 5,172.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
70	CVS 2228 BESSEMER ROAD BIRMINGHAM, AL 35208	\$ 92.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	CVS 2228 BESSEMER ROAD BIRMINGHAM, AL 35208	\$ 15,025.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	CVS 2228 BESSEMER ROAD BIRMINGHAM, AL 35208	\$ 804.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
73	FIREHOUSE MINISTRIES <hr/> 626 2ND AVE N <hr/> BIRMINGHAM, AL 35203	\$ 172.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	FIREHOUSE MINISTRIES <hr/> 626 2ND AVE N <hr/> BIRMINGHAM, AL 35203	\$ 2,994.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	FIREHOUSE MINISTRIES <hr/> 626 2ND AVE N <hr/> BIRMINGHAM, AL 35203	\$ 18,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	FOUNDRY <hr/> 1800 4TH AVE N <hr/> BESSEMER, AL 35020	\$ 9,172.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77	FRESH MARKET <hr/> 4700 US 280 STE 6 <hr/> BIRMINGHAM, AL 35242	\$ 3,297.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	FRESH MARKET <hr/> 4700 US 280 STE 6 <hr/> BIRMINGHAM, AL 35242	\$ 3,424.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
79	<u>FRESH MARKET</u> <u>4700 US 280 STE 6</u> <u>BIRMINGHAM, AL 35242</u>	\$ <u>2,122.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80	<u>FRESH MARKET</u> <u>4700 US 280 STE 6</u> <u>BIRMINGHAM, AL 35242</u>	\$ <u>431.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81	<u>KINGSWAY CHURCH</u> <u>4445 CRESCENT RD</u> <u>BIRMINGHAM, AL 35210</u>	\$ <u>16,866.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	<u>LOVELADY CENTER</u> <u>7916 2ND AVE S</u> <u>BIRMINGHAM, AL 35206</u>	\$ <u>5,544.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	<u>LOVELADY CENTER</u> <u>7916 2ND AVE S</u> <u>BIRMINGHAM, AL 35206</u>	\$ <u>1,186.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	<u>MAGIC CITY HARVEST</u> <u>107 VULCAN RD STE 462</u> <u>BIRMINGHAM, AL 35209</u>	\$ <u>15,551.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
85	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 3,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 2,772.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 26,744.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 6,468.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 7,158.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 1,016.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
91	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 33,594.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
92	MAGIC CITY HARVEST <hr/> 107 VULCAN RD STE 462 <hr/> BIRMINGHAM, AL 35209	\$ 11,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	MI PUEBLO <hr/> 228 GREEN SPRINGS HWY <hr/> BIRMINGHAM, AL 35209	\$ 200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	MI PUEBLO <hr/> 228 GREEN SPRINGS HWY <hr/> BIRMINGHAM, AL 35209	\$ 2,556.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
95	MI PUEBLO <hr/> 228 GREEN SPRINGS HWY <hr/> BIRMINGHAM, AL 35209	\$ 3,501.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
96	MI PUEBLO <hr/> 228 GREEN SPRINGS HWY <hr/> BIRMINGHAM, AL 35209	\$ 2,239.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
97	MI PUEBLO  228 GREEN SPRINGS HWY  BIRMINGHAM, AL 35209	\$ 1,831.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
98	MI PUEBLO  228 GREEN SPRINGS HWY  BIRMINGHAM, AL 35209	\$ 1,216.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
99	MI PUEBLO  228 GREEN SPRINGS HWY  BIRMINGHAM, AL 35209	\$ 1,337.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
100	MI PUEBLO  228 GREEN SPRINGS HWY  BIRMINGHAM, AL 35209	\$ 932.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
101	MI PUEBLO  228 GREEN SPRINGS HWY  BIRMINGHAM, AL 35209	\$ 1,311.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
102	MI PUEBLO  228 GREEN SPRINGS HWY  BIRMINGHAM, AL 35209	\$ 718.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
103	MILO'S 828 COLUMBIANA RD BIRMINGHAM, AL 35209	\$ 37,946.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
104	MILO'S 828 COLUMBIANA RD BIRMINGHAM, AL 35209	\$ 37,145.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
105	OAK MOUNTAIN SCHOOL SYSTEM 5640 CAHABA VALLEY RD BIRMINGHAM, AL 35242	\$ 19,817.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
106	OAK MOUNTAIN SCHOOL SYSTEM 5640 CAHABA VALLEY RD BIRMINGHAM, AL 35242	\$ 536.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
107	PANERA BREAD 143 SUMMIT BLVD BIRMINGHAM, AL 35243	\$ 3,918.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
108	PANERA BREAD 143 SUMMIT BLVD BIRMINGHAM, AL 35243	\$ 4,776.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
109	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 9,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 7,137.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 6,163.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
112	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 6,289.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
113	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 6,007.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
114	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 6,471.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
115	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 11,063.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
116	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 5,827.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 6,520.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
118	PANERA BREAD <hr/> 143 SUMMIT BLVD <hr/> BIRMINGHAM, AL 35243	\$ 5,920.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
119	PELHAM CIVIC CENTER <hr/> 500 AMPHITHEATER RD <hr/> PELHAM, AL 35124	\$ 5,692.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
120	PIGGLY WIGGLY <hr/> 3800 RIVER RUN DR <hr/> BIRMINGHAM, AL 35243	\$ 1,756.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
121	PIGGLY WIGGLY <hr/> 3800 RIVER RUN DR <hr/> BIRMINGHAM, AL 35243	\$ 2,132.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
122	PIGGLY WIGGLY <hr/> 3800 RIVER RUN DR <hr/> BIRMINGHAM, AL 35243	\$ 484.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
123	PIGGLY WIGGLY <hr/> 3800 RIVER RUN DR <hr/> BIRMINGHAM, AL 35243	\$ 2,452.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
124	PRINCE OF PEACE CATHOLIC CHURCH <hr/> 4650 PRESERVE PKWY <hr/> HOOVER, AL 35226	\$ 246.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
125	PRINCE OF PEACE CATHOLIC CHURCH <hr/> 4650 PRESERVE PKWY <hr/> HOOVER, AL 35226	\$ 459.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	PRINCE OF PEACE CATHOLIC CHURCH <hr/> 4650 PRESERVE PKWY <hr/> HOOVER, AL 35226	\$ 351.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
127	PRINCE OF PEACE CATHOLIC CHURCH  4650 PRESERVE PKWY  HOOVER, AL 35226	\$ 434.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128	PRINCE OF PEACE CATHOLIC CHURCH  4650 PRESERVE PKWY  HOOVER, AL 35226	\$ 453.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
129	PRINCE OF PEACE CATHOLIC CHURCH  4650 PRESERVE PKWY  HOOVER, AL 35226	\$ 222.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130	PRINCE OF PEACE CATHOLIC CHURCH  4650 PRESERVE PKWY  HOOVER, AL 35226	\$ 2,085.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131	PRINCE OF PEACE CATHOLIC CHURCH  4650 PRESERVE PKWY  HOOVER, AL 35226	\$ 899.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132	PRINCE OF PEACE CATHOLIC CHURCH  4650 PRESERVE PKWY  HOOVER, AL 35226	\$ 813.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
133	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 31,864.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
134	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 4,338.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 38,483.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 41,584.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 39,646.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 37,317.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
139	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 41,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 38,364.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
141	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 40,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
142	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 42,724.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
143	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 45,304.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
144	PUBLIX <hr/> 501 CHELSEA CROSSROADS <hr/> CHELSEA, AL 35043	\$ 42,335.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
145	REDSTONE CHURCH 600 MONTGOMERY HWY SUITE 208 VESTAVIA HILLS, AL 35216	\$ 39.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146	REDSTONE CHURCH 600 MONTGOMERY HWY SUITE 208 VESTAVIA HILLS, AL 35216	\$ 37.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
147	REDSTONE CHURCH 600 MONTGOMERY HWY SUITE 208 VESTAVIA HILLS, AL 35216	\$ 13,244.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
148	REGIONAL PRODUCE 624 16TH AVE THOMAS BIRMINGHAM, AL 35204	\$ 8,716.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
149	REGIONAL PRODUCE 624 16TH AVE THOMAS BIRMINGHAM, AL 35204	\$ 17,279.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150	REGIONAL PRODUCE 624 16TH AVE THOMAS BIRMINGHAM, AL 35204	\$ 88,248.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
151	REGIONAL PRODUCE  624 16TH AVE THOMAS  BIRMINGHAM, AL 35204	\$ 43,391.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
152	REGIONAL PRODUCE  624 16TH AVE THOMAS  BIRMINGHAM, AL 35204	\$ 69,075.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
153	REGIONAL PRODUCE  624 16TH AVE THOMAS  BIRMINGHAM, AL 35204	\$ 61,372.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
154	REGIONAL PRODUCE  624 16TH AVE THOMAS  BIRMINGHAM, AL 35204	\$ 23,848.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
155	ROYAL DIVINITY  4121 7TH AVENUE WYLAM  BIRMINGHAM, AL 35224	\$ 5,304.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156	ROYAL DIVINITY  4121 7TH AVENUE WYLAM  BIRMINGHAM, AL 35224	\$ 9,166.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
157	SALVATION ARMY  2410 REVEREND ABRAHAM WOODS JR BLVD  BIRMINGHAM, AL 35203	\$ 653.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
158	SALVATION ARMY  2410 REVEREND ABRAHAM WOODS JR BLVD  BIRMINGHAM, AL 35203	\$ 764.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
159	SALVATION ARMY  2410 REVEREND ABRAHAM WOODS JR BLVD  BIRMINGHAM, AL 35203	\$ 400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
160	SALVATION ARMY  2410 REVEREND ABRAHAM WOODS JR BLVD  BIRMINGHAM, AL 35203	\$ 407.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
161	SALVATION ARMY  2410 REVEREND ABRAHAM WOODS JR BLVD  BIRMINGHAM, AL 35203	\$ 2,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
162	SALVATION ARMY  2410 REVEREND ABRAHAM WOODS JR BLVD  BIRMINGHAM, AL 35203	\$ 1,454.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
163	SHIPLEY'S DONUTS 2050 GREENVALE LN HOOVER, AL 35216	\$ 1,734.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
164	SHIPLEY'S DONUTS 2050 GREENVALE LN HOOVER, AL 35216	\$ 2,285.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
165	SHIPLEY'S DONUTS 2050 GREENVALE LN HOOVER, AL 35216	\$ 2,184.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
166	SHIPLEY'S DONUTS 2050 GREENVALE LN HOOVER, AL 35216	\$ 2,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
167	SHIPLEY'S DONUTS 2050 GREENVALE LN HOOVER, AL 35216	\$ 3,379.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
168	SHIPLEY'S DONUTS 2050 GREENVALE LN HOOVER, AL 35216	\$ 3,222.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
169	SHIPLEY'S DONUTS  2050 GREENVALE LN  HOOVER, AL 35216	\$ 3,062.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
170	SPROUTS MARKET  5250 MEDFORD DR STE 120  HOOVER, AL 35244	\$ 5,014.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
171	SPROUTS MARKET  5250 MEDFORD DR STE 120  HOOVER, AL 35244	\$ 10,216.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
172	SPROUTS MARKET  5250 MEDFORD DR STE 120  HOOVER, AL 35244	\$ 10,971.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
173	SPROUTS MARKET  5250 MEDFORD DR STE 120  HOOVER, AL 35244	\$ 9,446.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
174	SPROUTS MARKET  5250 MEDFORD DR STE 120  HOOVER, AL 35244	\$ 7,297.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
175	SPROUTS MARKET 5250 MEDFORD DR STE 120 HOOVER, AL 35244	\$ 8,864.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
176	SPROUTS MARKET 5250 MEDFORD DR STE 120 HOOVER, AL 35244	\$ 20,532.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
177	SPROUTS MARKET 5250 MEDFORD DR STE 120 HOOVER, AL 35244	\$ 10,155.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
178	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 2,220.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
179	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 2,542.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
180	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 2,870.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number <b>80-0569639</b>
--	---

