

IRS PUBLIC DISCLOSURE



KINGDOM BENEFIT CHARITIES(K.B.C.), INC.

dBA Great Grace Foundation

In compliance with the IRS Tax Exempt Public Disclosure requirement, we release the following information on our new website. This is the most current information based upon the reported tax year.

Release Date: 7/16/2025

The information is available for both viewing and downloading. If there are any questions concerning this information please [contact us](#).

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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **SEP 03 2014**

KINGDOM BENEFIT CHARITIES INC DBA
GREAT GRACE
2020 HOWELL MILL RD 210
ATLANTA, GA 30318

Employer Identification Number:
80-0826344

DLN:

17053062337024

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

June 15, 2012

Contribution Deductibility:

Yes

Addendum Applies:

No

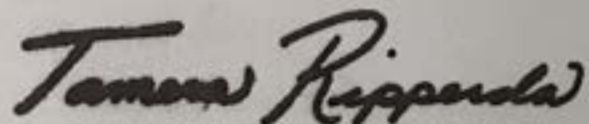
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

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IRS FORM 990N

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2024

Open to Public Inspection

A For the 2024 Calendar year, or tax year beginning 2024-01-01 and ending 2024-12-31

B Check if available

☐ Terminated for Business

☒ Gross receipts are normally \$50,000 or less

C Name of Organization: KINGDOM BENEFIT CHARITIES INC

16781 Chagrin BLVD STE

412, Shaker Heights, OH, US,

44120

D Employee Identification

Number 80-0826344

E Website:

www.kingdombenefitcharities.org

F Name of Principal Officer: Paula Matthews

16781 Chagrin BLVD STE

412, Shaker Heights, OH, US,

44120

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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KINGDOM BENEFIT CHARITIES (K.B.C.). INC.
2025 CONTRIBUTION SUMMARY
 As Of 7/16/2025

2025 Donations Received:			Contributions Made:		
Cash	0	0	Cash	0	0
Paypal	1	9.2	Paypal	0	0
Check	1	25	Check	0	0
ACH	6	\$122.30	ACH	7	\$81.62
Total	8	\$ 156.50	Total	7	\$ 81.62
2024 Donations Received:			Contributions Made:		
Cash	0	0	Cash	0	0
Paypal	1	\$9.70	Paypal	1	\$10.00
Check	0	0	Check	0	0
ACH	11	\$211.87	ACH	23	\$120.81
Total	12	\$221.57	Total	24	\$130.81
2023 Donations Received:			Contributions Made:		
Cash	0	0	Cash	0	0
Paypal	2	24.25	Paypal	1	10.72
Check	1	\$10.00	Check	0	0
ACH	12	\$183.75	ACH	10	\$130.72
Total	15	\$ 218.00	Total	11	\$ 141.44
2022 Donations Received:			Contributions Made:		
Cash	0		Cash	0	0
Paypal	10	\$285.00	Paypal	0	0
Check	0	0	Check	0	0
ACH	2	2.05	ACH	13	\$145.00
Total	12	\$ 287.05	Total	13	\$145.00

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2021 Donations Received:				Contributions Made:			
Cash				Cash			
Paypal	8		\$290.00	Paypal	1	\$	61.00
Check				Check			
ACH				ACH	15	\$	115.63
Total	8	\$	290.00	Total	16	\$	176.63
2020 Donations Received:				Contributions Made:			
Cash	6		\$380.00	Cash			
Paypal	5		\$50.00	Paypal	3		\$33.00
Check				Check			
ACH				ACH	10		\$63.00
Total	11		\$430.00	Total	13		\$96.00
2019 Donations Received:				Contributions Made:			
Cash	12	\$	208.00	Cash		\$	-
Paypal	3	\$	20.00	Paypal			
Check	1	\$	7.00	Check			
ACH				ACH	6	\$	56.50
Total	16	\$	235.00	Total	6	\$	56.50
2018 Donations Received:				Contributions Made:			
Cash	3	\$	20.00	Cash		\$	-
Paypal	8	\$	55.00	Paypal			
Check				Check			
ACH	0	\$	-	ACH	3	\$	8.50
Total	11	\$	75.00	Total	3	\$	8.50
2017 Donations Received:				Contributions Made:			
Cash	13	\$	117.00	Cash	0	\$	-
Paypal	7	\$	77.67	Paypal	0	\$	-
Check	4	\$	11.42	Check	4	\$	28.50
ACH	0	\$	-	ACH	6	\$	40.00
Total	24	\$	206.09	Total	10	\$	68.50
2016 Donations Received:				Contributions Made:			
Cash	8	\$	86.00	Cash		\$	-
Paypal	7	\$	182.00	Paypal			

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Check	5	\$	97.00	Check	7	\$	84.00
ACH				ACH	13	\$	94.00
Total	20	\$	365.00	Total	20	\$	178.00
2015 Donations Received:				Contributions Made:			
Cash	8	\$	77.00	Cash		\$	-
Paypal	1	\$	500.00	Paypal			
Check	6	\$	187.00	Check	9	\$	135.76
ACH				ACH	6	\$	55.00
Total	15	\$	764.00	Total	15	\$	190.76
2014 Donations Received:				Contributions Made:			
Cash	7	\$	530.00	Cash		\$	-
Paypal	3	\$	39.23	Paypal			
Check				Check	1	\$	10.00
ACH	1	\$	10.00	ACH	8	\$	76.00
Total	11	\$	579.23	Total	9	\$	86.00
2013 Donations Received:				Contributions Made:			
Cash	0	\$	-	Cash		\$	-
Paypal	2	\$	13.00	Paypal			
Check	1	\$	7.00	Check			
ACH	1	\$	10.00	ACH	3	\$	30.00
Total	4	\$	30.00	Total	3	\$	30.00
2012 Donations Received:				Contributions Made:			
Cash	2	\$	100.00	Cash	0	\$	-
Paypal				Paypal			
Check				Check			
ACH				ACH			
Total	2	\$	100.00	Total	0	\$	-
TOTAL DONATIONS	169	\$	3,957.44	TOTAL CONTRIBUTIONS	150	\$	1,389.76

Confidential Materials



Department of the Treasury
Internal Revenue Service

General Information

(Rev. December 2013)

**Application for Recognition of Exemption Under Section 501(c)(3) of
the Internal Revenue Code**

FORM 1023 Application

Name: Kingdom Benefit Charities (K.B.C.), Inc.
dba Great Grace Foundation

EIN: 80-0826344

Date Submitted: February 24, 2014

Form 1023 Checklist

(Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- ☒ Assemble the application and materials in this order:
- Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- ☒ User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- ☒ Employer Identification Number (EIN)
- ☒ Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- ☐ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- | | | | |
|------------|--|------------|--|
| Schedule A | Yes ___ No <input checked="" type="checkbox"/> | Schedule E | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule B | Yes ___ No <input checked="" type="checkbox"/> | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule D | Yes ___ No <input checked="" type="checkbox"/> | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344

- ☒ An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Page 2, "Third" Article
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Ohio Not Required
- ☒ Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.
- ☒ Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011

 Printed on recycled paper

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Form **1023**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

(Use with the June 2008 revision of the instructions for Form 1023 and the current Notice 1382)

OMB No. 1545-0066

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace		2 c/o Name (if applicable)
3 Mailing address (Number and street) (see instructions) 2020 Howell Mill Road #210	Room/Suite	4 Employer Identification Number (EIN) 80-0826344
City or town, state or country, and ZIP + 4 Atlanta, Georgia 30318		5 Month the annual accounting period ends (01-12) 12
6 Primary contact (officer, director, trustee, or authorized representative) a Name: Paula Matthews, E.P.I.C. Ventures, Inc. Founder and Incorporator of Kingdom Benefit Charities, Inc.		b Phone: 216.647.0309 c Fax: (optional)
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Organization's website: http://www.kingdombenefitcharities.org		
b Organization's email: (optional) paula.matthews@kingdombenefitcharities.org		
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 6 / 15 / 2012		
12 Were you formed under the laws of a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the country.		

For Paperwork Reduction Act Notice, see page 24 of the instructions.

Cat. No. 17133K

Form **1023** (Rev. 12-2013)

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Part II Organizational Structure

You must be a corporation (including a limited liability corporation), an unincorporated association, or a trust to be tax exempt. (See instructions). **DO NOT** file this form unless you can check "Yes" on lines 1, 2, 3, or 4.

- 1 Are you a corporation? If "Yes," attach a copy of your articles of incorporation showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. ☒ Yes ☐ No
- 2 Are you a limited liability company (LLC)? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. ☐ Yes ☒ No
- 3 Are you an unincorporated association? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. ☐ Yes ☒ No
- 4a Are you a trust? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. ☐ Yes ☒ No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. ☐ Yes ☐ No
- 5 Have you adopted bylaws? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. ☐ Yes ☒ No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under Section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT** file this application until you have amended your organizing document. Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Page 2, "Third," Article ☒
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☐
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a.
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: Ohio ☒

Part IV Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Paula Matthews	K.B.C. Founder	2020 Howell Mill Road #210 Atlanta, GA 30318	none
David Scott, The Globe Changers	K.B.C. Advisory Team	991 Woodruff Place Middle Dr. Indianapolis, IN 46201	none
Jo Easton, The Lamb Network	K.B.C. Advisory Team	3333 N. Illinois #B2 Indianapolis, IN 46208	none

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

- c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

The following "Yes" or "No" questions relate to past, present, or planned relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees related to each other through family or business relationships? ☒ Yes ☐ No
If "Yes," identify the individuals and explain the relationship.

- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☒ Yes ☐ No

- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through common control? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ Yes ☒ No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☒ Yes ☐ No
b Do you or will you approve compensation arrangements in advance of paying compensation? ☒ Yes ☐ No
c Do you or will you document in writing the date and terms of approved compensation arrangements? ☒ Yes ☐ No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ Yes ☐ No

e Do you or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☒ Yes ☐ No

f Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ Yes ☐ No

g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

8a Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☐ Yes ☒ No

b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

8a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine that you pay no more than fair market value. Attach copies of any written contracts or other agreements relating to such purchases. ☐ Yes ☒ No

b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. ☐ Yes ☒ No

8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☐ Yes ☒ No

b Describe any written or oral arrangements that you made or intend to make.

c Identify with whom you have or will have such arrangements.

d Explain how the terms are or will be negotiated at arm's length.

e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.

f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. ☐ Yes ☒ No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements that you made or intend to make.
 c Identify with whom you have or will have such arrangements.
 d Explain how the terms are or will be negotiated at arm's length.
 e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
 f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to past, present, and planned activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? ☐ Yes ☒ No
 If "Yes," describe each program that provides goods, services, or funds to individuals.
 b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? ☒ Yes ☐ No
 If "Yes," describe each program that provides goods, services, or funds to organizations.
 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. ☐ Yes ☒ No
 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. ☐ Yes ☒ No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. ☐ Yes ☒ No
 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. ☐ Yes ☒ No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to past, present, and planned activities. (See instructions.)

- 1 Do you support or oppose candidates in political campaigns in any way? If "Yes," explain. ☐ Yes ☒ No
 2a Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. ☐ Yes ☒ No
 b Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ Yes ☐ No
 3a Do you or will you operate bingo or gaming activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. ☐ Yes ☒ No
 b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such arrangements. ☐ Yes ☒ No
 c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. ☒ Yes ☐ No
(See instructions.)

