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#### **Return of Private Foundation**

## or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052

For cal	endar	year 2009, or tax year	r beginning		, and end	ing		
G Che	ck all	that apply:	Initial return	Initial return of a fo	rmer public cha	,	Final return	
			Amended return	Address chan	ge	Name change	<u>.                                    </u>	
Use th	e IRS	Name of foundation					A Employer identification	number
lab							Z2 4506200	
Other			NG CENTERS		INC		73-1596382	
pri or ty			O box number if mail is not de	livered to street address)	ľ	loom/suite	B Telephone number	1 1 1
See Sp	•	709 FOX TA	****				(405)943-1	
Instruc	tions.	City or town, state, ar EDMOND, OK					C if exemption application is portion of the companies of	
H Che	ck tvn		X Section 501(c)(3) ex	empt private foundation			2 Foreign organizations me check here and attach co	
		n 4947(a)(1) nonexem	, ,	Other taxable private founda	ation			
		t value of all assets at e			X Accrua	 1	E If private foundation state under section 507(b)(1)	
(fron	n Part	t II, col (c), line 16)	Ot	her (specify)			F If the foundation is in a 6	
\$				mn (d) must be on cash l	basis.)		under section 507(b)(1)	(B), check here
Part	<u> </u>	nalysis of Revenue and he total of amounts in colur	mne (h) (c) and (d) may not	(a) Revenue and	(b) Net inve		(c) Adjusted net	(d) Disbursements for charitable purposes
2010	'nε	ecessarily equal the amount	ts in column (a) )	expenses per books	incom	ie	income	(cash basis only)
		ntributions, gifts, grant	•	700,000.		· <del>-</del>		
	nte	erest on savings and tempo	n is not required to attach Sch. B prary					
· ·	3 cas	sh investments vidends and interest fro	•	23,333.	23	,333.	23 333	STATEMENT 1
$\supset$		oss rents	iii securiies	840.		840.		STATEMENT 2
		t rental income or (loss)	<4,889.>				0101	STATEMENT 3
	_	t gain or (loss) from sale of a						
	b Gro	oss sales price for all sets on line 6a						
		pital gain net income (from l	Part IV, line 2)			0.		
SCANNED Revenue	<b>8</b> Ne	t short-term capıtal gaı	n					
		come modifications	l					
10	0a and	d allowances	•					
		ss Cost of goods sold					<u> </u>	
		oss profit or (loss)				•		-
11	-	her income ital. Add lines 1 through	h 11	724,173.	24	,173.	24,173.	
13		mpensation of officers, dire	<del></del>	0.		0.	0.	0.
1		her employee salaries a				<u></u>		
1:		nsion plans, employee						
8 10 8 10	<b>6a</b> Le	gal fees						
	<b>b</b> Ac	counting fees	STMT 4	1,700.	1	,700.	1,700.	0,
₩		her professional fees				_		
1 <u>ξ</u>	-	erest	am m =	1 260		260	1 260	
i stra		xes	STMT 5	1,369.		<u>,369.</u>	1,369.	0.
iui 1		preciation and depletio	ın	4,360.	4	,360.	4,360.	
Admi		cupancy avel, conferences, and a	meetings			•		
P 2		inting and publications						
ලි 2		her expenses	STMT 6	1,808.	1	,808.	1,808.	0.
=   afi 2.	-	tal operating and adm						
Operating and Administrative Expen				9,237.	9	,237.	9,237.	0.
12	5 Co	penses Add Ines 13 to	ts paid	267,211.				267,211.
2	10	tal expenses and disb	[ [ [ ] ] ]	0.75 440			0.005	0.55 0.11
		<u>ld lMea B4 ¥υσ\$252010</u>		276,448.	9	,237.	9,237.	267,211.
2	/ Su	btract line 26 from line	12. <u>12.</u> <u>12.</u>	447,725.			Ì	
11	a Exe	cess of revenue over expen	ises and dispursements	441,143.	14	,936.		
		justed net income (if no					14,936.	
923501 02-02-1		7 -		Act Notice, see the instruc	tions.			Form <b>990-PF</b> (2009)