**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
181	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 3,439.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
182	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 3,629.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
183	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 3,742.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 4,246.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
185	STARBUCKS 3032 JOHN HAWKINS PKWY BIRMINGHAM, AL 35244	\$ 6,295.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
186	SWEET POTATO FARM 1445 FEDERAL DRIVE MONTGOMERY, AL 36107	\$ 18,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
187	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 11,270.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
188	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 10,062.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
189	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 10,857.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
190	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 4,352.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
191	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 14,892.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
192	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 10,207.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number <b>80-0569639</b>
--	---

**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
193	TARGET 4889 PROMENADE PKWY BESSEMER, AL 35022	\$ 6,912.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194	TARGET 4889 PROMENADE PKWY BESSEMER, AL 35022	\$ 6,101.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
195	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 2,215.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
196	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 4,386.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
197	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 1,269.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
198	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 1,837.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
199	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 2,965.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
200	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 2,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 2,138.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 1,660.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
203	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 2,861.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
204	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 3,005.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
205	THE HEAVENLY DONUT COMPANY 4911 CAHABA RIVER RD # 105 BIRMINGHAM, AL 35243	\$ 3,459.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
206	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ 10,102.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
207	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ 10,883.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
208	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ 14,546.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
209	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ 24,811.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
210	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ 21,753.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
211	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 14,359.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
212	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 14,779.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
213	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 10,897.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
214	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 10,839.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
215	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 14,501.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
216	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 13,201.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
217	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 23,122.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
218	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 3,870.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
219	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 39,012.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
220	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 39,042.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
221	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 49,720.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
222	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 59,396.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
223	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 54,156.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
224	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 62,755.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
225	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 57,901.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
226	WINN DIXIE  3925 CROSSHAVEN DR  BIRMINGHAM, AL 35243	\$ 822.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
227	WINN DIXIE  3925 CROSSHAVEN DR  BIRMINGHAM, AL 35243	\$ 5,159.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
228	WINN DIXIE  3925 CROSSHAVEN DR  BIRMINGHAM, AL 35243	\$ 9,761.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
229	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 8,075.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
230	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 10,952.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
231	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 31,545.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
232	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 21,779.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
233	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 15,169.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
234	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 15,554.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GRACE KLEIN COMMUNITY, INC.

