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Form **990-PF**

Return of Private Foundation 2015

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fore	alen	dar year 2014 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
G	RA	CE LIVING CENTERS FOUND	DATION, INC		73-1 <u>596382</u>	
Nun	nber ar	d street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
_7	09	FOX TAIL DR			<u>(405)943-1</u>	144
City	or to	wn, state or province, country, and ZIP or foreign p	postal code		C If exemption application is p	ending, check here
_E	DM(OND, OK 73034				
G	heck	all that apply: Initial return _	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, emputation
H_(heck	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	tus was terminated
L	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
l Fa	ur ma	· —	ting method: L Cash	X Accrual	F If the foundation is in a	
			Other (specify)		under section 507(b)(1)	(B), check here
	_	2,970,862. (Part I, cold	umn (d) must be on cash b	oasis)	<u> </u>	
Pa	<u>ırt l</u>	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	·	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		Contributions, gifts, grants, etc., received	900,597.			
	2	Check fithe foundation is not required to attach Sch. 8 Interest on savings and temporary				CIDA MEDICEN 4
	3	cash investments	78.	78.		STATEMENT 1
	4	Dividends and interest from securities	40,261.	40,261.	40,261.	STATEMENT 2
		Gross rents	<u> </u>	 		CMV MEMENTS 3
	1	Net rental income or (loss) -4,023.	29,577.			STATEMENT 3
ne	Da	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 290,834.	23,311.		 	
Revenue	70	assets on line 6a 270,034. Capital gain net income (from Part IV, line 2)		29,577.	 	
æ	8	Net short-term capital gain		43,311.	N/A	
	9	Income modifications			N/A	
	-	Gross sales less returns and allowances				
	Ι.	Less Cost of goods sold				
	١ .	Cross profit or (loss)	1			
	11	Other income CEIVED	يل			
	12	Total Add lines through	6 \ 970,513.	69,916.	40,339.	
	13	Other income Total Add lines through Compensation of officers directors trustees et 2000 Other employee salaries and wages	0.	0.	0.	0.
	14	Other employee salates and wages				
	15	Pension plans, employee benefits DEN, UT Legal fees				
ses	16a	Legal fees OGO				
pen	b	Accounting fees STMT 4	2,600.	2,600.	2,600.	0.
Ě	C	Other professional fees				
Operating and Administrative Expens	17	Interest				ļ <u>.</u>
tra	18	Taxes STMT 5	2,198.	2,198.		_0.
ij	19	Depreciation and depletion	1,315.	1,315.	1,315.	
Ē	20	Occupancy			 	
٧	21	Travel, conferences, and meetings			 	
an	22	Printing and publications	0 017	0 017	0 017	
ting	23	Other expenses STMT 6	9,917.	9,917.	9,917.	0.
era	24	Total operating and administrative expenses. Add lines 13 through 23	16 030	16,030.	16,030.	_0.
Ö	25	Contributions, gifts, grants paid	16,030. 891,309.	10,030	10,030.	891,309.
	26	Total expenses and disbursements.	0,1,009.			021,303.
	-	Add lines 24 and 25	907,339.	16,030.	16,030.	891,309.
_	27	Subtract line 26 from line 12:	707,333.	10,030	10,050.	0,21,303.
- Ope		Excess of revenue over expenses and disbursements	63,174.			
		Net investment income (if negative, enter -0-)		_53,886.		
	1	Adjusted net income (if negative, enter -0-)			24,309.	

GRACE LIVING CENTERS FOUNDATION, INC

73-1596382

423511 11-24-14

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660,633.

891,309.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

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.

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	see ir	<u>ıstru</u>	ctio	ns)
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 X and enter 1%	1			5	<u>39.</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-)	2				0.
3	Add lines 1 and 2	3		_	5	39.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			5	39.
6	Credits/Payments:				_	
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 880.	Į				
	Exempt foreign organizations - tax withheld at source 6b	1				
	Tax paid with application for extension of time to file (Form 8868) 6c	1				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7			8	80.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	2.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		_	3	39.
	Enter the amount of line 10 to be; Credited to 2015 estimated tax	11				0.
	rt VII-A Statements Regarding Activities		<u> </u>			<u> </u>
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene				Yes	No
Id	any political campaign?	111		4-		
			1	1a_		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishing the best of the second of the activities and copies of any materials publishing the best of the second of the activities and copies of any materials publishing the best of the second of the activities and copies of any materials publishing the second of the activities and copies of any materials publishing the second of the activities and copies of any materials publishing the second of the activities and copies of the activities activities and copies of the activities	ea or				
	distributed by the foundation in connection with the activities					٦,
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	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		_		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		1	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		 -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u> </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		ľ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?			6	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	/		7_	<u>X</u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OK			i		
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 calc	endar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	TMT		_10_	X	
			Forr	n 990	-PF(2014)

	990-PF (2014) GRACE LIVING CENTERS FOUNDATION, INC 73-159 rt VII-A Statements Regarding Activities (continued)	6382	Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		
	If "Yes," attach statement (see instructions)	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	K
	Website address ► N/A		
14	The books are in care of ► SHELLIE GREINER Telephone no. ► (405)		144
	Located at ► 709 FOX TAIL DR, EDMOND, OK ZIP+4 ► 7	3034	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	37 /	
	and enter the amount of tax-exempt interest received or accrued during the year	N/2	as No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	
	securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). If "Yes," enter the name of the		
Pa	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 1	ļ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?		1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?	\	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period after	ì	
	termination of government service, if terminating within 90 days.)		
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	
	Organizations relying on a current notice regarding disaster assistance check here		
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
	before the first day of the tax year beginning in 2014?	1c	X_
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	\ \	1
	before 2014?		
	If "Yes," list the years , , ,		}
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
	statement - see instructions.) N/A	2b	
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
ο.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
38			
	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of boldings acquired by getting period? (Lico Schodulo C		- 1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	26	
4	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	- ^-
•	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	x
_		 _	
	F	orm 990-1	-r (2014)