GRACE LIVING CENTERS FOUNDATION, INC

73-1596382

Form **990-PF** (2009)

267,211.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

		<u> 1596</u>			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ir	ıstru	ctior	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%			1	<u>49.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ļ			<u>0.</u>
3	Add lines 1 and 2			1	<u>49.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1	<u>49.</u>
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009	}			
b	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c	İ			
	Backup withholding erroneously withheld 6d				
	Total credits and payments. Add lines 6a through 6d				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-	1	49.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				
	rt VII-A Statements Regarding Activities	<del>1</del>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
,,	any political campaign?	İ	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	ļ			
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		10		
a	(1) On the foundation.  \$ 0 . (2) On foundation managers.  \$ 0 .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
е	•				
	managers. > \$		2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				<b>.</b>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	T / B	4a		
	11 1001 11100 11100 1110	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	OK				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT	10	10	X	<u> </u>

orm 990-PF (2009) GRACE LIVING CENTERS FOU Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Re	Required foots	/3-15963	<u> </u>	Page 6
	OITH 4120 Way be F	iedaniea (contin	uea)		$\overline{}$
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li></ul>	n 4945(a)\?		s X No		
(1) Carry on propagation, or otherwise attempt to influence registation (section (2) Influence the outcome of any specific public election (see section 4955); or			S LALINU		
any voter registration drive?	it to carry on, uncomy or mane		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		٠. ــــــ			
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii addanboa iii dadadii	☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f				
the prevention of cruelty to children or animals?	, or occount parpoone, or .		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni-	der the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		-	
expenditure responsibility for the grant?		[/A	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494		•			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870				]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗶 No 📙		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors		<del></del> -			
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	/a\ E	vnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	accou	xpense int, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allov	wances
K. DON GREINER	DIRECTOR				
709 FOX TAIL DR	1 000	0.	0.		0.
EDMOND, OK 73034	0.00 DIRECTOR	0.		<u> </u>	<u> </u>
SHELLIE GREINER	DIRECTOR	1		[	
709 FOX TAIL DR EDMOND, OK 73034	0.00	0.	0.	1	0.
EDMOND, OR 73034	0.00		<u>.</u>		<u> </u>
· · · · · · · · · · · · · · · · · · ·	1				
	1				
				-	
	†		]		
	1	1			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allov	wances
NONE					
	<u> </u>				
			_		
	]				
	<u></u> .	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000			▶		0

orm 990-PF (2009) GRACE LIVING CENTERS FOUNDATION, INC	73-159	6382	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi Paid Employees, and Contractors (continued)	ghly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type o	f service	(c) Comp	pensation
NONE			
	-		
		i	
		<del></del>	<del></del>
	•		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<b>&gt;</b>	0
	_ 1		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as th number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	e	Expenses	i
1 ST JOHN CATHOLIC CHURCH		· <del>-</del>	
		96	974.
ARCHDIOCESE OF OKC			
		20	000
CATHOLIC CHARITIES OF OKC			,000.
CATHOLIC CHARITIES OF ORC			
		20	,000.
4 PAPAL FOUNDATION			
Doubly Die		100	<u>,000.</u>
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<del>-  </del>	Amount	
1 N/A		- Amount	
1 <u>N/A</u>			
2			
All other program-related investments. See instructions.			
3			
Total, Add lines 1 through 3	<b>•</b>		0.
		Form <b>990-P</b>	<b>F</b> (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	642,482.
	Average of monthly cash balances	1b	318,706.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	961,188.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	. 0.
3	Subtract line 2 from line 1d	3	961,188.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,418.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	946,770.
6	Minimum investment return. Enter 5% of line 5	6	47,339.
	Distribute to American ( ) ( ) (0 - t - 10.40(2)(0) and (2/5) are standing foundations on	d certain	1
Р	art XI Distributable Amount (see instructions) (Section 4942())(3) and ())(5) private operating foundations and foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	47,339.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	149.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	47,190.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	47,190.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	47,190.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	267,211.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	267,211.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	149.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	267,062.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	for the section
	4940(e) reduction of tax in those years.		