80-0569639

**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
235	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 19,752.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
236	WINN DIXIE 3925 CROSSHAVEN DR BIRMINGHAM, AL 35243	\$ 20,889.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
237	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 65,003.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
238	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 17,393.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
239	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 2,994.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
240	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 10,842.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
241	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 21,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
242	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 5,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
243	ROYAL DIVINITY 4121 7TH AVENUE WYLAM BIRMINGHAM, AL 35224	\$ 4,712.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
244	AUTOMASTER ENTERPRISES 5465 HWY 280 STE 101 BIRMINGHAM, AL 35242	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	CENTRAL ALABAMA COMMUNITY FOUNDATION 114 CHURCH STREET MONTGOMERY, AL 36104	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	COURTNEY AND CAROLYN MASON PO BOX 43309 BIRMINGHAM, AL 35243	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GRACE KLEIN COMMUNITY, INC.	80-0569639

**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
247	DK CHARITABLE FOUNDATION 501 SILVERSIDE ROAD STE 123 WILMINGTON, DE 19809	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	DOPKUS, JAMES AND BARBARA 505 SCOTTS GLEN DR SPRINGFIELD, OR 97477	\$ 5,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	EBSCO INDUSTRIES PO BOX 1943 BIRMINGHAM, AL 35201	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	FINANCE OF AMERICA CARES 1402 MEMORY LANE LUTZ, FL 33549	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	FULLNESS CHRISTIAN FELLOWSHIP 2575 COLUMBIANA ROAD BIRMINGHAM, AL 35216	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	HARRISON, JACOB AND JORDAN 3621 STRATFORD LANE BIRMINGHAM, AL 35242	\$ 7,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number <b>80-0569639</b>
--	---

**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
253	JAMES MILTON & SALLIE R JOHNSON FOUNDATION  PO BOX 530965  BIRMINGHAM, AL 35253	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	JAMIE AND TINA WHITE  3180 CROSSINGS DRIVE  BIRMINGHAM, AL 35242	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	KEVIN D CARDEN CARDEN FAMILY TRUST  1800 HUMMINGBIRD LANE  HOOVER, AL 35226	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	MCDANIEL, AARON AND JILLIAN  215 BROOKHOLLOW DR  PELHAM, AL 35124	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	OAK MOUNTAIN PRESBYTERIAN CHURCH  5080 CAHABA VALLEY TRACE  BIRMINGHAM, AL 35242	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	PROTECTIVE LIFE FOUNDATION  2801 US 280  BIRMINGHAM, AL 35223	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GRACE KLEIN COMMUNITY, INC.	80-0569639

**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
259	PUBLIX SUPERMARKET CHARITIES PO BOX 407 LAKELAND , FL 33802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	SAM AND AMY WINDHAM 4913 REYNOLDS LANE VESTAVIA, AL 35242	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	SCHLEIF, TYLER 11202 RETREAT LANE BIRMINGHAM, AL 35242	\$ 5,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	SPIRE 901 NORTH ELEVENTH ST ST LOUIS, MO 63101	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	UNITED WAY 3600 8TH AVE S BIRMINGHAM, AL 35222	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	VALLEYDALE CHURCH 2324 VALLEYDALE ROAD BIRMINGHAM, AL 35244	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
265	VULCAN MATERIALS COMPANY  PO BOX 385014  BIRMINGHAM, AL 35238	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	COMMUNITY FOOD BANK OF CENTRAL AL  107 WALTER DAVIS DRIVE  BIRMINGHAM, AL 35209	\$ 41,361.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
267	COMMUNITY FOOD BANK OF CENTRAL AL  107 WALTER DAVIS DRIVE  BIRMINGHAM, AL 35209	\$ 51,010.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
268	COMMUNITY FOOD BANK OF CENTRAL AL  107 WALTER DAVIS DRIVE  BIRMINGHAM, AL 35209	\$ 99,596.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
269	COMMUNITY FOOD BANK OF CENTRAL AL  107 WALTER DAVIS DRIVE  BIRMINGHAM, AL 35209	\$ 80,470.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
270	COMMUNITY FOOD BANK OF CENTRAL AL  107 WALTER DAVIS DRIVE  BIRMINGHAM, AL 35209	\$ 107,447.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
271	COMMUNITY FOOD BANK OF CENTRAL AL <hr/> 107 WALTER DAVIS DRIVE <hr/> BIRMINGHAM, AL 35209	\$ 132,428.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
272	COMMUNITY FOOD BANK OF CENTRAL AL <hr/> 107 WALTER DAVIS DRIVE <hr/> BIRMINGHAM, AL 35209	\$ 84,740.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
273	COMMUNITY FOOD BANK OF CENTRAL AL <hr/> 107 WALTER DAVIS DRIVE <hr/> BIRMINGHAM, AL 35209	\$ 97,005.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
274	COMMUNITY FOOD BANK OF CENTRAL AL <hr/> 107 WALTER DAVIS DRIVE <hr/> BIRMINGHAM, AL 35209	\$ 165,311.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
275	COMMUNITY FOOD BANK OF CENTRAL AL <hr/> 107 WALTER DAVIS DRIVE <hr/> BIRMINGHAM, AL 35209	\$ 100,914.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
276	COMMUNITY FOOD BANK OF CENTRAL AL <hr/> 107 WALTER DAVIS DRIVE <hr/> BIRMINGHAM, AL 35209	\$ 126,613.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
277	COMMUNITY FOOD BANK OF CENTRAL AL  107 WALTER DAVIS DRIVE  BIRMINGHAM, AL 35209	\$ 113,225.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
278	CVS  2228 BESSEMER ROAD  BIRMINGHAM, AL 35208	\$ 559.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
279	CVS  2228 BESSEMER ROAD  BIRMINGHAM, AL 35208	\$ 1,872.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
280	CVS  2228 BESSEMER ROAD  BIRMINGHAM, AL 35208	\$ 6,485.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
281	CVS  2228 BESSEMER ROAD  BIRMINGHAM, AL 35208	\$ 230.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
282	MAGIC CITY HARVEST  107 VULCAN RD STE 462  BIRMINGHAM, AL 35209	\$ 3,413.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
283	MAGIC CITY HARVEST <u>107 VULCAN RD STE 462</u> <u>BIRMINGHAM, AL 35209</u>	\$ <u>920.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
284	MAGIC CITY HARVEST <u>107 VULCAN RD STE 462</u> <u>BIRMINGHAM, AL 35209</u>	\$ <u>1,329.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
285	PUBLIX <u>501 CHELSEA CROSSROADS</u> <u>CHELSEA, AL 35043</u>	\$ <u>982.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
286	PUBLIX <u>501 CHELSEA CROSSROADS</u> <u>CHELSEA, AL 35043</u>	\$ <u>584.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
287	PUBLIX <u>501 CHELSEA CROSSROADS</u> <u>CHELSEA, AL 35043</u>	\$ <u>34.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
288	PUBLIX <u>501 CHELSEA CROSSROADS</u> <u>CHELSEA, AL 35043</u>	\$ <u>15.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
289	PUBLIX 501 CHELSEA CROSSROADS CHELSEA, AL 35043	\$ 700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
290	PUBLIX 501 CHELSEA CROSSROADS CHELSEA, AL 35043	\$ 286.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
291	PUBLIX 501 CHELSEA CROSSROADS CHELSEA, AL 35043	\$ 598.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
292	PUBLIX 501 CHELSEA CROSSROADS CHELSEA, AL 35043	\$ 864.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
293	PUBLIX 501 CHELSEA CROSSROADS CHELSEA, AL 35043	\$ 593.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
294	PUBLIX 501 CHELSEA CROSSROADS CHELSEA, AL 35043	\$ 930.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
295	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 3,240.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
296	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 3,822.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
297	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 1,124.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
298	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 1,707.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
299	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 3,771.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
300	TARGET <hr/> 4889 PROMENADE PKWY <hr/> BESSEMER, AL 35022	\$ 818.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
301	<u>TARGET</u>  <u>4889 PROMENADE PKWY</u>  <u>BESSEMER, AL 35022</u>	\$ <u>3,669.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
302	<u>TARGET</u>  <u>4889 PROMENADE PKWY</u>  <u>BESSEMER, AL 35022</u>	\$ <u>1,446.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
303	<u>THE LILI PAD</u>  <u>3138 HEIGHTS VILLAGE</u>  <u>BIRMINGHAM, AL 35243</u>	\$ <u>9,379.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
304	<u>TRADER JOES</u>  <u>205 SUMMIT BLVD #100</u>  <u>BIRMINGHAM, AL 35243</u>	\$ <u>1,338.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
305	<u>TRADER JOES</u>  <u>205 SUMMIT BLVD #100</u>  <u>BIRMINGHAM, AL 35243</u>	\$ <u>4,701.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
306	<u>TRADER JOES</u>  <u>205 SUMMIT BLVD #100</u>  <u>BIRMINGHAM, AL 35243</u>	\$ <u>9,416.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
307	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ <u>2,984.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
308	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ <u>3,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
309	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ <u>5,411.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
310	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ <u>6,004.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
311	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ <u>3,138.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
312	TRADER JOES 205 SUMMIT BLVD #100 BIRMINGHAM, AL 35243	\$ <u>2,013.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
313	TRADER JOES  205 SUMMIT BLVD #100  BIRMINGHAM, AL 35243	\$ 7,762.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
314	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 501.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
315	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 4,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
316	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 2,197.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
317	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 557.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
318	WALMART  750 ACADEMY DR  BESSEMER, AL 35022	\$ 26.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number <b>80-0569639</b>
--	---