- ☐ mail solicitations
☐ email solicitations
☐ personal solicitations
☐ vehicle, boat, plane, or similar donations
☐ foundation grant solicitations
☐ phone solicitations
☒ accept donations on your website
☐ receive donations from another organization's website
☐ government grant solicitations
☐ Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☐ Yes ☒ No

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☐ Yes ☒ No

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☒ Yes ☐ No

5 Are you affiliated with a governmental unit? If "Yes," explain. ☐ Yes ☒ No

6a Do you or will you engage in economic development? If "Yes," describe your program. ☐ Yes ☒ No

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. ☐ Yes ☒ No

b Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. ☐ Yes ☒ No

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. ☒ Yes ☐ No

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. ☐ Yes ☒ No

b Do you provide child care so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ Yes ☐ No

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ Yes ☐ No

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). ☐ Yes ☐ No

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☒ Yes ☐ No

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☒ Yes ☐ No
- 12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☐ Yes ☒ No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☒ Yes ☐ No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☐ Yes ☒ No
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. ☒ Yes ☐ No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☒ Yes ☐ No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☐ Yes ☒ No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ Yes ☐ No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ Yes ☐ No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ Yes ☐ No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☐ Yes ☐ No

Part VIII Your Specific Activities (Continued)

- 15 Do you have a close connection with any organizations? If "Yes," explain. ☐ Yes ☒ No
- 16 Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. ☐ Yes ☒ No
- 17 Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. ☐ Yes ☒ No
- 18 Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. ☐ Yes ☒ No
- 19 Do you or will you operate a school? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. ☐ Yes ☒ No
- 20 Is your main function to provide hospital or medical care? If "Yes," complete Schedule G. ☐ Yes ☒ No
- 21 Do you or will you provide low-income housing or housing for the elderly or handicapped? If "Yes," complete Schedule F. ☐ Yes ☒ No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. ☐ Yes ☒ No

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			
		(a) From 1/1/2013 To 12/31/2013	(b) From 1/1/2012 To 12/31/2012	(c) From 1/1/14 To 12/31/14	(d) From 1/1/15 To 12/31/15	(e) Provide Total for (a) through (d)
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	30	100	6,000	10,000	16,130
	2 Membership fees received	0	0	0	0	0
	3 Gross investment income	0	0	0	0	0
	4 Net unrelated business income	0	0	0	0	0
	5 Taxes levied for your benefit	0	0	0	0	0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0	0	0
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	0	0	0
	8 Total of lines 1 through 7	30	100	6,000	10,000	16,130
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	10 Total of lines 8 and 9	30	100	6,000	10,000	16,130
Expenses	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0	0	0
	12 Unusual grants		0	0	0	0
	13 Total Revenue Add lines 10 through 12	30	100	6,000	10,000	16,130
	14 Fundraising expenses	6.98	0	150	100	
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	30	0	4,800	8,950	
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0	0	
	17 Compensation of officers, directors, and trustees	0	0	0	0	
	18 Other salaries and wages	0	0	750	750	
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)					
	21 Depreciation and depletion			0	0	
	22 Professional fees			0	0	
	23 Any expense not otherwise classified, such as program services (attach itemized list)	0	97.94	250	200	
	24 Total Expenses Add lines 14 through 23	30.98	97.94	5,950	10,000	

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**

Assets			
1	Cash	1	1.08
2	Accounts receivable, net	2	0
3	Inventories	3	0
4	Bonds and notes receivable (attach an itemized list)	4	
5	Corporate stocks (attach an itemized list)	5	
6	Loans receivable (attach an itemized list)	6	
7	Other investments (attach an itemized list)	7	0
8	Depreciable and depletable assets (attach an itemized list)	8	0
9	Land	9	
10	Other assets (attach an itemized list)	10	
11	Total Assets (add lines 1 through 10)	11	1.08
Liabilities			
12	Accounts payable	12	0
13	Contributions, gifts, grants, etc. payable	13	0
14	Mortgages and notes payable (attach an itemized list)	14	0
15	Other liabilities (attach an itemized list)	15	
16	Total Liabilities (add lines 12 through 15)	16	0
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain.		

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. (See instructions.)

1a	Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.	<input type="checkbox"/>
2	Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box. The organization is not a private foundation because it is:	
a	509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.	<input type="checkbox"/>
b	509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.	<input type="checkbox"/>
c	509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.	<input type="checkbox"/>
d	509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h.	<input type="checkbox"/>

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☐
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☒

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☐

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☒
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A, Statement of Revenues and Expenses. 3226
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☒
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box. ☒
- (b) For each year amounts are included on line 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A, Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☒
- 7 Did you receive any unusual grants during any of the years shown on Part IX-A, Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ Yes ☒ No

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of gross receipts over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☐ Yes ☒ No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).

- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). ☒

- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change). ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please
Sign
Here

official)

_____, owner, or other authorized

Paula Matthews

2.24.14

(Type or print name of signer)

(Date)

Founder, Kingdom Benefit Charities, Inc.

(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filed-in-application.

Form 1023 (Rev. 12-2013)

Part II Organizational Structure

5. Have you adopted bylaws? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.

Bylaws were not required for articles of incorporation in the State of Ohio, KBC currently has no official Board of Directors. The Founder has chosen a couple of close associates to serve as her temporary Advisory Team until the official Board is formalized. The temporary advisory team are helping in the development of the nonprofit. KBC also has a plan for acquiring no more than twelve (12) and no fewer than four (4) people for its board of directors. Board members who will be selected from our community of nonprofit agencies and from interested volunteers from the corporate community and government sectors. Each board member will be elected for a term of one year and will be eligible to hold office for three consecutive terms for a total of four years of voluntary board service for our agency. (KBC also believes in identifying leadership qualities in members of under served communities and training them for future board and committee positions. Such training and cultivation will be provided under our training and education programs.)

Part IV Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

KBC is designed to network with other agencies in assisting with their charitable needs. We have estimated that over 65% of our activities would involve giving financial support to these agencies so that they can provide food and clothing distribution to individuals. In addition, we will supply 13% of our activities and resources to help with information and referral for clients who are in need of social services and assistance. KBC is planning on developing an extensive network that will bring together community agencies to dialog about their essential needs that are not being met by the traditional avenues of nonprofit support, in an effort to ensure that adequate support is available for all constituents.

Most of the current activities of KBC have been that of developing our agency from concept to working model. Since this is a new agency with a founder who had experience working with nonprofits but no experience establishing a nonprofit, the process was opened up for discussion and presentation on our website <http://www.kingdombenefitcharities.org> on an ongoing blog discussion.

Our founder has written many articles for EzineArticles (an on-line magazine) dealing with the subject of wealth, philanthropy and even began a series of articles on how to start a nonprofit company. She has also invited the audience to participate in the process as a series of articles covers the entire process of KBC coming into fruition. In addition, the founder has written books that contained subjects that offered solutions to solving the wealth distribution and poverty issues in America. These books are also featured on the website. Our web site also lists our current projects and planned activities as we complete the process of building this company from the ground up. Again, most of our current projects deal with the organization and formation of the agency and not that of officially offering services to the community as of yet. Once KBC is well established as a working nonprofit company we will continue the blog and article presentations by the founder. These online activities would comprise a significant portion of the public information and education portion of our activities. Our charitable services are holistic approach to healing the human condition. Although our goal is to offer assistance to agencies who offer relief to the poor, KBC believes that this goes far beyond throwing money at the issues. It also means that agencies should continue to supply whatever is lacking in order that the poor become rehabilitated and re-established as viable and sustainable individuals in the local economy. To do this, KBC believes that re-education is a key component in rehabilitating individuals in areas that caused their situation of lack. It is also important for individuals to get back on track with finding a meaningful purpose for their lives after tragedy. KBC would provide assistance in job training and employment referrals for interested individuals. Therefore the financial support of agencies who offer this type of education and retraining would comprise approximately 22% of our activities.

(SEE ATTACHMENT A2)

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

2a. Are any of your officers, directors, or trustees related to each other through family or business relationships? If "Yes," identify the individuals and explain the relationship.

Temporary Advisory Team: David Scott (Sibling of Paula Matthews); Jo Easton (Business Associate and Advisor)
(SEE PART V, 1A)

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

2b. Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.

Jo Easton (Advisory Team) is also a client of Spirit & Life Publications which is owned by Paula Matthews (KBC Founder). Spirit & Life Publications is the official publisher for Ms. Easton's books.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5b. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

First of all, KBC is a volunteer driven company. Eventually, compensation such as salaries and benefits will be limited to an Executive Director and a part-time assistant. It is important for us to minimize our overhead so that at minimum 80% of our funds will be used to benefit our constituents. Certain volunteers may want reimbursement for cash spent on supplies needed for their assignments, but such expenditures must be approved by the Board and/or Executive Director (at the approval of the Board) prior to purchase. In addition, salaries and wages will be held to an absolute minimum and although they may suggest their own compensation, said compensation must be approved by a unanimous vote by the Board of Directors. The all volunteer Board will keep a close eye on the KBC budget, they will want to have a voice in all compensation decisions. All decisions will be fully documented as to the rationale used in determining compensation. (SEE PART V, 5c)

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5c. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Again, all business deals must come before the board for an unanimous vote and all decisions will be fully documented as to the rationale used for approval or disapproval of said action. (SEE PART V, 5b)

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

6a. Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.

NO.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1a. In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.

KBC will be offering grants to other nonprofit agencies. We support those who provide goods and services to individuals according to areas KBC has determined as targeted community needs that relieve the poor. Those needs would include food and clothing distribution, housing assistance, counseling and training, information and referral services. Again, the goal of KBC is to network and support the agencies who are currently performing such services.

(SEE ATTACHMENTS A3 AND A4)

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1b. In carrying out your exempt purposes, do you provide goods, services, or funds to organizations?

If "Yes," describe each program that provides goods, services, or funds to organizations.

KBC is currently an agency in the making, yet we do plan to offer financial assistance to current service providers in an attempt to increase the amount of good and services to individual and organizations who may be in need. A complete listing of goods and services and a listing of agencies offering such services we support would be made available to all organizations in the community.

KBC has no plans to duplicate services that are being adequately supplied by other organizations, however we will offer any financial support necessary to improve and/or expand the service offerings of those who offer the same services we support. Therefore we anticipate that most of our support of other agencies will be financial. There may be times when specific financial donations may come for a specific service that KBC may not support directly, but it may be offered at one of the network agencies. In those cases, KBC would ask for requests for proposals from those desiring funds.

Part VIII Your Specific Activities

4a. Do you or will you undertake fundraising? Attach a description of each fundraising program.

Other (describe):

Currently prospective donors are encourage to donate on-line through the KBC Paypal account. We anticipate putting a Paypal donation message on all our publications. We will also specify that checks and money orders be made payable to Kingdom Benefit Charities, Inc and sent to KBC at 16781 Chagrin Blvd. Suite 412, Shaker Heights, OH 44120. We also anticipate including a 501 (c)(3) Tax Exempt Notice on all our correspondence as well. Any additional fundraising activities will be the responsibility of the Board of Directors. KBC anticipates that the ideas and timing for such fundraising activities would come from the Board's review of the company's financial position, or a specific community need.

(SEE ATTACHMENT A5)

Part VIII Your Specific Activities

4d. List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

Currently only listing activities are for Kingdom Benefit Charities, Inc. in the city of Shaker Heights, Cuyahoga County, Ohio. No significant funds have been raised since the KBC website (<http://www.kingdombenefitcharities.org>) went on-line in October 2013.

Part VIII Your Specific Activities

4e. Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.

Paypal is set up to allow donors to specify how the donations are to be used via our website. Although separate accounts may not be issued to handle such requests, the donated funds will be noted and an advice sent authorizing accounting personnel to direct the funds accordingly.