Page 9

· Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	00.00			
line 7				47,190.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
b rotation prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 251, 385.				
b From 2005 261,849.				
c From 2006 118,576.				
d From 2007 197,881.				
e From 2008 253, 428.	İ			
f Total of lines 3a through e	1,083,119.			
4 Qualifying distributions for 2009 from	1,003,113.			
Part XII, line 4: ► \$ 267, 211.				
			0.	
a Applied to 2008, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)				<u> </u>
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			47,190.
d Applied to 2009 distributable amount	220 021			41,130.
e Remaining amount distributed out of corpus	220,021.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,303,140.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				,
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed				<del> </del>
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		<u> </u>		
e Undistributed income for 2008. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.				<u> </u>
f Undistributed income for 2009. Subtract				,
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2010				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	251 205			]
not applied on line 5 or line 7	251,385.			
9 Excess distributions carryover to 2010.	1 054 555			
Subtract lines 7 and 8 from line 6a	1,051,755.			<del> </del>
10 Analysis of line 9:				1
a Excess from 2005 261,849.				
b Excess from 2006 118,576.				
c Excess from 2007 197,881.				
d Excess from 2008 253, 428.				
e Excess from 2009 220,021.		<del></del>	l	5 000 DE (0000)

Form 990-PF (2009) GRACE I Part XIV Private Operating F	IVING CENTE			73-15 N/A	596382 Page 10
1 a If the foundation has received a ruling of	<del></del>		A, question by	N/A	
foundation, and the ruling is effective fo		-			
<b>b</b> Check box to indicate whether the foun		=	in section	4942(j)(3)_or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	9 100 1100 1100 11000	Prior 3 years	3 10 14())(0)_0,	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for			· · · · · · · · · · · · · · · · · · ·	1	†
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					<del>                                     </del>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:				<u> </u>	
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>				-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities long (section)					
securities loans (section 512(a)(5)), or royalties)  (2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
Information Regarding Foundati     a List any managers of the foundation w     year (but only if they have contributed)	ho have contributed more		tributions received by th	e foundation before the clo	ose of any tax
	more man φυ <sub>τ</sub> υου <i>).</i> (366 S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SEE STATEMENT 11	he owe 100/ (1)	on otook of a same time.	/or on ognothy laster at a	han of the ownership of a	northorphip or
b List any managers of the foundation w other entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	partnership or
NONE			<del>-</del> .		
2 Information Regarding Contribu Check here ► X if the foundation the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone nur	····				<del></del>
a The name, address, and telephone not	iliber of the person to who	н аррисаноно зновы ос	audicascu.		
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on access	de euch as hu assersshir	al areas charitable fields	kinds of institutions of	nther factors	<del></del>
d Any restrictions or limitations on award	is, such as by geographic	ai ai eas, ciiai liadie fields	, kinus oi institutions, Ol	outer factors,	

3 Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment		<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	rinount
a Paid during the year				
		1		
		}		
SEE STATEMENT 12	l,	<u></u>	<u> </u>	267 211
b Approved for future payment			<b>▶</b> 3a	267,211.
a , upproved for ratare payment				
NOVE				
NONE				
				·
<u>Total</u> 923611 02-02-10			<u>▶ 3b</u>	0 . orm <b>990-PF</b> (2009)