**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
319	WALMART 750 ACADEMY DR BESSEMER, AL 35022	\$ 388.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
320	WALMART 750 ACADEMY DR BESSEMER, AL 35022	\$ 15.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
321	WALMART 750 ACADEMY DR BESSEMER, AL 35022	\$ 128.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
322	PLATT, TUCKER RUFUS 1519 13TH AVE S BIRMINGHAM, AL 35205	\$ 6,009.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
323	FISHER, BRANDON R 1468 SECRETARIAT DRIVE HELENA, AL 35080	\$ 5,799.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
324	LEE EMOND 66 SHADES CREST RD HOOVER, AL 35226	\$ 5,950.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
18	DONATED REFRIGERATED TRAILER _____ _____ _____	\$ <u>15,000.</u>	<u>05/15/21</u>
19	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>8,194.</u>	<u>11/14/21</u>
20	DONATED FOOD _____ _____ _____	\$ <u>6,494.</u>	<u>05/15/21</u>
21	DONATED FOOD _____ _____ _____	\$ <u>7,685.</u>	<u>06/15/21</u>
22	DONATED FOOD _____ _____ _____	\$ <u>6,425.</u>	<u>07/15/21</u>
23	DONATED FOOD _____ _____ _____	\$ <u>5,920.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
24	DONATED FOOD _____ _____ _____	\$ <u>6,071.</u>	<u>09/15/21</u>
25	DONATED FOOD _____ _____ _____	\$ <u>3,705.</u>	<u>10/15/21</u>
26	DONATED FOOD _____ _____ _____	\$ <u>5,296.</u>	<u>11/15/21</u>
27	DONATED FOOD _____ _____ _____	\$ <u>9,462.</u>	<u>12/15/21</u>
28	DONATED FOOD _____ _____ _____	\$ <u>810.</u>	<u>03/15/21</u>
29	DONATED FOOD _____ _____ _____	\$ <u>2,593.</u>	<u>04/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
30	DONATED FOOD _____ _____ _____	\$ <u>4,156.</u>	<u>05/15/21</u>
31	DONATED FOOD _____ _____ _____	\$ <u>3,291.</u>	<u>06/15/21</u>
32	DONATED FOOD _____ _____ _____	\$ <u>2,659.</u>	<u>07/15/21</u>
33	DONATED FOOD _____ _____ _____	\$ <u>2,618.</u>	<u>08/15/21</u>
34	DONATED FOOD _____ _____ _____	\$ <u>3,243.</u>	<u>09/15/21</u>
35	DONATED FOOD _____ _____ _____	\$ <u>3,912.</u>	<u>10/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
36	DONATED FOOD _____ _____ _____	\$ <u>348.</u>	<u>11/15/21</u>
37	DONATED FOOD _____ _____ _____	\$ <u>5,427.</u>	<u>08/15/21</u>
38	DONATED FOOD _____ _____ _____	\$ <u>2,655.</u>	<u>09/15/21</u>
39	DONATED FOOD _____ _____ _____	\$ <u>1,103.</u>	<u>10/15/21</u>
40	DONATED FOOD _____ _____ _____	\$ <u>2,723.</u>	<u>11/15/21</u>
41	DONATED FOOD _____ _____ _____	\$ <u>3,721.</u>	<u>12/15/21</u>



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
42	DONATED FOOD _____ _____ _____	\$ 5,609.	11/15/21
43	DONATED FOOD _____ _____ _____	\$ 4,873.	02/15/21
44	DONATED FOOD _____ _____ _____	\$ 26,340.	03/15/21
45	DONATED FOOD _____ _____ _____	\$ 10,740.	04/15/21
46	DONATED FOOD _____ _____ _____	\$ 1,312.	04/15/21
47	DONATED FOOD _____ _____ _____	\$ 3,214.	05/15/21

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
48	DONATED FOOD _____ _____ _____	\$ 3,200.	06/15/21
49	DONATED FOOD _____ _____ _____	\$ 5,793.	07/15/21
50	DONATED FOOD _____ _____ _____	\$ 3,206.	08/15/21
51	DONATED FOOD _____ _____ _____	\$ 5,064.	09/15/21
52	DONATED FOOD _____ _____ _____	\$ 1,658.	10/15/21
53	DONATED FOOD _____ _____ _____	\$ 2,035.	11/15/21