(SEE ATTACHMENT A6)

Part VIII Your Specific Activities

6a. Do you or will you engage in economic development? If "Yes," describe your program.

NO.

Part VIII Your Specific Activities

8. Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations?

Kingdom Benefit Charities (K.B.C.), Inc. began as a nonprofit company of EPIC Ventures, Inc of Ohio. Although this relationship is neither a partnership nor joint venture in the legal sense of the term, it is the plan of EPIC Ventures to distribute a portion of its profits to KBC for operating income and distribution to community needs. EPIC has other companies that will also contribute both profits and professional resources to KBC. All of these companies were established by our Founder Paula Matthews as a way to give back to local communities by helping the poor. These companies include: Spirit & Life Publications, EPIC Books, EPIC Books and Cafe, EPIC Film Ventures and EPIC Commercial Real Estate Company. In addition EPIC Ventures staff will be strongly encouraged to give back to their communities either directly or by contributing to KBC by donating their time and talents. EPIC will encourage all of its companies to do the same with their staff.

(SEE ATTACHMENTS A7)

Part VIII Your Specific Activities

10. Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.

All rights to materials released by KBC will remain with KBC. This will be true for copyrights, patents and trademarks. The fees associated with such materials will be nominal if anything at all. The production, distribution and marketing will be done by EPIC Ventures, Inc, and its companies since publishing, music, video and audio production are their forte. EPIC plans on donating all such services and related fees, unless otherwise arranged in conjunction with other outside companies.

Part VIII Your Specific Activities

11. Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.

KBC will accept most any donation that could be used to assist in its exempt purpose. As mentioned previously (SEE PART VII, LINE 8) our founding company EPIC Ventures, Inc will be donating production time, marketing and distribution of copyright materials. This arrangement could also include royalties from products sold through EPIC and whose profits would be given to KBC for operating or distribution exempt purposes. No conditions or special agreements are generally necessary in these cases. In the case of such offerings from other donors, the donation may only be accepted if it can be used to help KBC further its exempt purpose. For example, someone may choose to have KBC listed as a beneficiary of an estate that includes land, property and all of its contents and collectibles. If after a complete inventory of the estate, KBC decides that the property and its contents could be used for a tax exempt purpose such as additional house for women and children, or additional office space for a off-sight agency location or for another agency use, then such would be accepted and made available to the public through our network of agencies. Otherwise if the donor insists on giving the donation to KBC and there is no clear use for such, it may be necessary to sell off the donation and use the funds for a key exempt purpose. In any case, such a statement of KBC donation policy would be stated up front so the donor can be made aware that it is possible the donation may be sold and proceeds to KBC exempt purposes.

Part VIII Your Specific Activities

13b. Describe how your grants, loans, or other distributions to organizations further your exempt purposes.

Initially Kingdom Benefit Charities will be distributing funds to nonprofit organizations and churches through its granting agency dba Great Grace Foundation. We will distribute funds only for those exempt services that we support. Funds will be made available primarily for program support; however there may be occasion to help with funding for operational support to carry out such programs. In addition, we will be also sending periodic support to religious organizations and churches for missions and community outreach programs. The methodology for selecting which programs to fund will be based upon the request we received; and/or our assessment of funding needs that have not been met through the normal funding channels. For example, it was recently brought to our attention that in certain cities United Way has significantly decreased its funding of housing programs for homeless. Instead, they have channeled their funding to education. Unfortunately, there are more people loosing jobs and homes, so the need has not changed and yet UW support was eliminated because it was no longer one of their targeted needs. In such cases, KBC would evaluate the alleged funding deficiency and attempt find options for making up for the shortfall. It could mean encouraging several homeless agencies collaborate their efforts to increase their

Our listing of grants or financial assistance would go to nonprofit agencies with programs that support the programs we target to fund. (SEE PART VI, 1A)

Part VIII Your Specific Activities

13d. Identify each recipient organization and any relationship between you and the recipient organization.

No such relationships exist at the moment, however KBC will not discriminate against organizations that come unsolicited to ask us for assistance. We will welcome agencies to come to us to solicit funds for their nonprofit program because they have a need. We would also release our own request for proposals during our established grant cycles (currently no such cycles exist). In any case, the relationships with these organizations is strictly that of Grantor and Grantee. No unusual influence will determine how we grant funds or to whom we select to receive the funds.

Part VIII Your Specific Activities

13e. Describe the records you keep with respect to the grants, loans, or other distributions you make.

Accurate and detailed records are important to KBC. It is our desire to produce and make public a calendar of grants and their prospective deadlines. This will be made available online and to those who request such by mail or email. In addition we will keep a specific file on all of the grants offered in date order. Within this file will be a copy of the RPF announcements and all publicly released informational updates. In addition, this file will include the applications and/proposals, along with all related supplemental attachments. A separate file will be held for all applicants. The applications will be divided into two categories: 1) complete or 2) incomplete applications. It will be noted on the submission form that only complete applications will be considered for our granting purposes. It is up to each applicant to follow the instructions and complete the application process accordingly. Unless it is for clarification of items on the application, KBC will not contact applicants to complete their applications.

All completed applications being held for our granting consideration will be placed in a formal review file after the filing deadline has past. This file will include all follow up correspondence with the applicant.

All unsolicited requests for funds, will be held in yet another file. For those requests that fall within our normal granting process, a letter will be sent directing the prospective applicant to formally apply according to what we are offering. Some special needs and/or emergency cases will be handled on an individual basis.

For each of our grantees, there will be yet another file for a six-month follow up review. In this review each grantee must provide to KBC evidence that the funds granted were being used for the exempt purpose for which they were given. All review materials will also be placed in this file. Those who have not use the funds as contract, the grant will be considered in default and the recipient will be expected to return all the funds used, with interest. All updates and follow up with such a grantee will be placed into a delinquent file for collection/ and or legal action.

Part VIII Your Specific Activities

13f. Describe your selection process, including whether you do any of the following:

- (i) Do you require an application form? If "Yes," attach a copy of the form.
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.

Although formal applications are not necessary to apply for our funds, KBC may elect to use applications during its selection process if the Board of Directors deems it necessary. If indeed the Board decided to use such an application, as Founder I would make the following suggestions. First of all, that it would be required that all applicants submit a detailed narrative describing how the funds would be used, including a estimated budget showing the impact of granted funds upon the total budget for the agency and/or program being funded. Such an application form has not yet been adopted, but a sample of what might be used is included with this 501(c)(3) application.

Once KBC is formally organized with Board Members in place, a similar application form would be made available for use that would be fine tuned and customized by said Board Members. On the application form it would be clearly noted that only completed applications will be considered for selection. It also will be noted that KBC will conduct a review of how the funds were used six months after the funds are granted. If the grantee failed to comply with using the funds for the stated tax exempt purposed requests, such a grantee would be required to repay the funds with interest. KBC may also require to recover funds through collection and/or legal action if necessary. This statement will also be clearly noted on both

Part VIII Your Specific Activities

13g. Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.

Six month reviews of grants will be conducted for the entire length of the granting period. KBC will also request for a final report on the effective of the funds in meeting the exempt purpose. In addition to reports, KBC will request testimonial and other documentation that supports their claim. Successful grant outcomes will be used by KBC to highlight positive achievements in our efforts to improve how agencies and organization can work together to supply the needs of their constituents.

Part X Public Charity Status

6b(i)(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.

NONE.

Form 1023 Name: Kingdom Benefit Charities (K.B.C.), Inc. dba Great Grace Foundation
EIN: 80-0826344

OTHER ATTACHMENTS

Attachment#	Description	Corresponding 1023 Section/Line#
A2	KBC Website Pages: About, Blog, Current Projects www.kingdombenefitcharities.org	Part IV Description of Activities
A3, A4	Founder's Message (KBC Website) Mission and Philosophy	Part VI, Line 1b Organizations that Benefit From KBC
A5 A6	Contribute Page (KBC Website) Paypal Donation Button with instructions	Part VIII, Line 4a Line 4e Fundraising
A7	Flow Chart of KBC Ventures With Other Companies E.P.I.C. Ventures, OH Articles of Incorporation (Includes all dbas for EPIC)	Part VIII, Line 8 Joint ventures
A8	Contributions Paid Out for 2013-2014	Part IX, Line 15
A9	Itemized list of Other Expenses for 2013-2014	Part IX, Line 23
A10	Letter of Appeal to IRS	Entire 1023 Form

Kingdom Benefit Charities (K.B.C.), Inc.

A Worldwide Kingdom Wealth Distribution Network

"Another EPIC Venture"

KBC, Inc is an E.P.I.C. Ventures (Non-Profit)
Corporation

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About Us

Posted on September 6, 2013 by Founder — No Comments ↓



Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation, is a nonprofit whose purpose is to fund a variety of charitable interests that benefit local communities by enhancing the quality of life of those suffering from poverty, lack and abuse. Our goal is to support nonprofit agencies within a targeted community by supplying funding and other resources in areas where government agencies or larger public charities fall short due to constraints on resources and excessive red tape. When necessary, we will also design programs and create specialized nonprofits to accommodate the unmet needs of a specific community.

K.B.C., Inc. and foundation (Great Grace Foundation) are the nonprofit corporation under the parentage of Eternal Purpose In Christ (E.P.I.C.) Ventures, Incorporated, of Shaker Heights, Ohio. Our parent company (E.P.I.C. Ventures) is a for profit corporation

whose primary business is publishing (book, film and television). KBC was initially established as a conduit in which profits from our companies under EPIC would be channeled to local communities throughout the world. This is EPIC Ventures' way of giving back to the communities in which it does business. EPIC's goal is also to publish and produce materials and products that significantly enhance the quality of life for its audience as well, so that both our profits gained and our contributions would be both ethical and socially responsible.

By establishing **Kingdom Benefit Charities, Inc., EPIC Ventures** hopes to abandon the *profit for profit's sake* ideology of most American businesses and instead has chosen God's Kingdom Ideology which is based upon the law of Seedtime and Harvest. Whatever condition exists in our world today, is a result of the seeds we have sown in the past. If we want a future harvest that's better than the past, we must sow a different kind of seed now.

From the entire **E.P.I.C. Ventures** corporate family, we hope that our business model will be just the seed sown to produce an even greater harvest of socially responsible and community focused businesses in our nation.

To learn more about the ideology behind KBC, read our [Founder's Message Page](#).

[Edit](#)

Kingdom Benefit Charities (K.B.C.), Inc.