02-02-10

art XVI-A Analysis of Income-Prod	ucing Activitie	es .	,		
er gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exemp
Program service revenue;	code	Amount	code	Amount	function income
a					
<u> </u>		<del></del>			<del></del>
	1				
	1 1		<del>  </del>		· · · · · · · · · · · · · · · · · · ·
	-				
Fees and contracts from government agencies	_		<del>-  -</del>		
Nembership dues and assessments					-
nterest on savings and temporary cash					
nvestments					·
Dividends and interest from securities			14	23,333.	
Net rental income or (loss) from real estate:					
Debt-financed property			16	<4,889.	•
Not debt-financed property	<u> </u>			<del></del>	
Net rental income or (loss) from personal					
property Other investment income			<del></del>		<del></del>
Gain or (loss) from sales of assets other					•
than inventory					
Net income or (loss) from special events		-			
Gross profit or (loss) from sales of inventory					
Other revenue:					
<u> </u>	_				
	_				
	_		<del></del>		
	_				
Subtotal. Add columns (b), (d), and (e)	_ <del>    .</del>		0.	18,444.	
Total. Add line 12, columns (b), (d), and (e)			0 • 1	13	18,4
e worksheet in line 13 instructions to verify calculations.	)			10	
art XVI-B Relationship of Activities		nolishment of	Evennt Di	irnocae	
The lation ship of Activities				<u></u>	
ne No. Explain below how each activity for which in	•			importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by providing fund	s for such purposes)	) <b>.</b>		
	<del></del>	<del></del>			
				<del></del>	

	n 990-⊦ art∙X\		Describe Transfe				ine With Nanche			ge 13
P	art.V.	Exempt Org	Regarding Transfe	ers to a	nd Transactions a	ina Relationsr	nps with Noncha	ritable	;	
_	Did th		indirectly engage in any of t	he following	with any other organization	nn described in section	on 501(c) of		Yes	No
ı			indirectly engage in any or t in (c)(3) organizations) or in				30 1(0) 01			
a		•	undation to a noncharitable							
•	(1) C							1a(1)		X
		ther assets						1a(2)		X
b		transactions:							1	
	(1) S	ales of assets to a noncha	arıtable exempt organizatıon	)				16(1)		<u>X</u> _
	(2) P	urchases of assets from a	a noncharitable exempt orga	anization				1b(2)		Х
	(3) F	ental of facilities, equipme	ent, or other assets					1b(3)		X
	(4) F	leimbursement arrangeme	ents					1b(4)		<u>X</u>
	(5) L	oans or loan guarantees						1b(5)		X
	(6) P	erformance of services or	r membership or fundraising	g solicitatioi	ns			1b(6)		<u>X</u>
			, mailing lists, other assets,					1c		X
d			e is "Yes," complete the follo						ets,	
			ng foundation. If the founda		d less than fair market valu	ie in any transaction	or sharing arrangement, s	show in		
7-1			ods, other assets, or service		avemet esperation	(4)			_	
(a)	Line no	(b) Amount involved	(c) Name of no		exempt organization	(u) Description	of transfers, transactions, and	snaring an	rangeme	nts
		·		N/A					_	
								<del></del>		
								<del></del>		
			<del></del>	•						
	_									
					<del></del>					
							<del></del>			
28		•	lirectly affiliated with, or rela			zations described	_		_	****
		* *	other than section 501(c)(3)	)) or in secti	ion 527?		Ĺ	Yes	X	No
t	If "Ye	s," complete the following			(1) To a of a company to a		-> December of valotions			
_			f organization		(b) Type of organization		c) Description of relations	anib		
		N/.	<u>A</u>				<del> </del>			
_								-		
_										
_			<del></del>		<u> </u>				-	<del></del>
_	Under	penalties of perjury, I declare th	nat I have examined this return, in	ncluding accor	mpanying schedules and staten	nents, and to the best of	my knowledge and belief, it is	true, corre	ect,	
			(other than taxpayer or fiduciary				,			
		Lelli	(Drenon		48/ <del>41</del> /10	1 Irust	tep			
ē	$\overline{s}$	gnature of officer or trust	ee		Date	Title				
Sign Here		Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			- [	Date Ch		er's identif	ying nun	nber
igi	Paid Preparer's Use Only	signature	7: Zel Vi	C60	•	<b>つ/</b> /   sel	f- ployed ▶ □ Ho	075	138	'5
U)	Paid spare	Firm's name (or yours EI	DE BAILLY LL	P		1 //	EIN ► 45-02	350	95	8
	rep Use	rf self-employed), 24	02 WESTPORT	_						
_	4.5	address, and ZIP code NO		<u>069-6</u>	336		Phone no. 405 –	<u> 292-</u>	290	0