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
54	DONATED FOOD _____ _____ _____	\$ <u>1,127.</u>	<u>12/15/21</u>
55	DONATED FOOD _____ _____ _____	\$ <u>2,726.</u>	<u>07/15/21</u>
56	DONATED FOOD _____ _____ _____	\$ <u>616.</u>	<u>08/15/21</u>
57	DONATED FOOD _____ _____ _____	\$ <u>62.</u>	<u>09/15/21</u>
58	DONATED FOOD _____ _____ _____	\$ <u>5,361.</u>	<u>10/15/21</u>
59	DONATED FOOD _____ _____ _____	\$ <u>277.</u>	<u>11/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
60	DONATED FOOD _____ _____ _____	\$ <u>139.</u>	<u>12/15/21</u>
61	DONATED FOOD _____ _____ _____	\$ <u>1,417.</u>	<u>04/15/21</u>
62	DONATED FOOD _____ _____ _____	\$ <u>2,485.</u>	<u>05/15/21</u>
63	DONATED FOOD _____ _____ _____	\$ <u>2,057.</u>	<u>06/15/21</u>
64	DONATED FOOD _____ _____ _____	\$ <u>30,646.</u>	<u>07/15/21</u>
65	DONATED FOOD _____ _____ _____	\$ <u>3,557.</u>	<u>02/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
66	DONATED FOOD _____ _____ _____	\$ <u>14,134.</u>	<u>03/15/21</u>
67	DONATED FOOD _____ _____ _____	\$ <u>7,361.</u>	<u>04/15/21</u>
68	DONATED FOOD _____ _____ _____	\$ <u>17,122.</u>	<u>05/15/21</u>
69	DONATED FOOD _____ _____ _____	\$ <u>5,172.</u>	<u>06/15/21</u>
70	DONATED FOOD _____ _____ _____	\$ <u>92.</u>	<u>07/15/21</u>
71	DONATED FOOD _____ _____ _____	\$ <u>15,025.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
72	DONATED FOOD _____ _____ _____	\$ <u>804.</u>	<u>12/15/21</u>
73	DONATED FOOD _____ _____ _____	\$ <u>172.</u>	<u>07/15/21</u>
74	DONATED FOOD _____ _____ _____	\$ <u>2,994.</u>	<u>11/15/21</u>
75	DONATED FOOD _____ _____ _____	\$ <u>18,480.</u>	<u>12/15/21</u>
76	DONATED FOOD _____ _____ _____	\$ <u>9,172.</u>	<u>10/15/21</u>
77	DONATED FOOD _____ _____ _____	\$ <u>3,297.</u>	<u>04/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
78	DONATED FOOD _____ _____ _____	\$ <u>3,424.</u>	<u>05/15/21</u>
79	DONATED FOOD _____ _____ _____	\$ <u>2,122.</u>	<u>06/15/21</u>
80	DONATED FOOD _____ _____ _____	\$ <u>431.</u>	<u>07/15/21</u>
81	DONATED FOOD _____ _____ _____	\$ <u>16,866.</u>	<u>06/15/21</u>
82	DONATED FOOD _____ _____ _____	\$ <u>5,544.</u>	<u>07/15/21</u>
83	DONATED FOOD _____ _____ _____	\$ <u>1,186.</u>	<u>11/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
84	DONATED FOOD _____ _____ _____	\$ 15,551.	03/15/21
85	DONATED FOOD _____ _____ _____	\$ 3,530.	04/15/21
86	DONATED FOOD _____ _____ _____	\$ 2,772.	05/15/21
87	DONATED FOOD _____ _____ _____	\$ 26,744.	07/15/21
88	DONATED FOOD _____ _____ _____	\$ 6,468.	08/15/21
89	DONATED FOOD _____ _____ _____	\$ 7,158.	09/15/21



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
90	DONATED FOOD _____ _____ _____	\$ <u>1,016.</u>	<u>10/15/21</u>
91	DONATED FOOD _____ _____ _____	\$ <u>33,594.</u>	<u>11/15/21</u>
92	DONATED FOOD _____ _____ _____	\$ <u>11,350.</u>	<u>12/15/21</u>
93	DONATED FOOD _____ _____ _____	\$ <u>200.</u>	<u>03/15/21</u>
94	DONATED FOOD _____ _____ _____	\$ <u>2,556.</u>	<u>04/15/21</u>
95	DONATED FOOD _____ _____ _____	\$ <u>3,501.</u>	<u>05/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
96	DONATED FOOD _____ _____ _____	\$ <u>2,239.</u>	<u>06/15/21</u>
97	DONATED FOOD _____ _____ _____	\$ <u>1,831.</u>	<u>07/15/21</u>
98	DONATED FOOD _____ _____ _____	\$ <u>1,216.</u>	<u>08/15/21</u>
99	DONATED FOOD _____ _____ _____	\$ <u>1,337.</u>	<u>09/15/21</u>
100	DONATED FOOD _____ _____ _____	\$ <u>932.</u>	<u>10/15/21</u>
101	DONATED FOOD _____ _____ _____	\$ <u>1,311.</u>	<u>11/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
102	DONATED FOOD _____ _____ _____	\$ <u>718.</u>	<u>12/15/21</u>
103	DONATED FOOD _____ _____ _____	\$ <u>37,946.</u>	<u>02/15/21</u>
104	DONATED FOOD _____ _____ _____	\$ <u>37,145.</u>	<u>03/15/21</u>
105	DONATED FOOD _____ _____ _____	\$ <u>19,817.</u>	<u>03/15/21</u>
106	DONATED FOOD _____ _____ _____	\$ <u>536.</u>	<u>08/15/21</u>
107	DONATED FOOD _____ _____ _____	\$ <u>3,918.</u>	<u>01/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
108	DONATED FOOD _____ _____ _____	\$ <u>4,776.</u>	<u>02/15/21</u>
109	DONATED FOOD _____ _____ _____	\$ <u>9,000.</u>	<u>03/15/21</u>
110	DONATED FOOD _____ _____ _____	\$ <u>7,137.</u>	<u>04/15/21</u>
111	DONATED FOOD _____ _____ _____	\$ <u>6,163.</u>	<u>05/15/21</u>
112	DONATED FOOD _____ _____ _____	\$ <u>6,289.</u>	<u>06/15/21</u>
113	DONATED FOOD _____ _____ _____	\$ <u>6,007.</u>	<u>07/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
114	DONATED FOOD _____ _____ _____	\$ <u>6,471.</u>	<u>08/15/21</u>
115	DONATED FOOD _____ _____ _____	\$ <u>11,063.</u>	<u>09/15/21</u>
116	DONATED FOOD _____ _____ _____	\$ <u>5,827.</u>	<u>10/15/21</u>
117	DONATED FOOD _____ _____ _____	\$ <u>6,520.</u>	<u>11/15/21</u>
118	DONATED FOOD _____ _____ _____	\$ <u>5,920.</u>	<u>12/15/21</u>
119	DONATED FOOD _____ _____ _____	\$ <u>5,692.</u>	<u>07/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
120	DONATED FOOD _____ _____ _____	\$ <u>1,756.</u>	<u>09/15/21</u>
121	DONATED FOOD _____ _____ _____	\$ <u>2,132.</u>	<u>10/15/21</u>
122	DONATED FOOD _____ _____ _____	\$ <u>484.</u>	<u>11/15/21</u>
123	DONATED FOOD _____ _____ _____	\$ <u>2,452.</u>	<u>12/15/21</u>
124	DONATED FOOD _____ _____ _____	\$ <u>246.</u>	<u>04/15/21</u>
125	DONATED FOOD _____ _____ _____	\$ <u>459.</u>	<u>05/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
126	DONATED FOOD _____ _____ _____	\$ <u>351.</u>	<u>06/15/21</u>
127	DONATED FOOD _____ _____ _____	\$ <u>434.</u>	<u>07/15/21</u>
128	DONATED FOOD _____ _____ _____	\$ <u>453.</u>	<u>08/15/21</u>
129	DONATED FOOD _____ _____ _____	\$ <u>222.</u>	<u>09/15/21</u>
130	DONATED FOOD _____ _____ _____	\$ <u>2,085.</u>	<u>10/15/21</u>
131	DONATED FOOD _____ _____ _____	\$ <u>899.</u>	<u>11/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
132	DONATED FOOD _____ _____ _____	\$ <u>813.</u>	<u>12/15/21</u>
133	DONATED FOOD _____ _____ _____	\$ <u>31,864.</u>	<u>01/15/21</u>
134	DONATED FOOD _____ _____ _____	\$ <u>4,338.</u>	<u>02/15/21</u>
135	DONATED FOOD _____ _____ _____	\$ <u>38,483.</u>	<u>03/15/21</u>
136	DONATED FOOD _____ _____ _____	\$ <u>41,584.</u>	<u>04/15/21</u>
137	DONATED FOOD _____ _____ _____	\$ <u>39,646.</u>	<u>05/15/21</u>