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God's Grace Will Abound To Those Who Sow Into Others

Posted on January 28, 2014 by Founder

One of the greatest seeds of righteousness can be found in giving to others. Whatever we do for others, God will make happen for us (Ephesians 6:8). The more generous we give, the more God will return to us so that we can give even more. As it is written "He has dispersed abroad, He has given to the poor; His righteousness endures forever," . . . Here is the promise:

*And God is able to make all grace
abound toward you; that ye, always
having all sufficiency in all things,
may abound to every good work:*

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Founder's Message

Posted on September 24, 2013 by Founder — No Comments |

Starting a not for profit agency is not something that just happened over night for me. This agency has been in the planning stages for about fourteen years, and looking back on my life and my professional training, it was more than twenty years ago that my eyes were opened to needs of every day citizens in America and around the world. I can recall the day that it all began for me. I had booked a vacation at a posh Mexican resort that was featured on a television show called, *Lifestyles of the Rich and Famous*. It was absolutely fabulous having my own private pool and wait staff at my beck and call, but I also remember feeling the urge to get in a car and take a drive around the city. It didn't take more than a trip of two or three blocks away from the resort, when I saw extreme poverty. It was then that compassion began to overwhelm me everywhere I travelled. I found myself investigating the lives of people around me and I realized that most of my life I have lived in a bubble; both isolated and insensitive to those who were suffering due to poverty and lack. I spent most of my career in diligent pursuit of the American Dream. In fact, I use to scoff at friends and associates who worked for not for profit agencies. It was inconceivable to me how anyone could work and not expect to profit financially. I thought they were wasting their time and talent on people who didn't have the guts to go out and make things work on their own. It was also my belief that in America, everyone had the same opportunity to achieve their dreams, but I would soon learn that some in

our nation were too impoverished to consider dreaming of anything more than a decent place to live or a job that paid above minimum wage. Several years later, the inconceivable happened. I was victimized by domestic violence and went thru a divorce that nearly cost me my life. The opposing attorney vowed to do all in his power to see that I would become impoverished and never work again. He almost succeeded. My only recourse would come from the very not for profit agencies whom I had scoffed at years earlier. It was both a humbling and educational experience to see life from the other spectrum of the American Dream. It could have turned into a nightmare had it not been for the spiritual awakening that occurred in my life. My attorney had me placed in a battered women's shelter. I remember arguing with God about how I didn't belong there. The Holy Spirit said something that would ring true all the years of my life. He asked one question, *"How can they come out unless you go in and bring them out?"* For the first time in my life, I realized that what happened to me was not meant to destroy me, but to empower me to deliver others from the same conditions. This I have found also to be true in solving all social issues. From a spiritual perspective, it is much like it was in the Biblical story of Joseph, who was betrayed by his brothers and sold into slavery. Most people never move past their tragedies in life. They either wallow in them or they hold them up as badges of honor for having enduring the suffering and pain. While there is some merit in enduring the situation, there is even greater victory in triumphing to become successful in life in spite of what happened. It is even greater than that. There is a matter of developing compassion for the suffering of others.

Joseph had to experience the hurt, pain and humiliating circumstances in order to feel compassion for others whom he would eventually sustain during times of famine. What sustained Joseph during his exile in slavery was the dream God had given him. It successfully transformed his way of thinking and helped him endure the most deplorable conditions. My experience was similar to that of Joseph. I've been in the system. I know what is like being labeled homeless, or a survivor of domestic violence. I experienced the injustices of family court and understand how some states marginalize women and children. I also know what it is like when someone with authority is determined that you will fail in life and they do all in their power to make it happen. Once in the system, you are socially and spiritually labeled. That is something most people don't talk about. It is like those who are ex-criminal offenders. People run from them instead of giving them a new start in life. The entire criminal justice and welfare system places a mark upon lives that cannot be easily erased. Consequently, people are bound to a system that is both supplying them limited sustenance, while labeling them a failure and crippling them to remain a failure for the rest of their lives. It is a form of slavery.

Throwing money at social programs will not work unless people are delivered spiritually and re-educated on how to live. I have worked and volunteered with the United Way of America, in several cities and in many roles and responsibilities. I've worked alongside many agency directors who worked tirelessly to help local communities. The missing component was always the spiritual and educational deliverance from social issues.

Attachment A3 Founder's Message (Part VI, Line 1b) <http://kingdombenefitcharities.org/founders-message/>

Recidivism was an issue. Few people were getting better and moving on with their lives. We see that with the welfare program where parents on welfare breed children who get on welfare. People are just doing what they were taught to do. Future generations follow suit, and it soon becomes a spiritual issue. Even if given the opportunity to succeed, many people never will because they either don't recognize the opportunity, or they don't know how to utilize the opportunity for their own good. That's where **Kingdom Benefit Charities, Inc.** comes in. We take a *Holistic* approach to treating social disorders and poverty. We are designed to offer programs and services that rehabilitate and empower individuals and families. We also have a business model that goes beyond limits of similar agencies. I call it the **Kingdom Business Model**. It's a way of operating in business that provides a product or service to the public with profits from such business being used to fund not for profit concerns. Our parent company, E.P.I.C. Ventures, Inc., and its network of companies was designed to be the mechanism used to produce the necessary resources to support not for profit activities. We started Great Grace Foundation and eventually we expect to develop other agencies within our corporate structure, and eventually open up our not for profit network to agencies wishing to partner with us.

Kingdom Benefit Charities, Inc., is a unique approach to funding and developing social services. Join me as I take this journey of developing our agency from concept to working model. I will be writing a series of posts to document our progress and the issues we face. As we grow, I also want this website to highlight our accomplishments, as well as testimonies from those who have benefitted from our organization.

Thanks for visiting our page. Join in the discussion or contact us directly if we can be of service.

Paula Matthews, Founder

Kingdom Benefit Charities (K.B.C.), Inc.

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Leave a Reply

Attachment A4 (Part VI, Line 1b Organizations That Benefit From KBC)

Kingdom Benefit Charities (K.B.C.), Inc.

Taking Care of Humans, One Need At A Time

"Another EPIC Venture"

KBC, Inc is an E.P.I.C. Ventures (Non-Profit)
Corporation

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Mission

Posted on September 24, 2013 by Founder — No Comments |

Our Slogan: "Taking Care of Humans, One Need at a Time"

Kingdom Benefit Charities, dba Great Grace Foundation

Our Primary Target:

- The hungry and thirsty, the stranger, the naked, the sick and the prisoner
- The injured and stranded traveler
- The neglected widows and fatherless
- The working poor and needy, both citizen and immigrant
- The solitary or lonely person having no family

We offer financial support to organizations that offer relief to the poor; in particular the needs of women, children and elderly. Our first priority is the urgent needs of those suffering due to abuse, neglect, poverty, war, famine or natural disasters. Our goal is to impact local communities and regions of the world where services are not readily available. Impoverished communities are given our highest priority. We also want to impact the urban youth by providing financial assistance to ensure that intercity programs and services are made available for those who are heavily deprived because of extreme poverty or gang warfare. We encourage smaller independent service providers to apply for our resources in areas where major funding organizations fall short due to excessive red tape and other constraints on

Attachment A4 (Part VI, Line 1b Organizations That Benefit From KBC)

Kingdom Benefit Charities (K.B.C.), Inc.

Taking Care of Humans, One Need At A Time

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Philosophy

Posted on September 24, 2013 by Founder — No Comments ↓

We believe in the Holistic Treatment of Social Issues.

Humans are multi-dimensional beings consisting of body, mind and spirit. Most agencies deal with the body by providing food, shelter and clothing. Few consider that their constituents also need training and re-education. Even fewer agencies address the spiritual issues that caused the condition or dysfunction.

At Kingdom Benefit Charities, Inc,

We fund and network with agencies that offer programs and services that focus on the total and complete well being of human beings under a vast number of circumstances. These programs and services will encompass the total needs of the human body, mind and spirit. We desire to give people a leg up and the training necessary to do the same for others. This approach to solving social issues is designed to have lifelong effectiveness in the life of individual, the family, community and eventually the world.

Programs and Services We Fund

K.B.C. targets the following needs for distribution of our funds: Housing, Health/Recovery Services & Preventative Education, Employment Placement and Career Training, Free

<http://kingdombenefitcharities.org/our-philosophy/>

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Professional Services To Small Business, Community Service, Foreign Missions, Community Outreach and board training

All K.B.C. funding activities are handled by our own foundation, Great Grace Foundation,



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Articles On Giving And Philanthropy From Our Founder



Articles On Giving And Philanthropy From Our Founder

Should Surplus Revenues of the Wealthy Be Used To Help the Poor?

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501(C)(3) To Be Or Not To Be?

▼ View Summary

How To Plan A Profitable Non-Profit Company

▼ View Summary

You Say You Love God, Then Put Your Money Where Your Mouth Is

▼ View Summary

The Correlation Between Salvation, Money and Caring For The Poor

▼ View Summary

Kingdom Benefit Charities, Inc. a relatively new organization chartered in the State of Ohio, USA, and initially designed as a private Charity of EPIC Ventures, Incorporation. We are comprised of two organizations under Kingdom Benefit Charities, Inc.; Kingdom Benefit Charities (original charter) and Great Grace Foundation (registered Trade Name). Both non-profit companies are a part of the family of companies of Eternal Purpose In Christ (E.P.I.C.) Ventures, Incorporation located in Shaker Heights Ohio.

Please direct all comments and questions to us on our contact page



Kingdom Benefit Charities (K.B.C.), Inc. Accepts

Donations and Gifts via PayPal

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Mission

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Our Slogan: "Taking Care of Humans, One Need at a Time"

Kingdom Benefit Charities, dba Great Grace Foundation

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- The working poor and needy, both citizen and immigrant
- The solitary or lonely person having no family

We offer financial support to organizations that offer relief to the poor; in particular the needs of women, children and elderly. Our first priority is the urgent needs of those suffering due to abuse, neglect, poverty, war, famine or natural disasters. Our goal is to impact local communities and regions of the world where services are not readily available. Impoverished communities are given our highest priority. We also want to impact the urban youth by providing financial assistance to ensure that intercity programs and services are made available for those who are heavily deprived because of extreme poverty or gang warfare. We encourage smaller independent service providers to apply for our resources in areas where major funding organizations fall short due to excessive red tape and other constraints on

<http://kingdombenefitcharities.org/our-philosophy/>

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Kingdom Benefit Charities (K.B.C.), Inc.

Taking Care of Humans, One Need At A Time

"Another EPIC Venture"

KBC, Inc is an E.P.I.C. Ventures (Non-Profit)
Corporation

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Philosophy

Posted on September 24, 2013 by Founder — No Comments ↓

We believe in the Holistic Treatment of Social Issues.

Humans are multi-dimensional beings consisting of body, mind and spirit. Most agencies deal with the body by providing food, shelter and clothing. Few consider that their constituents also need training and re-education. Even fewer agencies address the spiritual issues that caused the condition or dysfunction.

At Kingdom Benefit Charities, Inc,

We fund and network with agencies that offer programs and services that focus on the total and complete well being of human beings under a vast number of circumstances. These programs and services will encompass the total needs of the human body, mind and spirit. We desire to give people a leg up and the training necessary to do the same for others. This approach to solving social issues is designed to have lifelong effectiveness in the life of individual, the family, community and eventually the world.

Programs and Services We Fund

K.B.C. targets the following needs for distribution of our funds: Housing, Health/Recovery Services & Preventative Education, Employment Placement and Career Training, Free

<http://kingdombenefitcharities.org/our-philosophy/>

1/2

2/5/2014

Philosophy | Kingdom Benefit Charities (K.B.C.), Inc.

Professional Services To Small Business, Community Service, Foreign Missions, Community Outreach and board training

All K.B.C. funding activities are handled by our own foundation, Great Grace Foundation.

Like 0

Tweet 0

g+1 0

Share

Share 0

Edit

Articles On Giving And Philanthropy From Our Founder



Paula Matthews enjoys writing and teaching truths she has learned through her life's lessons. Sixteen ...
[Read more]

Should Surplus Revenues of the Wealthy Be Used To Help the Poor?

▼ View Summary

501(C)(3) To Be Or Not To Be?

▼ View Summary

How To Plan A Profitable Non-Profit Company

▼ View Summary

You Say You Love God, Then Put Your Money Where Your Mouth Is

▼ View Summary

The Correlation Between Salvation, Money and Caring For The Poor

▼ View Summary

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Kingdom Benefit Charities, Inc. a relatively new organization chartered in the State of Ohio, USA, and initially designed as a private Charity of EPIC Ventures, Incorporation. We are comprised of two organizations under Kingdom Benefit Charities, Inc.; Kingdom Benefit Charities (original charter) and Great Grace Foundation (registered Trade Name). Both non-profit companies are a part of the family of companies of Eternal Purpose In Christ (E.P.I.C.) Ventures, Incorporation located in Shaker Heights Ohio.