923622 02-02-10

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2009** 

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

73-1596382 GRACE LIVING CENTERS FOUNDATION, INC Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

### GRACE LIVING CENTERS FOUNDATION, INC

73-1596382

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DON & SHELLIE GREINER  709 FOX TAIL DR  EDMOND, OK 73034	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
NO.	Name, address, and zir + 4	* *	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990-PF DIVIDENDS	S AND	INTER	EST FROM	SECURI	TIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS VIDENDS	COLUMN (A AMOUNT	)
DIVIDENDS			23,333.		0.	23,3	33.
TOTAL TO FM 990-PF, PART I, LI	N 4 =		23,333.		0.	23,3	33.
FORM 990-PF	RENT	'AL IN	COME			STATEMENT	2
KIND AND LOCATION OF PROPERTY					ACTIVITY NUMBER	GROSS RENTAL INC	OME
RESIDENTIAL RENTAL - EDMOND, (	OK				1	8	40.
TOTAL TO FORM 990-PF, PART I,	LINE	5 <b>A</b>				8	40.
FORM 990-PF	RENTA	L EXP	ENSES			STATEMENT	3
DESCRIPTION			CTIVITY NUMBER	Al	MOUNT	TOTAL	
DEPRECIATION REAL ESTATE TAXES - SI	UBTOTA	L -	1		4,360. 1,369.	5,7	29.
TOTAL RENTAL EXPENSES						5,7	29.
	-PF, F	PART I	, LINE 51	В		<4,8	89.
NET RENTAL INCOME TO FORM 990					:		
	ACC		NG FEES			STATEMENT	4
FORM 990-PF  DESCRIPTION	ACC (A EXPEN PER E	COUNTI	NG FEES (B) NET INV		(C) ADJUSTED NET INCOM	(D) CHARITA	BLE
	(A EXPEN PER E	COUNTI	(B) NET INV MENT IN		ADJUSTED	(D) CHARITA ME PURPOS	BLE

FORM 990-PF	XAT	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		(D) CHARITAI E PURPOSI		
REAL ESTATE TAXES	1,369.	1,36	9. 1,369	9.	0.	
TO FORM 990-PF, PG 1, LN 18	1,369.	1,36	9. 1,369	9.	0.	
FORM 990-PF	OTHER EXPENSES			STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
ADMINISTRATION FEES FOREIGN TAX PAID	1,501. 307.		1,500 17. 30°		0.	
TO FORM 990-PF, PG 1, LN 23	1,808.	1,80	1,80	8. 0		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION			BOOK VALUE	FAIR MARKE	r	
STOCK ACCOUNTS STOCK FUNDS		_	268,567. 286,424.	311,53 250,6		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		554,991.	562,1	86.	
FORM 990-PF DEPRECIATION (	OF ASSETS HE	LD FOR INVE	STMENT	STATEMENT	8	
DESCRIPTION			ACCUMULATED DEPRECIATION	BOOK VAL	UE	
1589 E 15TH ST	E 15TH ST 11		5,268.	114,634.		
TOTAL TO FM 990-PF, PART II, LN 11 119,90			5,268.	114,6	34.	