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
138	DONATED FOOD _____ _____ _____	\$ <u>37,317.</u>	<u>06/15/21</u>
139	DONATED FOOD _____ _____ _____	\$ <u>41,157.</u>	<u>07/15/21</u>
140	DONATED FOOD _____ _____ _____	\$ <u>38,364.</u>	<u>08/15/21</u>
141	DONATED FOOD _____ _____ _____	\$ <u>40,194.</u>	<u>09/15/21</u>
142	DONATED FOOD _____ _____ _____	\$ <u>42,724.</u>	<u>10/15/21</u>
143	DONATED FOOD _____ _____ _____	\$ <u>45,304.</u>	<u>11/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
144	DONATED FOOD _____ _____ _____	\$ <u>42,335.</u>	<u>12/15/21</u>
145	DONATED FOOD _____ _____ _____	\$ <u>39.</u>	<u>04/15/21</u>
146	DONATED FOOD _____ _____ _____	\$ <u>37.</u>	<u>05/15/21</u>
147	DONATED FOOD _____ _____ _____	\$ <u>13,244.</u>	<u>09/15/21</u>
148	DONATED FOOD _____ _____ _____	\$ <u>8,716.</u>	<u>03/15/21</u>
149	DONATED FOOD _____ _____ _____	\$ <u>17,279.</u>	<u>07/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
150	DONATED FOOD _____ _____ _____	\$ <u>88,248.</u>	<u>08/15/21</u>
151	DONATED FOOD _____ _____ _____	\$ <u>43,391.</u>	<u>09/15/21</u>
152	DONATED FOOD _____ _____ _____	\$ <u>69,075.</u>	<u>10/15/21</u>
153	DONATED FOOD _____ _____ _____	\$ <u>61,372.</u>	<u>11/15/21</u>
154	DONATED FOOD _____ _____ _____	\$ <u>23,848.</u>	<u>12/15/21</u>
155	DONATED FOOD _____ _____ _____	\$ <u>5,304.</u>	<u>01/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
156	DONATED FOOD _____ _____ _____	\$ <u>9,166.</u>	<u>02/15/21</u>
157	DONATED FOOD _____ _____ _____	\$ <u>653.</u>	<u>06/15/21</u>
158	DONATED FOOD _____ _____ _____	\$ <u>764.</u>	<u>07/15/21</u>
159	DONATED FOOD _____ _____ _____	\$ <u>400.</u>	<u>08/15/21</u>
160	DONATED FOOD _____ _____ _____	\$ <u>407.</u>	<u>09/15/21</u>
161	DONATED FOOD _____ _____ _____	\$ <u>2,064.</u>	<u>11/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
162	DONATED FOOD _____ _____ _____	\$ <u>1,454.</u>	<u>12/15/21</u>
163	DONATED FOOD _____ _____ _____	\$ <u>1,734.</u>	<u>06/15/21</u>
164	DONATED FOOD _____ _____ _____	\$ <u>2,285.</u>	<u>07/15/21</u>
165	DONATED FOOD _____ _____ _____	\$ <u>2,184.</u>	<u>08/15/21</u>
166	DONATED FOOD _____ _____ _____	\$ <u>2,461.</u>	<u>09/15/21</u>
167	DONATED FOOD _____ _____ _____	\$ <u>3,379.</u>	<u>10/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
168	DONATED FOOD _____ _____ _____	\$ <u>3,222.</u>	<u>11/15/21</u>
169	DONATED FOOD _____ _____ _____	\$ <u>3,062.</u>	<u>12/15/21</u>
170	DONATED FOOD _____ _____ _____	\$ <u>5,014.</u>	<u>05/15/21</u>
171	DONATED FOOD _____ _____ _____	\$ <u>10,216.</u>	<u>06/15/21</u>
172	DONATED FOOD _____ _____ _____	\$ <u>10,971.</u>	<u>07/15/21</u>
173	DONATED FOOD _____ _____ _____	\$ <u>9,446.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
174	DONATED FOOD _____ _____ _____	\$ <u>7,297.</u>	<u>09/15/21</u>
175	DONATED FOOD _____ _____ _____	\$ <u>8,864.</u>	<u>10/15/21</u>
176	DONATED FOOD _____ _____ _____	\$ <u>20,532.</u>	<u>11/15/21</u>
177	DONATED FOOD _____ _____ _____	\$ <u>10,155.</u>	<u>12/15/21</u>
178	DONATED FOOD _____ _____ _____	\$ <u>2,220.</u>	<u>05/15/21</u>
179	DONATED FOOD _____ _____ _____	\$ <u>2,542.</u>	<u>06/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
180	DONATED FOOD _____ _____ _____	\$ <u>2,870.</u>	<u>07/15/21</u>
181	DONATED FOOD _____ _____ _____	\$ <u>3,439.</u>	<u>08/15/21</u>
182	DONATED FOOD _____ _____ _____	\$ <u>3,629.</u>	<u>09/15/21</u>
183	DONATED FOOD _____ _____ _____	\$ <u>3,742.</u>	<u>10/15/21</u>
184	DONATED FOOD _____ _____ _____	\$ <u>4,246.</u>	<u>11/15/21</u>
185	DONATED FOOD _____ _____ _____	\$ <u>6,295.</u>	<u>12/15/21</u>