Please direct all comments and questions to us on our contact page



Kingdom Benefit Charities (K.B.C.), Inc. Accepts

Donations and Gifts via PayPal

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Kingdom Benefit Charities (K.B.C.), Inc.

A Worldwide Kingdom Wealth Distribution Network

"Another EPIC Venture"

KBC, Inc is an E.P.I.C. Ventures (Non-Profit)
Corporation

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Contribute

If you would like to make a financial
contribution, please do so

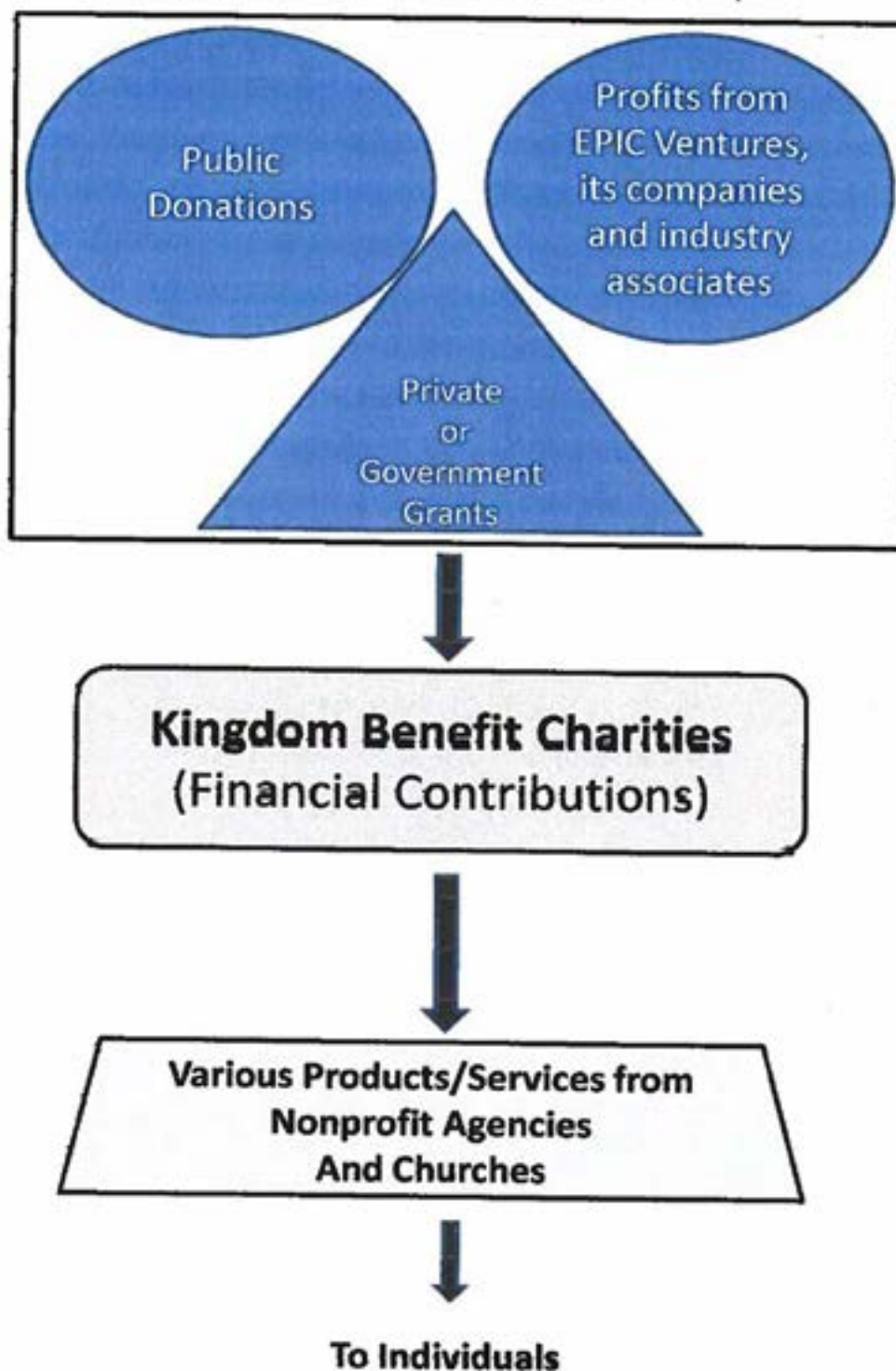
with the payments buttons below.



Every man according as he purposes in his heart, so let him give; not grudgingly, or of necessity:
for God loves a cheerful giver. And God is able to make all grace abound toward you; that ye,
always having all sufficiency in all things, may abound to every good work.

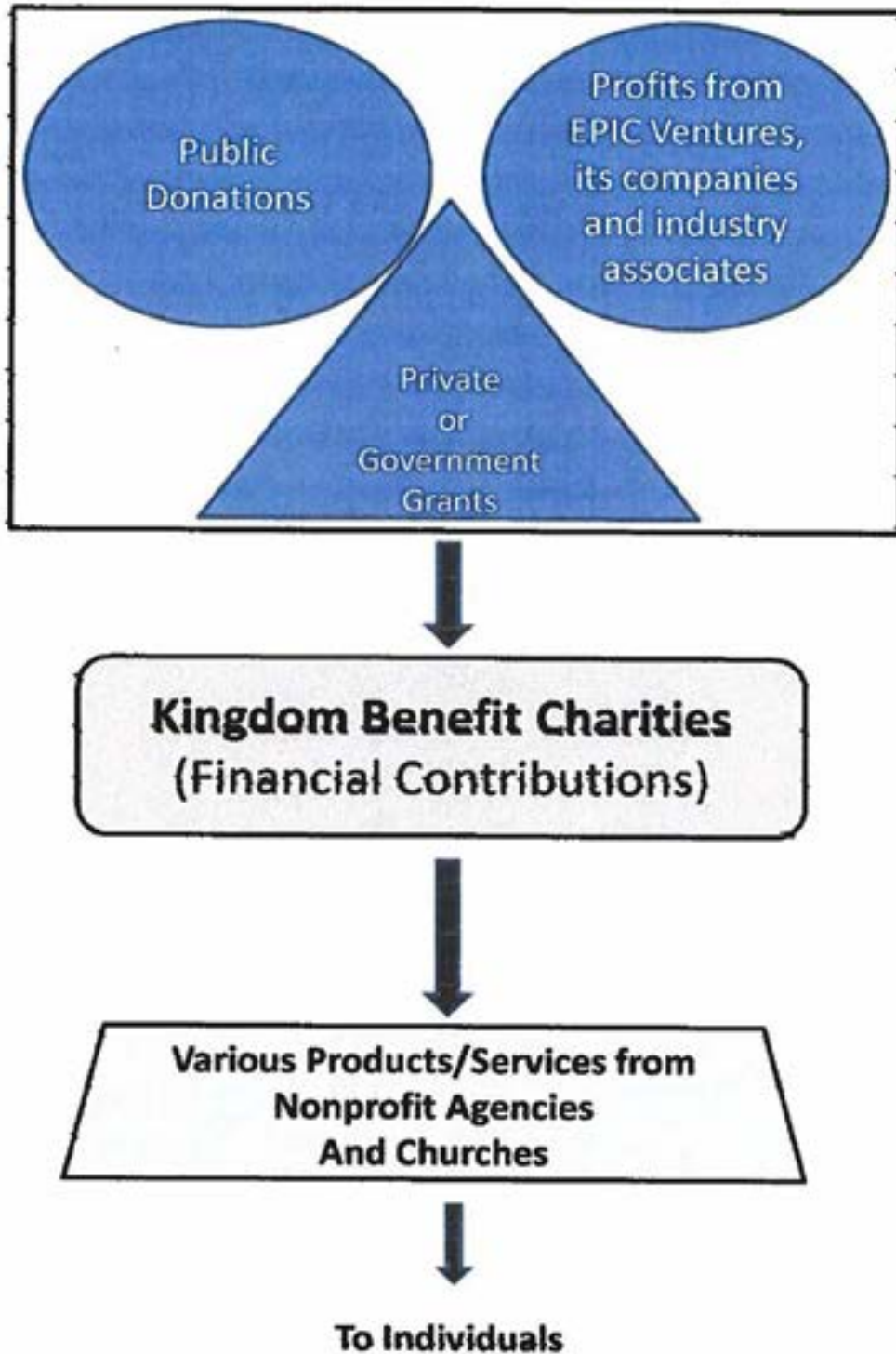
II Corinthians 9:7-8

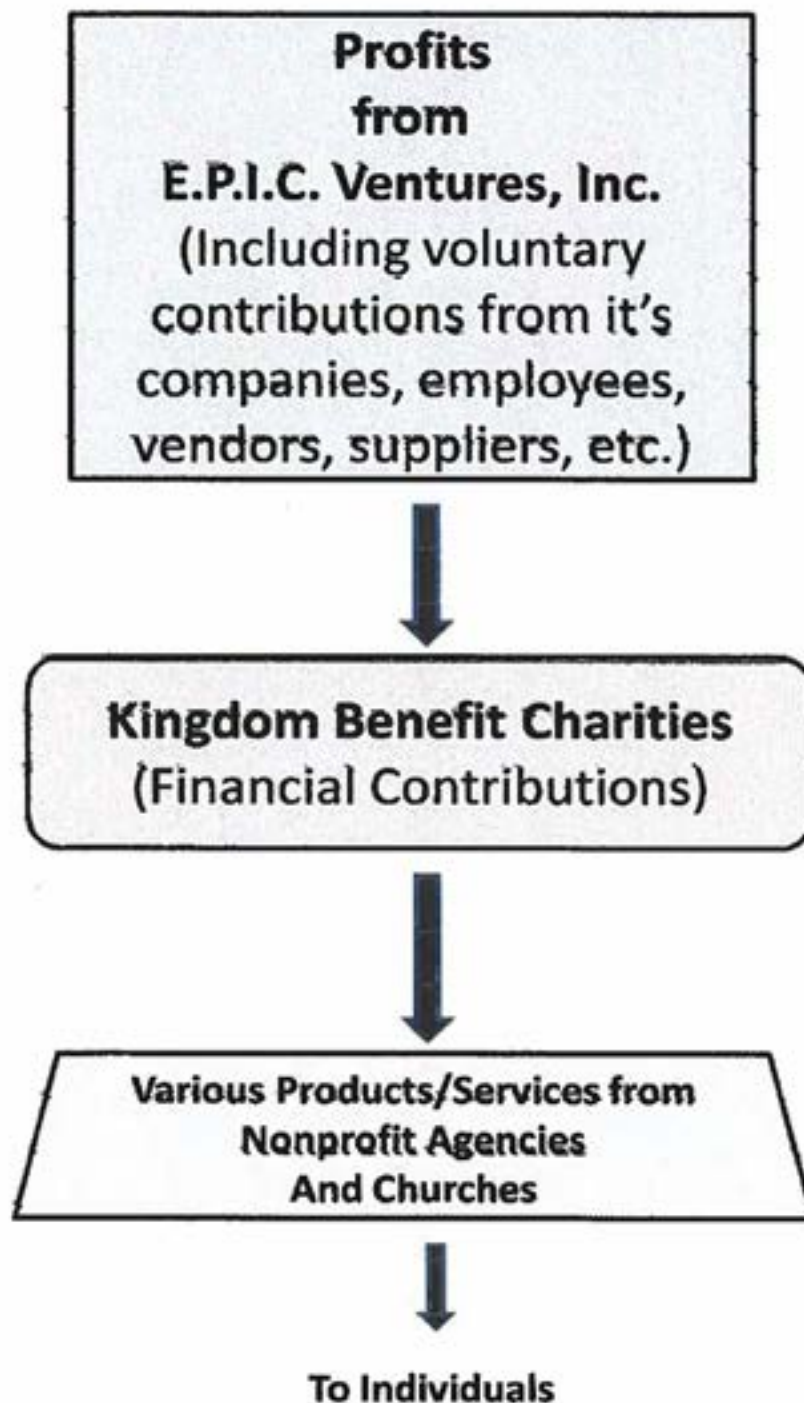
Thanks For Contributing to "The Work"



Form 1023 Name: Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344

Attachment A3/A4 (Part VI, Line1b Organizations That Benefit From KBC)





Kingdom Benefit Charities, (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A7 EPIC Ventures Charter (Part VIII, Line 8 Joint Ventures)

201206001382

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/01/2012	201206001382	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

ETERNAL PURPOSE IN CHRIST (E.P.I.C.) VENTURES, INCORPORATED
16781 CHAGRIN BLVD., STE. 412
PAULA MATTHEWS
SHAKER HTS., OH 44120

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2085995

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ETERNAL PURPOSE IN CHRIST (E.P.I.C.) VENTURES, INCORPORATED
and, that said business records show the filing and recording of:

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
201206001382



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 29th day of February, A.D. 2012.