FORM 990-PF	OTHER	RINVEST	MENTS		STATEMENT	9
DESCRIPTION		VALUAT METHO		BOOK VALUE	FAIR MARKE VALUE	T
OTHER ASSETS		COST	r	198,881.	187,3	02.
TOTAL TO FORM 990-PF, P	ART II, LINE	13		198,881.	187,3	02.
NAME OF CONTRIBUTOR		ADDRESS	<del> </del>			
NAME OF CONTRIBUTOR  DON & SHELLIE GREINER		709 FOX				
		EDMOND,	OK 7303	34		
	<del></del>	<del></del>				11

NAME OF MANAGER

K. DON GREINER SHELLIE GREINER

48105

FORM 990-PF GRANTS AND CONTRIBUTIONS

STATEMENT 12

PAID	DURING THE YEAR			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
ARCHDIOCESE OF OKC PO BOX 32180 OKLAHOMA CITY, OK 73123			20,000.	
CATHOLIC CHARITIES OF OKC 1501 N CLASSEN BLVD OKLAHOMA CITY, OK 73106			20,000.	
CHASTAIN FAMILY MEDICAL FUND			2,500.	
CHRISTIAN FOUNDATION FOR CHILDREN AND AGING 1 ELMWOOD AVE KANSAS CITY, KS 66103			410.	
EDMOND MEMORIAL HS BAND PO BOX 6143 EDMOND, OK 73013			500.	
MISC SMALL DONATIONS			327.	
PAPAL FOUNDATION 150 MONUMENT ROAD, STE 609 BALA CYNWYD, PA 19004			100,000.	
SISTERS OF MARY, MOTHER OF THE EUCHARIST 4597 WARREN ROAD ANN ARBOR, MI			500.	

GRACE LIVING CENTERS FOUNDATION, INC	73-1596382
SR BJ'S PANTRY 819 NW 4TH ST OKLAHOMA CITY, OK 73103	8,000.
ST JOHN CATHOLIC CHURCH 900 S LITTLER AVE EDMOND, OK 73083	96,974.
DIOCESAN MINISTRY FUND 101 NORTH GREENWOOD AVE PUEBLO, CO 81003	500.
RED SHOE GALA 1301 NE 14TH STREET OKLAHOMA CITY, OK 73117	1,000.
OUR LADY CATHEDRAL 3214 NORTH LAKE AVE OKLAHOMA CITY, OK 73118	500.
AIR ONE	500.
OKLAHOMA CATHOLIC BROADCASTING, INC PO BOX 721041 NORMAN, OK 73070	15,000.
CROSS INTERNATIONAL 600 SW THIRD STREET, SUITE 2201 POMPANO BEACH, FL 33060	500.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	267,211.

#### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

internai H	Frie a separate application for each return.				
	are filing for an Automatic 3-Month Extension, complete only Part I and check this box	form)		<b>■</b> X	
-	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously fi				
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corpo	pration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		▶ □	
All othe	rr corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns.	exten	sion of time		
noted t (not au you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or const submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the ated Form 990-T.	additional	
Туре о		Employer identification number			
print	CDACE I TUING GENORED C FOINDAMION INC	73-1596382			
File by the		<u>'</u>	3-139030	<u> </u>	
due date filing you	709 FOX TATI, DR				
return Se instructio					
☐ F ☐ F ☐ X F	type of return to be filed (file a separate application for each return):  form 990  form 990-T (corporation)  form 990-BL  form 990-T (sec. 401(a) or 408(a) trust)  form 990-EZ  form 990-F  form 990-T (trust other than above)  Form 990-PF  SHELLIE GREINER  books are in the care of  709 FOX TAIL DR - EDMOND, OK 73034  phone No  (405) 943-1144  FAX No.	227 069			
<ul><li>If th</li></ul>	e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box		•	•	
- !:	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit AUGUST 15, 2010, to file the exempt organization return for the organization named as for the organization's return for:    X   calendar year 2009   or, and ending, and ending		The extension		
2 t	f this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	inting period	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
-	onrefundable credits. See instructions	3a	\$	0.	
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	25	·	0.	
_	ax payments made. Include any prior year overpayment allowed as a credit  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	_\$	<u> </u>	
	leposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).				
	See instructions	3c	\$	0.	
Cautia	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form	9970.	EO for navment	netri ictione	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)