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
186	DONATED FOOD _____ _____ _____	\$ <u>18,480.</u>	<u>06/15/21</u>
187	DONATED FOOD _____ _____ _____	\$ <u>11,270.</u>	<u>05/15/21</u>
188	DONATED FOOD _____ _____ _____	\$ <u>10,062.</u>	<u>06/15/21</u>
189	DONATED FOOD _____ _____ _____	\$ <u>10,857.</u>	<u>07/15/21</u>
190	DONATED FOOD _____ _____ _____	\$ <u>4,352.</u>	<u>08/15/21</u>
191	DONATED FOOD _____ _____ _____	\$ <u>14,892.</u>	<u>09/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
192	DONATED FOOD _____ _____ _____	\$ <u>10,207.</u>	<u>10/15/21</u>
193	DONATED FOOD _____ _____ _____	\$ <u>6,912.</u>	<u>11/15/21</u>
194	DONATED FOOD _____ _____ _____	\$ <u>6,101.</u>	<u>12/15/21</u>
195	DONATED FOOD _____ _____ _____	\$ <u>2,215.</u>	<u>02/15/21</u>
196	DONATED FOOD _____ _____ _____	\$ <u>4,386.</u>	<u>03/15/21</u>
197	DONATED FOOD _____ _____ _____	\$ <u>1,269.</u>	<u>04/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
198	DONATED FOOD _____ _____ _____	\$ <u>1,837.</u>	<u>05/15/21</u>
199	DONATED FOOD _____ _____ _____	\$ <u>2,965.</u>	<u>06/15/21</u>
200	DONATED FOOD _____ _____ _____	\$ <u>2,323.</u>	<u>07/15/21</u>
201	DONATED FOOD _____ _____ _____	\$ <u>2,138.</u>	<u>08/15/21</u>
202	DONATED FOOD _____ _____ _____	\$ <u>1,660.</u>	<u>09/15/21</u>
203	DONATED FOOD _____ _____ _____	\$ <u>2,861.</u>	<u>10/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
204	DONATED FOOD _____ _____ _____	\$ <u>3,005.</u>	<u>11/15/21</u>
205	DONATED FOOD _____ _____ _____	\$ <u>3,459.</u>	<u>12/15/21</u>
206	DONATED FOOD _____ _____ _____	\$ <u>10,102.</u>	<u>01/15/21</u>
207	DONATED FOOD _____ _____ _____	\$ <u>10,883.</u>	<u>02/15/21</u>
208	DONATED FOOD _____ _____ _____	\$ <u>14,546.</u>	<u>03/15/21</u>
209	DONATED FOOD _____ _____ _____	\$ <u>24,811.</u>	<u>04/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
210	DONATED FOOD _____ _____ _____	\$ <u>21,753.</u>	<u>05/15/21</u>
211	DONATED FOOD _____ _____ _____	\$ <u>14,359.</u>	<u>06/15/21</u>
212	DONATED FOOD _____ _____ _____	\$ <u>14,779.</u>	<u>07/15/21</u>
213	DONATED FOOD _____ _____ _____	\$ <u>10,897.</u>	<u>08/15/21</u>
214	DONATED FOOD _____ _____ _____	\$ <u>10,839.</u>	<u>09/15/21</u>
215	DONATED FOOD _____ _____ _____	\$ <u>14,501.</u>	<u>10/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
216	DONATED FOOD _____ _____ _____	\$ <u>13,201.</u>	<u>11/15/21</u>
217	DONATED FOOD _____ _____ _____	\$ <u>23,122.</u>	<u>12/15/21</u>
218	DONATED FOOD _____ _____ _____	\$ <u>3,870.</u>	<u>05/15/21</u>
219	DONATED FOOD _____ _____ _____	\$ <u>39,012.</u>	<u>06/15/21</u>
220	DONATED FOOD _____ _____ _____	\$ <u>39,042.</u>	<u>07/15/21</u>
221	DONATED FOOD _____ _____ _____	\$ <u>49,720.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
222	DONATED FOOD _____ _____ _____	\$ <u>59,396.</u>	<u>09/15/21</u>
223	DONATED FOOD _____ _____ _____	\$ <u>54,156.</u>	<u>10/15/21</u>
224	DONATED FOOD _____ _____ _____	\$ <u>62,755.</u>	<u>11/15/21</u>
225	DONATED FOOD _____ _____ _____	\$ <u>57,901.</u>	<u>12/15/21</u>
226	DONATED FOOD _____ _____ _____	\$ <u>822.</u>	<u>02/15/21</u>
227	DONATED FOOD _____ _____ _____	\$ <u>5,159.</u>	<u>03/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
228	DONATED FOOD _____ _____ _____	\$ <u>9,761.</u>	<u>04/15/21</u>
229	DONATED FOOD _____ _____ _____	\$ <u>8,075.</u>	<u>05/15/21</u>
230	DONATED FOOD _____ _____ _____	\$ <u>10,952.</u>	<u>06/15/21</u>
231	DONATED FOOD _____ _____ _____	\$ <u>31,545.</u>	<u>07/15/21</u>
232	DONATED FOOD _____ _____ _____	\$ <u>21,779.</u>	<u>08/15/21</u>
233	DONATED FOOD _____ _____ _____	\$ <u>15,169.</u>	<u>09/15/21</u>



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
234	DONATED FOOD _____ _____ _____	\$ <u>15,554.</u>	<u>10/15/21</u>
235	DONATED FOOD _____ _____ _____	\$ <u>19,752.</u>	<u>11/15/21</u>
236	DONATED FOOD _____ _____ _____	\$ <u>20,889.</u>	<u>12/15/21</u>
237	DONATED FOOD _____ _____ _____	\$ <u>65,003.</u>	<u>03/15/21</u>
238	DONATED FOOD _____ _____ _____	\$ <u>17,393.</u>	<u>07/15/21</u>
239	DONATED FOOD _____ _____ _____	\$ <u>2,994.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
240	DONATED FOOD _____ _____ _____	\$ 10,842.	09/15/21
241	DONATED FOOD _____ _____ _____	\$ 21,400.	10/15/21
242	DONATED FOOD _____ _____ _____	\$ 5,926.	11/15/21
243	DONATED FOOD _____ _____ _____	\$ 4,712.	12/15/21
266	DONATED FOOD _____ _____ _____	\$ 41,361.	01/15/21
267	DONATED FOOD _____ _____ _____	\$ 51,010.	02/15/21

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
268	DONATED FOOD _____ _____ _____	\$ <u>99,596.</u>	<u>03/15/21</u>
269	DONATED FOOD _____ _____ _____	\$ <u>80,470.</u>	<u>04/15/21</u>
270	DONATED FOOD _____ _____ _____	\$ <u>107,447.</u>	<u>05/15/21</u>
271	DONATED FOOD _____ _____ _____	\$ <u>132,428.</u>	<u>06/15/21</u>
272	DONATED FOOD _____ _____ _____	\$ <u>84,740.</u>	<u>07/15/21</u>
273	DONATED FOOD _____ _____ _____	\$ <u>97,005.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
274	DONATED FOOD _____ _____ _____	\$ <u>165,311.</u>	<u>09/15/21</u>
275	DONATED FOOD _____ _____ _____	\$ <u>100,914.</u>	<u>10/15/21</u>
276	DONATED FOOD _____ _____ _____	\$ <u>126,613.</u>	<u>11/15/21</u>
277	DONATED FOOD _____ _____ _____	\$ <u>113,225.</u>	<u>12/15/21</u>
278	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>559.</u>	<u>03/15/21</u>
279	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>1,872.</u>	<u>05/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
280	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>6,485.</u>	<u>06/15/21</u>
281	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>230.</u>	<u>07/15/21</u>
282	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,413.</u>	<u>03/15/21</u>
283	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>920.</u>	<u>04/15/21</u>
284	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>1,329.</u>	<u>12/15/21</u>
285	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>982.</u>	<u>03/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
286	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>584.</u>	<u>04/15/21</u>
287	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>34.</u>	<u>05/15/21</u>
288	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>15.</u>	<u>06/15/21</u>
289	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>700.</u>	<u>07/15/21</u>
290	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>286.</u>	<u>08/15/21</u>
291	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>598.</u>	<u>09/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
292	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>864.</u>	<u>10/15/21</u>
293	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>593.</u>	<u>11/15/21</u>
294	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>930.</u>	<u>12/15/21</u>
295	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,240.</u>	<u>05/15/21</u>
296	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,822.</u>	<u>06/15/21</u>
297	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>1,124.</u>	<u>07/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
298	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>1,707.</u>	<u>08/15/21</u>
299	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,771.</u>	<u>09/15/21</u>
300	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>818.</u>	<u>10/15/21</u>
301	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,669.</u>	<u>11/15/21</u>
302	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>1,446.</u>	<u>12/15/21</u>
303	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>9,379.</u>	<u>01/26/21</u>



Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
304	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>1,338.</u>	<u>03/15/21</u>
305	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>4,701.</u>	<u>04/15/21</u>
306	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>9,416.</u>	<u>05/15/21</u>
307	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>2,984.</u>	<u>06/15/21</u>
308	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,158.</u>	<u>07/15/21</u>
309	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>5,411.</u>	<u>08/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
310	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>6,004.</u>	<u>09/15/21</u>
311	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>3,138.</u>	<u>10/15/21</u>
312	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>2,013.</u>	<u>11/15/21</u>
313	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>7,762.</u>	<u>12/15/21</u>
314	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>501.</u>	<u>05/15/21</u>
315	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>4,829.</u>	<u>06/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
316	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>2,197.</u>	<u>07/15/21</u>
317	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>557.</u>	<u>08/15/21</u>
318	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>26.</u>	<u>09/15/21</u>
319	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>388.</u>	<u>10/15/21</u>
320	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>15.</u>	<u>11/15/21</u>
321	DONATED VARIOUS HOUSEHOLD ITEMS _____ _____ _____	\$ <u>128.</u>	<u>12/15/21</u>

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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
322	DONATED VEHICLE _____ _____ _____	\$ <u>6,009.</u>	<u>07/27/21</u>
323	DONATED VEHICLE _____ _____ _____	\$ <u>5,799.</u>	<u>07/21/21</u>
324	DONATED VEHICLE _____ _____ _____	\$ <u>5,950.</u>	<u>03/09/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>GRACE KLEIN COMMUNITY, INC.</b>	Employer identification number  <b>80-0569639</b>
--	---

**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **GRACE KLEIN COMMUNITY, INC.** Employer identification number **80-0569639**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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 to be sold to raise funds rather than to be maintained as part of 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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| 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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,500.		68,500.
b Buildings		373,630.	67,450.	306,180.
c Leasehold improvements				
d Equipment				
e Other		133,326.	133,326.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>374,680.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PAYROLL LIABILITIES</b>	6,337.
(3) <b>VISA</b>	3,599.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,936.

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...



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **GRACE KLEIN COMMUNITY, INC.** Employer identification number **80-0569639**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DONATIONS OF FOOD AND HOUSEHOLD GOODS TO FAMILIES IN NEED	0	0.	4,495,231.	FMV	FOOD AND HOUSEHOLD GOODS
VARIOUS PAYMENTS FOR HOUSEHOLD EXPENSES, MEDICAL EXPENSES, ADOPTION SUPPORT AND UNEXPECTED FUNERAL EXPENSES FOR FAMILIES IN NEED.	0	33,218.	0.	FMV	
PAYMENTS TO MISSIONARIES AND MISSIONS.	0	75,397.	0.	FMV	
DONATION OF VEHICLES TO FAMILIES IN NEED	0	0.	27,372.	KELLEY BLUE BOOK	VEHICLES

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ENTITY ONLY ACCEPTS REFERRALS FOR GRANTS. THE ENTITY REVIEWS EACH REQUEST FOR COMPLIANCE BEFORE AWARDING THE GRANT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GRACE KLEIN COMMUNITY, INC.** Employer identification number **80-0569639**

Part 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	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X		444,396.	FMV
6	Cars and other vehicles .....	X		27,372.	KELLEY BLUE BOOK
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 .....				
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		4,050,835.	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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

GRACE KLEIN COMMUNITY, INC.

Employer identification number

80-0569639

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND UNDERPRIVILEGED.

FORM 990, PART VI, SECTION A, LINE 2:

JENNY AND JASON WALTMAN ARE MARRIED AND ARE BOTH DIRECTORS OF GRACE KLEIN  
COMMUNITY, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD RECEIVES A COPY OF THE FORM 990 PRIOR TO FILING. THE RETURN IS  
REVIEWED TO ENSURE COMPLETENESS AND ACCURACY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST  
THAT ARISE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAINTAINS COPIES OF ITS GOVERNING DOCUMENTS AND FINANCIAL  
STATEMENTS AT THEIR OFFICE AND THEY ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
1	4756 WINE RIDGE LANE-HOUSE	02/01/15	SL	27.50		MM16	139,630.				139,630.	30,039.		5,077.	35,116.
2	LAND	02/01/15	L				10,500.				10,500.			0.	
3	4756 WINE RIDGE LANE-IMPROVEMENTS	01/20/16	SL	27.50		MM16	45,000.				45,000.	8,044.		1,636.	9,680.
4	TAHOE	01/01/16	200DB	5.00		HY17	2,300.				2,300.	2,168.		132.	2,300.
5	BOX TRUCK	08/01/16	200DB	5.00		HY17	15,000.				15,000.	14,136.		864.	15,000.
6	3416 DEERWOOD-LAND	07/27/18	L				58,000.				58,000.			0.	
7	3416 DEERWOOD-HOUSE	07/27/18	SL	27.50		MM16	146,384.				146,384.	12,864.		5,323.	18,187.
8	3416 DEERWOOD-IMPROVEMENTS	11/15/18	SL	27.50		MM16	26,452.				26,452.	2,084.		962.	3,046.
9	3416 DEERWOOD-IMPROVEMENTS	07/24/19	SL	27.50		MM16	16,164.				16,164.	833.		588.	1,421.
10	2008 VOLVO	09/10/19	200DB	5.00		HY17	2,152.			2,152.				0.	
11	2012 FREIGHTLINER	04/07/20	200DB	5.00		HY17	30,092.			30,092.				0.	
12	2016 HINO	07/10/20	200DB	5.00		HY17	46,950.			46,950.				0.	
13	COMMERCIAL FREEZER	03/17/20	200DB	5.00		HY17	2,944.			2,944.				0.	
14	40 FT REFRIG TRAILER	05/15/21	200DB	5.00		HY19B	15,000.			15,000.				15,000.	
15	COMMERCIAL REFRIGERATOR	07/28/21	200DB	5.00		HY19B	4,144.			4,144.				4,144.	
16	2006 CHEVY EXPRESS 3500	01/08/21	200DB	5.00		HY19B	11,294.			11,294.				11,294.	
17	COMMERCIAL FREEZER	04/08/21	200DB	5.00		HY19B	3,450.			3,450.				3,450.	
	* TOTAL 990 PAGE 10 DEPR						575,456.			116,026.	459,430.	70,168.		48,470.	84,750.





Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. 179

Name(s) shown on return  <b>GRACE KLEIN COMMUNITY, INC.</b>	Business or activity to which this form relates  <b>FORM 990 PAGE 10</b>	Identifying number  <b>80-0569639</b>
---	--	---

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	1,050,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,620,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	33,888.
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	13,586.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2021 .....	<b>17</b>	996.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	48,470.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:
43 Amortization of costs that began before your 2021 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44