Jon Husted

Ohio Secretary of State

Kingdom Benefit Charities, (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A7 EPIC Ventures Charter (Part VIII, Line 8 Joint Ventures)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/12/2012	201206900661	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PAULA MATTHEWS
16781 CHAGRIN BOULEVARD
SUITE 412
SHAKER HEIGHTS, OH 44120

**STATE OF OHIO
CERTIFICATE**
Ohio Secretary of State, Jon Husted

2089033

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SPIRIT & LIFE PUBLICATIONS
and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 09/01/2002
Expiration Date: 03/06/2017

Document No(s):

201206900661

ETERNAL PURPOSE IN CHRIST (E.P.I.C.)
VENTURES, INCORPORATED
16781 CHAGRIN BOULEVARD
SUITE 412
SHAKER HEIGHTS, OH 44120



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 6th day of March, A.D.
2012.

Jon Husted

Ohio Secretary of State

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Kingdom Benefit Charities, (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/12/2012	201206900683	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PAULA MATTHEWS
16781 CHAGRIN BOULEVARD
SUITE 412
SHAKER HEIGHTS, OH 44120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2089035

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EPIC BOOKS AND CAFE

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 10/10/2010
Expiration Date: 03/06/2017

Document No(s):

201206900683

ETERNAL PURPOSE IN CHRIST (E.P.I.C.)
VENTURES, INCORPORATED
16781 CHAGRIN BOULEVARD
SUITE 412
SHAKER HEIGHTS, OH 44120



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 6th day of March, A.D.
2012.

Jon Husted

Ohio Secretary of State

Kingdom Benefit Charities, (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A7 EPIC Ventures Charter (Part VIII, Line 8 Joint Ventures)



DATE	DOCUMENT ID	DESCRIPTION	FILED	EXPIED	PENALTY	CERT	COPY
03/12/2012	201206900682	TRADE NAME/ORIGINAL FILING (TWO)	80.00	.00		.00	.00

Receipt
This is not a bill. Please do not remit payment.

PAULA MATTHEWS
16781 CHAGRIN BOULEVARD
SUITE 412
SHAKER HEIGHTS, OH 44120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2089034

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
EPIC BOOKS

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 03/10/2010
Expiration Date: 03/06/2017

Document No(s):

201206900682

ETERNAL PURPOSE IN CHRIST (E.P.I.C.)
VENTURES, INCORPORATED
16781 CHAGRIN BOULEVARD
SUITE 412
SHAKER HEIGHTS, OH 44120



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 6th day of March, A.D.
2012.

Ohio Secretary of State

Kingdoms Benefit Charities, (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A2 EPIC Ventures Charter (Part VIII, Line 8 Joint Ventures)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPIR	PENALTY	CERT	COPY
07/19/2012	201221200892	TRADE NAME REGISTRATION (PNC)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not make payment.

E.P.I.C. VENTURES, INC.
ATTN: PAULA MATTHEWS
16781 CHAGRIN BLVD., SUITE 412
SHAKER HEIGHTS, OH 44120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2124795

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
EPIC FILM VENTURES
and, that said business records show the filing and recording of:

Document(s)

TRADE NAME REGISTRATION

Date of First Use: 07/03/2012
Expiration Date: 07/23/2017

Document No(s):

201221200892

ETERNAL PURPOSE IN CHRIST (E.P.I.C.)
VENTURES, INC.
16781 CHAGRIN BOULEVARD SUITE
412
SHAKER HEIGHTS, OH 44120



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 25th day of July, A.D.
2012.

Jon Husted

Ohio Secretary of State

Doc ID →

201228900051

Kingdom Benefit Charities, (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A7 EPIC Ventures Charter (Part VII, Line 8 Joint Ventures)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPIRY	PENALTY	CERT	COPY
10/15/2012	201228900051	TRADE NAME REGISTRATION (PNC)	65.00	00	00	00	00

Receipt
This is not a bill. Please do not remit payment.

E.P.I.C. VENTURES INC
PAULA MATTHEWS
18781 CHAGRIN BLVD - SUITE 412
SHAKER HEIGHTS, OH 44120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2143183

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
EPIC COMMERCIAL REAL ESTATE COMPANY
and, that said business records show the filing and recording of:

Document(s):

TRADE NAME REGISTRATION

Date of First Use:

03/15/2007

Expiration Date:

10/12/2017

Document No(s):

201228900051

ETERNAL PURPOSE IN CHRIST (E.P.I.C.)

VENTURES, INCORPORATED

16781 CHAGRIN BOULEVARD

SUITE 412

SHAKER HEIGHTS, OH 44120



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 12th day of October, A.D.
2012.

Ohio Secretary of State

Form 1120 U.S. Corporation Income Tax Return For calendar year 2013 or tax year beginning _____, 2013, ending _____, 20____		OMB No. 1545-0123 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">2013</div>																																																																																																																																																																
Information about Form 1120 and its separate instructions is at www.irs.gov/form1120 .																																																																																																																																																																		
A Check if: 1a Consolidated return (attach Form 981) 1b Lifehold consolidated return 2 Personal holding co. (attach Sch. H) 3 Personal service corp. (see instructions) 4 Schedule M-3 attached	B Name Kingdom Benefit Charities, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 16781 Chagrin Blvd. Suite 412 City or town, state, or province, country and ZIP or foreign postal code Shaker Heights, OH 44120	C Employer identification number 800826344 D Date incorporated 6/15/2012 E Total assets (see instructions) \$ 0																																																																																																																																																																
F Check if: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change																																																																																																																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1a</td> <td style="width: 65%;">Gross receipts or sales</td> <td style="width: 10%;">1a</td> <td style="width: 20%; text-align: right;">0</td> </tr> <tr> <td>b</td> <td>Returns and allowances</td> <td>1b</td> <td></td> </tr> <tr> <td>c</td> <td>Balance. Subtract line 1b from line 1a</td> <td>1c</td> <td></td> </tr> <tr> <td>2</td> <td>Cost of goods sold (attach Form 1125-A)</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>Gross profit. Subtract line 2 from line 1c</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>Dividends (Schedule C, line 18)</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>Interest</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>Gross rents</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>Gross royalties</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>Capital gain net income (attach Schedule D (Form 1120))</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>Other income (see instructions—attach statement) <i>(family contributions)</i></td> <td>10</td> <td style="text-align: right;">30</td> </tr> <tr> <td>11</td> <td>Total income. Add lines 3 through 10</td> <td>11</td> <td style="text-align: right;">30</td> </tr> <tr> <td>12</td> <td>Compensation of officers (see instructions—attach Form 1125-E)</td> <td>12</td> <td></td> </tr> <tr> <td>13</td> <td>Salaries and wages (less employment credits)</td> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>Repairs and maintenance</td> <td>14</td> <td></td> </tr> <tr> <td>15</td> <td>Bad debts</td> <td>15</td> <td></td> </tr> <tr> <td>16</td> <td>Rents</td> <td>16</td> <td></td> </tr> <tr> <td>17</td> <td>Taxes and licenses</td> <td>17</td> <td></td> </tr> <tr> <td>18</td> <td>Interest</td> <td>18</td> <td></td> </tr> <tr> <td>19</td> <td>Charitable contributions</td> <td>19</td> <td style="text-align: right;">30</td> </tr> <tr> <td>20</td> <td>Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)</td> <td>20</td> <td></td> </tr> <tr> <td>21</td> <td>Depletion</td> <td>21</td> <td></td> </tr> <tr> <td>22</td> <td>Advertising</td> <td>22</td> <td></td> </tr> <tr> <td>23</td> <td>Pension, profit-sharing, etc., plans</td> <td>23</td> <td></td> </tr> <tr> <td>24</td> <td>Employee benefit programs</td> <td>24</td> <td></td> </tr> <tr> <td>25</td> <td>Domestic production activities deduction (attach Form 8803)</td> <td>25</td> <td></td> </tr> <tr> <td>26</td> <td>Other deductions (attach statement) <i>(fees from Payroll deduction)</i></td> <td>26</td> <td style="text-align: right;">68</td> </tr> <tr> <td>27</td> <td>Total deductions. Add lines 12 through 26</td> <td>27</td> <td style="text-align: right;">30.68</td> </tr> <tr> <td>28</td> <td>Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11</td> <td>28</td> <td style="text-align: right;">0</td> </tr> <tr> <td>29a</td> <td>Net operating loss deduction (see instructions)</td> <td>29a</td> <td></td> </tr> <tr> <td>29b</td> <td>Special deductions (Schedule C, line 20)</td> <td>29b</td> <td></td> </tr> <tr> <td>29c</td> <td>Add lines 29a and 29b</td> <td>29c</td> <td style="text-align: right;">0</td> </tr> <tr> <td>30</td> <td>Taxable income. Subtract line 29c from line 28 (see instructions)</td> <td>30</td> <td style="text-align: right;">0</td> </tr> <tr> <td>31</td> <td>Total tax (Schedule J, Part I, line 11)</td> <td>31</td> <td style="text-align: right;">0</td> </tr> <tr> <td>32</td> <td>Total payments and refundable credits (Schedule J, Part II, line 21)</td> <td>32</td> <td style="text-align: right;">0</td> </tr> <tr> <td>33</td> <td>Estimated tax penalty (see instructions). Check if Form 2220 is attached</td> <td>33</td> <td></td> </tr> <tr> <td>34</td> <td>Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed</td> <td>34</td> <td style="text-align: right;">0</td> </tr> <tr> <td>35</td> <td>Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid</td> <td>35</td> <td></td> </tr> <tr> <td>36</td> <td>Enter amount from line 35 you want: Credited to 2014 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/></td> <td>36</td> <td></td> </tr> </table>			1a	Gross receipts or sales	1a	0	b	Returns and allowances	1b		c	Balance. Subtract line 1b from line 1a	1c		2	Cost of goods sold (attach Form 1125-A)	2		3	Gross profit. Subtract line 2 from line 1c	3		4	Dividends (Schedule C, line 18)	4		5	Interest	5		6	Gross rents	6		7	Gross royalties	7		8	Capital gain net income (attach Schedule D (Form 1120))	8		9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		10	Other income (see instructions—attach statement) <i>(family contributions)</i>	10	30	11	Total income. Add lines 3 through 10	11	30	12	Compensation of officers (see instructions—attach Form 1125-E)	12		13	Salaries and wages (less employment credits)	13		14	Repairs and maintenance	14		15	Bad debts	15		16	Rents	16		17	Taxes and licenses	17		18	Interest	18		19	Charitable contributions	19	30	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		21	Depletion	21		22	Advertising	22		23	Pension, profit-sharing, etc., plans	23		24	Employee benefit programs	24		25	Domestic production activities deduction (attach Form 8803)	25		26	Other deductions (attach statement) <i>(fees from Payroll deduction)</i>	26	68	27	Total deductions. Add lines 12 through 26	27	30.68	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	0	29a	Net operating loss deduction (see instructions)	29a		29b	Special deductions (Schedule C, line 20)	29b		29c	Add lines 29a and 29b	29c	0	30	Taxable income. Subtract line 29c from line 28 (see instructions)	30	0	31	Total tax (Schedule J, Part I, line 11)	31	0	32	Total payments and refundable credits (Schedule J, Part II, line 21)	32	0	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached	33		34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	0	35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		36	Enter amount from line 35 you want: Credited to 2014 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	36	
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29a	Net operating loss deduction (see instructions)	29a																																																																																																																																																																
29b	Special deductions (Schedule C, line 20)	29b																																																																																																																																																																
29c	Add lines 29a and 29b	29c	0																																																																																																																																																															
30	Taxable income. Subtract line 29c from line 28 (see instructions)	30	0																																																																																																																																																															
31	Total tax (Schedule J, Part I, line 11)	31	0																																																																																																																																																															
32	Total payments and refundable credits (Schedule J, Part II, line 21)	32	0																																																																																																																																																															
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached	33																																																																																																																																																																
34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	0																																																																																																																																																															
35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35																																																																																																																																																																
36	Enter amount from line 35 you want: Credited to 2014 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	36																																																																																																																																																																
Sign Here <i>Paula Mathis</i> 13/01/14 Founder 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 taxpayer) is based on all information of which preparer has any knowledge.																																																																																																																																																																		
Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check <input type="checkbox"/> If self-employed PRTN Firm's name _____ Firm's EIN _____ Firm's address _____ Phone no. _____																																																																																																																																																																		

	E.P.I.C. Ventures, Inc.		Kingdom Benefit Charities, Inc.	
	2013	2012	2013	2012
Beginning Balance				
INCOME:	\$186.43	\$0.00	\$2.06	\$0.00
Gross Receipts				
Direct Sales	\$0.00		\$0.00	
Online Sales				
Third Party Sales	\$44.46			
Residuals(Amazon)	\$9.51			
Total Receipts	\$53.97		\$0.00	
Personal Investment/Prev Bal	\$222.80	\$10,094.97		
Donations/Angel Investment	\$2,629.60	\$3,292.49	\$30.00	\$100.00
Returns and Allowances				
Interest Income		\$0.01		
Misc Credits	\$80.41			
Cash Transfers Between Accts	\$546.56	-\$514.79		
TOTAL INCOME	\$3,533.34	\$12,872.68	\$30.00	-\$70.40
EXPENSES:				
Wages and Compensations Paid	\$0.00			
Employee Wages				
Benefits				
Employee Reimbursements				
NonEmployee Compensation	\$5.70	\$277.24		
Total Wage Expense	\$5.70	\$277.24	\$0.00	\$0.00
Initial Capital Income				
Buildings				
Construction/ Remodeling	\$0.00			

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A9 Itemized Expenses for 2013-2014 (Part IX, Line 23)

Form 1120 Department of the Treasury Internal Revenue Service	U.S. Corporation Income Tax Return For calendar year 2013 or tax year beginning _____, 2013, ending _____, 20____ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120 .	OMB No. 1545-0023 <div style="font-size: 2em; font-weight: bold;">2013</div>			
A Check it 1a Consolidated return (attach Form 981) <input type="checkbox"/> b Life/venture consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-1 attached <input type="checkbox"/>	NAME OR PRINT Name Kingdom Benefit Charities, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 18781 Chapin Blvd, Suite 412 City or town, state, or province, country and ZIP or foreign postal code Shaker Heights, OH 44120	B Employer identification number 800826344 C Date incorporated 6/15/2012 D Total assets (see instructions) \$ 0			
E Check it: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change					
Income 1a Gross receipts or sales b Returns and allowances c Balance. Subtract line 1b from line 1a. 2 Cost of goods sold (attach Form 1125-A) 3 Gross profit. Subtract line 2 from line 1c 4 Dividends (Schedule C, line 19) 5 Interest 6 Gross rents 7 Gross royalties 8 Capital gain net income (attach Schedule D (Form 1120)) 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 10 Other income (see instructions—attach statement) (family contributions) 11 Total income. Add lines 3 through 10.	1a <input type="text"/> 1b <input type="text"/> 1c <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 30 11 <input type="text"/> 30	Deductions (See instructions for limitations on deductions.) 12 Compensation of officers (see instructions—attach Form 1125-E) 13 Salaries and wages (less employment credits) 14 Repairs and maintenance 15 Bad debts 16 Rents 17 Taxes and licenses 18 Interest 19 Charitable contributions 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 21 Depletion 22 Advertising 23 Pension, profit-sharing, etc., plans 24 Employee benefit programs 25 Domestic production activities deduction (attach Form 990) 26 Other deductions (attach statement) (fees from capital donations) 27 Total deductions. Add lines 12 through 26. 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11. 29a Net operating loss deduction (see instructions) 29b Special deductions (Schedule C, line 20) 29c Add lines 29a and 29b	12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/> 16 <input type="text"/> 17 <input type="text"/> 18 <input type="text"/> 19 <input type="text"/> 30 20 <input type="text"/> 21 <input type="text"/> 22 <input type="text"/> 23 <input type="text"/> 24 <input type="text"/> 25 <input type="text"/> 26 <input type="text"/> 98 27 <input type="text"/> 30.98 28 <input type="text"/> 98 29a <input type="text"/> 29b <input type="text"/> 29c <input type="text"/> 0	Taxable Income, Credits, and Payments 30 Taxable income. Subtract line 29c from line 28 (see instructions) 31 Total tax (Schedule J, Part I, line 11) 32 Total payments and refundable credits (Schedule J, Part II, line 21) 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed 35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid 36 Enter amount from line 35 you want: Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	30 <input type="text"/> 0 31 <input type="text"/> 0 32 <input type="text"/> 33 <input type="text"/> 34 <input type="text"/> 0 35 <input type="text"/> 36 <input type="text"/>
Sign Here Signature of officer <i>Paula Mathews</i> Date <i>13/10/14</i> Founder <input type="checkbox"/>	Under penalty 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Paid Preparer Use Only Print/preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's name Firm's EIN Phone no.					

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A9 Itemized Expenses for 2013-2014 (Part IX, Line 23)

Form 1120 Department of the Treasury Internal Revenue Service	U.S. Corporation Income Tax Return For calendar year 2013 or tax year beginning _____, 2013, ending _____, 20____ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120 .	OMB No. 1545-0023 <div style="font-size: 2em; font-weight: bold;">2013</div>
A Check it 1a Consolidated return (attach Form 951) <input type="checkbox"/> b Life/tenable consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-1 attached <input type="checkbox"/>	NAME OR PRINT Name Kingdom Benefit Charities, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 18781 Chagrin Blvd, Suite 412 City or town, state, or province, country and ZIP or foreign postal code Shaker Heights, OH 44120	B Employer identification number 800826344 C Date incorporated 6/15/2012 D Total assets (see instructions) \$ 0
E Check it: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change		
Income 1a Gross receipts or sales b Returns and allowances c Balance. Subtract line 1b from line 1a. 2 Cost of goods sold (attach Form 1125-A) 3 Gross profit. Subtract line 2 from line 1c 4 Dividends (Schedule C, line 19) 5 Interest 6 Gross rents 7 Gross royalties 8 Capital gain net income (attach Schedule D (Form 1120)) 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 10 Other income (see instructions—attach statement) <i>(family contributions)</i> 11 Total income. Add lines 3 through 10.	1a <input type="text"/> 1b <input type="text"/> 1c <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 30 11 <input type="text"/> 30	12 Compensation of officers (see instructions—attach Form 1125-E) 13 Salaries and wages (less employment credits) 14 Repairs and maintenance 15 Bad debts 16 Rents 17 Taxes and licenses 18 Interest 19 Charitable contributions 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 21 Depletion 22 Advertising 23 Pension, profit-sharing, etc., plans 24 Employee benefit programs 25 Domestic production activities deduction (attach Form 8903) 26 Other deductions (attach statement) <i>(fees from capital donations)</i> 27 Total deductions. Add lines 12 through 26. 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11. 29a Net operating loss deduction (see instructions) 29b Special deductions (Schedule C, line 20) 29c Add lines 29a and 29b
Deductions (See instructions for limitations on deductions.) 30 Taxable income. Subtract line 29c from line 28 (see instructions) 31 Total tax (Schedule J, Part I, line 11) 32 Total payments and refundable credits (Schedule J, Part II, line 21) 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached 34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed 35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid 36 Enter amount from line 35 you want credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/> 16 <input type="text"/> 17 <input type="text"/> 18 <input type="text"/> 19 <input type="text"/> 30 20 <input type="text"/> 21 <input type="text"/> 22 <input type="text"/> 23 <input type="text"/> 24 <input type="text"/> 25 <input type="text"/> 26 <input type="text"/> 98 27 <input type="text"/> 30.98 28 <input type="text"/> 98 29a <input type="text"/> 29b <input type="text"/> 29c <input type="text"/> 0 30 <input type="text"/> 0 31 <input type="text"/> 0 32 <input type="text"/> 33 <input type="text"/> 34 <input type="text"/> 0 35 <input type="text"/> 36 <input type="text"/>	Sign Here Signature of officer <i>Paula Mathews</i> Date <i>13/10/14</i> Title <i>Founder</i> May the IRS discuss this return with the preparer shown below (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paid Preparer Use Only Print/preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's name Firm's EIN Phone no.		

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A9 Itemized List of Other Expense for 2013-2014 (Part IX, Line 23)

	E.P.I.C. Ventures, Inc.		Kingdom Benefit Charities, Inc.	
	2013	2012	2013	2012
Beginning Balance	\$188.43	\$0.00	\$2.06	\$0.00
INCOME:				
Gross Receipts				
Direct Sales	\$0.00		\$0.00	
Online Sales				
Third Party Sales	\$44.48			
Residuals(Affiliate)	\$9.51			
Total Receipts	\$53.97		\$0.00	
Personal Investment/Private	\$222.80	\$10,094.97		
Donations/Angel Investment	\$2,629.60	\$3,292.49	\$30.00	\$100.00
Returns and Allowances				
Interest Income		\$0.01		
Misc Credits	\$80.41			
Cash Transfers Between Accts	\$546.58	-\$514.79		-\$70.40
TOTAL INCOME	\$3,533.34	\$12,872.68	\$30.00	\$29.60
EXPENSES:				
Wages and Compensations Paid	\$0.00			
Employee Wages				
Benefits				
Employee Reimbursements				
Nonemployee Compensation	\$5.70	\$277.24		
Total Wage Expense	\$5.70	\$277.24	\$0.00	\$0.00
Initial Capital Income				
Buildings				
Construction/ Renovation	\$0.00			

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A9 Itemized List of Other Expense for 2013-2014 (Part IX, Line 23)

Furnishings				
Computer Hardware Systems		\$3,224.86		
Copiers				
Fax Machines				
Phone Equipment				
Utility Upgrade				
Security Systems				
Restroom Equipment				
Total Capital Expense	\$0.00	\$3,224.86	\$0.00	\$0.00
Other Expenses				
Set Up Travel				
Other Travel Expense	\$44.06			
Temp Office (IA and Ohio)	\$696.00	\$1,316.00		
Restaurant Inventory & Supplies				
Office Supplies	\$110.90	\$493.01		
Software	\$647.00	\$564.06		
Copies/Book Printing Expense	\$0.00	\$175.60		
Footing	\$2.70	\$26.45		\$27.54
Postage and Shipping	\$8.94	\$297.57		
Total Fax/Printing/Postage	\$11.64	\$499.62	\$0.00	\$27.54
Marketing/Advertising/Promotional				
Create Space/Extra Press	\$39.09	\$298.86		
Complimentary Book Purchases		\$118.20		
Bowling Services		\$250.00		
Social Media Subscriptions	\$52.92	\$86.84		
Podcasting Services	\$179.55	\$352.67		
Type Number /Subscriptions	\$106.08	\$120.60		

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A9 Itemized List of Other Expense for 2013-2014 (Part IX, Line 23)

Go Daddy Web Services	\$100.43	\$280.47		
Total Market/Advertising	\$478.07	\$1,507.64		
R&D Expense			\$0.00	\$0.00
Education & Development				
Legal/Licenses & Fees				
Legal Fees (Statutory Agent)	\$104.00	\$198.00		
Business Charter/License/Fees		\$985.00		
Other Fees (Bank and Notary)	\$183.68	\$26.36	\$0.98	
Total Legal/Licenses Fees	\$287.68	\$1,209.36	\$0.98	\$0.00
Network Consultation Fees				
Language Interpreters/Translators				
Business and Professional Fees		\$79.00		
Copyrights & Trademarks		\$330.00		
Automobile Expense (Rental)				
Fuel/Tolls	\$25.00	\$9.52		
Maintenance Expense				
Cell Phone Service				
Cellphone Service (50%)		\$454.08		
Replacement Cellphone		\$32.09		
Total Cell Phone	\$0.00	\$486.17	\$0.00	\$0.00
Entertainment (Informal Cafe)		\$102.59		
Corporate Gifts	\$8.46	\$15.00		
Outstanding Loans	\$105.00			
Reimbursements for Corp Exp	\$30.00	\$500.00		
Miscellaneous				
Office Payments	\$21.60	\$990.50		

Kingdom Benefit Charities (K.B.C.), Inc., dba Great Grace Foundation EIN: 80-0826344
Attachment A9 Itemized List of Other Expense for 2013-2014 (Part IX, Line 23)

Transfers To Other EPIC Accounts	\$551.56			
Check to Danielle (Lease wire)	\$570.00			\$0.00
Paper Shredder	\$24.88			
Total Miscellaneous	\$1,168.04	\$990.50	\$0.00	\$0.00
Insurance	\$0.00			
Property Taxes	\$0.00			
Business Taxes	\$0.00			
Initial Inventory				
Total Other Expenses	\$3,611.88	\$8,112.47	\$0.98	\$27.54
Community Partnership Expense				
Charitable Expense	\$85.33	\$1,071.83	\$30.00	
Total Community Expense	\$85.33	\$1,071.83	\$30.00	\$0.00
TOTAL EXPENSES	\$3,702.91	\$12,686.40	\$30.98	\$27.54
NET PROFIT	-\$169.57	\$186.28	-\$0.98	\$2.08
Ending Balance	\$16.86	\$186.28	\$1.08	\$2.06
	\$5.82			
	\$11.04			

** \$5.82 was the amount from another account that was used to pay EPIC bills in 2012. Huntington ledger does not show this amount.

Attachment A10

Letter of Appeal to IRS

February 26, 2014

To whom it may concern:

It may seem rather odd, even absurd for someone to incorporate a nonprofit and apply for 501 c (3) status without an apparent financial plan of operation. Actually, there is a financial plan. I spent the better part of twelve years doing research on how I wanted this company to be run. I performed statistical analyses of population growth trends for the next fifty years. There are numerous charts of estimated poverty trends and an assessment of needs over that period of time as well. I have developed hundreds of pages of documentation in my corporate business plan. None of that detail is included in this 1023 Application package. Not, because the numbers are no longer valid, but because after all the research and hard work Kingdom Benefit Charities has not yet taken off as anticipated. The people who initially were to help with the project were distracted in many other directions. Then the profits never came in as expected for EPIC Ventures. These profits were to jumpstart the nonprofit. We are still convinced that with help from profitable companies, our nonprofit model will become very successful in supplying much needed funds at a time that our nation and so many companies are struggling. So as Founder, I am stepping out alone to accomplish this goal.

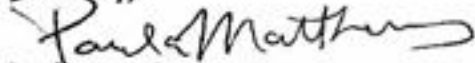
Everyone is struggling to one degree or another, but the needs of the impoverished are becoming greater. There are more people applying for the dwindling public assistance that the government is fighting to sustain. If the government fails financially whose fault is it? It's every American's fault, and especially the fault of American businesses who exist solely for profit and who dump their unemployed upon the government to clean up the mess. It is a mess when unemployment is causing many to continue to lose their jobs and their homes at unheard of rates of increase. It is also a mess when traditional nonprofits are struggling to keep up with the demand for assistance. Many of these nonprofits are not going to the companies who caused the problem they are seeking help from the government. This makes for a vicious cycle of impoverishment that won't stop until it either forces the government to complete failure, or until companies like EPIC Ventures step into the nonprofit arena to lend a hand. It's called giving back, but not as an

afterthought after the big profits roll in. We began Kingdom Benefit Charities as a part of our business model to give back as a matter of business. EPIC Ventures exists for the sole purpose of giving back to the communities of our country. Giving back products and services that enhance our way of seeing and being in this world. We also desire to give back financially with everything we create. That is where Kingdom Benefit Charities comes in. We want to set an example that will model how business should be done and we invite other companies and our prospective partners to join us in this endeavor.

As Founder, I am passionate about what Kingdom Benefit Charities can be. Also as CEO of EPIC Ventures, I am confident that we can change how the world does business. We want to be the example of creating profit for a purpose that is greater than just making money, but it about making a difference in the lives of all our citizens, both great and small. Therefore we are stepping out on a dream believing that if we build it, our resources will come. After all this came as a divine dream, a dream that keeps growing daily even if the reality has not yet taken place as we desired. We are still confident that we are in great company. Like other great dreamers. It took Moses 40 years before he saw his people living in freedom from poverty. Joseph's dream took over 20 years before he was able to supply the world with food during famine. His divine inspiration made Egypt the most powerful nation on the earth.

At EPIC Ventures, Inc we are so confident in Kingdom Benefit Charities that we are willing to risk all we have to make it happen. To some it may be easier just to write a check and donate to a nonprofit, but our choice it to take an active part in making a difference the lives of so many who are suffering from poverty and financial lack. We believe that it doesn't take great wealth to begin, only a great idea, persistence and a willingness to help others in their time of need. Therefore we humbly submit this application form 1023 for tax exempt status in hopes that the IRS will see our vision and help us obtain our goal.

Sincerely,



Paula Matthews

Founder

Kingdom Benefit Charities (K.B.C.), Inc.

Furnishings			
Computer Hardware Systems		\$3,224.86	
Copiers			
Fax Machines			
Phone Equipment			
Utility Upgrade			
Security Systems			
Restaurant Equipment			
Total Capital Expense	\$0.00	\$3,224.86	
Other Expenses			
Set-Up Travel			
Other Travel Expense	\$44.06		
Temp Office (LA and Ohio)	\$696.00	\$1,316.00	
Restaurant Inventory & Supplies			
Office Supplies	\$110.90	\$493.01	
Software	\$647.00	\$564.06	
Copies/Book Printing Expense	\$0.00	\$175.60	
Faxing	\$2.70	\$26.45	\$27.54
Postage and Shipping	\$8.94	\$297.57	
Total Fax/Printing/Postage	\$11.64	\$499.62	
			\$0.00
Marketing/Advertising/Promotional			
Create Space/Lulu Press	\$39.09	\$298.86	
Complimentary Book Purchases		\$118.20	
Bowker Services		\$250.00	
Social Media Subscriptions	\$52.92	\$86.84	
Podcasting Services	\$179.55	\$352.67	
Skype Number /Subscription	\$106.08	\$120.60	

Go Daddy Web Services	\$100.43	\$280.47		
Total Market/Advertising	\$478.07	\$1,507.64	\$0.00	\$0.00
R&D Expense				
Education & Development				
Legal/Licenses & Fees				
Legal Fees (Statutory Agent)	\$104.00	\$198.00		
Business Charter/License/Fees		\$985.00		
Other Fees (Bank and Notary)	\$183.68	\$26.36	\$0.98	
Total Legal/Licenses Fees	\$287.68	\$1,209.36	\$0.98	\$0.00
Network Consultation Fees				
Language Interpreters/Translators				
Business and Professional Fees		\$79.00		
Copyrights & Trademarks		\$330.00		
Automobile Expense (Rental)				
Fuel/Tolls	\$25.00	\$9.52		
Maintenance Expense				
Cell Phone Service				
Cellphone Service (50%)		\$464.08		
Replacement Cellphone		\$32.09		
Total Cell Phone	\$0.00	\$496.17	\$0.00	\$0.00
Entertainment (Internet Cafe)		\$102.59		
Corporate Gifts	\$8.49	\$15.00		
Outstanding Loans	\$105.00			
Reimbursements for Corp Exp	\$30.00	\$500.00		
Miscellaneous				
Other Payments	\$21.60	\$990.50		

Transfers To Other EPIC Accounts	\$551.56			\$0.00
Check to Danielle (Lease wire)	\$570.00			
Paper Shredder	\$24.88			
Total Miscellaneous	\$1,168.04	\$990.50	\$0.00	\$0.00
Insurance	\$0.00			
Property Taxes	\$0.00			
Business Taxes	\$0.00			
Initial Inventory				
Total Other Expenses	\$3,611.88	\$8,112.47	\$0.98	\$27.54
Community Partnership Expense				
Charitable Expense	\$85.33	\$1,071.83	\$30.00	
Total Community Expense	\$85.33	\$1,071.83	\$30.00	\$0.00
TOTAL EXPENSES	\$3,702.91	\$12,686.40	\$30.98	\$27.54
NET PROFIT	~\$169.57	\$186.28	~\$0.98	\$2.06
Ending Balance	\$16.86	\$186.28	\$1.08	\$2.06
	\$5.82			
	\$11.04			

** \$5.82 was the amount from another account that was used to pay EPIC bills in 2012. Huntington ledger does not show this amount.

KINGDOM BENEFIT CHARITIES (K.B.C.), INC.
dba Great Grace Foundation

16781 Chagrin Boulevard, Suite 412, Shaker Heights, OH 44120
www.kingdombenefitcharities.org

In compliance with the IRS Tax Exempt Public Disclosure requirement,
We have released the enclosed information on our new website.
This is the most current information based upon the reported tax year.

The information is available for both viewing and downloading.
If there are any questions concerning this information please [contact us](#).

CONFIDENTIAL MATERIALS

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