Part VII-B Statements Regarding Activities for Which I		Required (contin	73-13303 ued)	0.4	
5a During the year did the foundation pay or incur any amount to:	,				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		es X No		- [
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?			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., organizatio					
4945(d)(4)(A)? (see instructions)		Ye	s X No		- 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		-	
the prevention of cruelty to children or animals?		Ye	es X No		l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ined			
expenditure responsibility for the grant?	N	「/A	es L No		ļ
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				l
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y€	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6ь	<u> </u>
If "Yes" to 6b, file Form 8870		r			ļ.
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No		
b If Yes, did the foundation receive any proceeds or have any net income attribution.				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation				
Elst an officero, an estato, a astess, foundation managers and tren	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other wances
	DIRECTOR	ĺ			
709 FOX TAIL DR					
EDMOND, OK 73034	0.00	0.	0.		0.
	DIRECTOR				
709 FOX TAIL DR					_
EDMOND, OK 73034	0.00	0.	0.	ļ	0.
		1	1	l	
		 	<u> </u>	 -	
	{				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	l		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	unt, other wances
NONE	advoted to position		Оппроизвани		
		T			
		1			
		L	L		
Total number of other employees paid over \$50,000			<u> </u>		0
			Form	990-F	PF (2014)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	У	
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 of serv	ice (c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E:	xpenses
1 HEROIC MEDIA		
- ODDODWINITHY TAMEDALATIONAL		320,493.
2 OPPORTUNITY INTERNATIONAL		
		200,000.
3 CATHOLIC CHARITIES OF OKLAHOMA CITY		
		174,916.
4 ST. JOHN CATHOLIC CHURCH		
Part IX-B Summary of Program-Related Investments		<u>60,500.</u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	Form	0.
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Р	Minimum Investment Return (All domestic foundations	must complete this pa	rt Foreign four	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc , purposes:			
a	Average monthly fair market value of securities			_1a	1,026,466.
b	Average of monthly cash balances			1b	1,026,466. 1,124,361.
C	Fair market value of all other assets			1c	
đ	Total (add lines 1a, b, and c)			1d	2,150,827.
е	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	2,150,827
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	nt, see instructions)		4	32,262.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	2,118,565
6	Minimum investment return Enter 5% of line 5			6	105,928
Р	art XI Distributable Amount (see instructions) (Section 4942(i)(3) foreign organizations check here ▶ ☐ and do not complete this par		g foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	105,928
2a	Tax on investment income for 2014 from Part VI, line 5	2a	539.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b		ļ	
C	Add lines 2a and 2b		-	2c	539
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	105,389
4	Recoveries of amounts treated as qualifying distributions			4	0 .
5	Add lines 3 and 4			5	105,389
6	Deduction from distributable amount (see instructions)			6	0
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	105,389
Р	art XII Qualifying Distributions (see instructions)			_	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	irposes:			004 000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	891,309.
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 charit	able, 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,			4	891,309.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	vestment	j		
	income. Enter 1% of Part I, line 27b			5	539.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	890,770.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether	the foundation of	jualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	Обграз	10213 prior to 2013	2010	
line 7				105,389.
2 Undistributed income, if any, as of the end of 2014				103/303.
a Enter amount for 2013 only			0.	
b Total for prior years:				 - _
g retained processing		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 220,021.				
b From 2010 422, 323.	ł			
c From 2011 514, 415.				
d From 2012 461,638.				
e From 2013 506, 208.				
f Total of lines 3a through e	2,124,605.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$891,309.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior			_	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				105,389.
e Remaining amount distributed out of corpus	785,920.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,910,525.			
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				
assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	220,021.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2,690,504.			
10 Analysis of line 9:				
a Excess from 2010 422, 323.				
b Excess from 2011 514, 415.			ļ	
c Excess from 2012 461,638.				
d Excess from 2013 506, 208.				
e Excess from 2014 785,920.				
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	IVING CENTE			<u>73-15</u>	96382 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A_	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2014, enter the date of t	he ruling	•		
b Check box to indicate whether the found	lation is a private operatin	ig foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
© Qualifying distributions from Part XII,					
line 4 for each year listed				ļ .	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<u> </u>			
e Qualifying distributions made directly		i			
for active conduct of exempt activities.	1]	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:				1	
(1) Value of all assets					
(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		ı			
investment income (interest,					
dividends, rents, payments on					
securities loans (section				1	
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)			<u> </u>	 	
(3) Largest amount of support from				}	
an exempt organization					
(4) Gross investment income	marking (Comple	As Abis mant sub-	is the standarian	h = 1 05 000 = 1 ==	
Part XV Supplementary Info at any time during t			ir the foundation	i nad \$5,000 or mo	ore in assets
		uctions.j			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	foundation before the clos	se of any tax
SEE STATEMENT 10					
b List any managers of the foundation wh			or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation has	s a 10 % of greater interes	ol.			
NONE					
2 Information Regarding Contribute					
Check here ► X If the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	ssed:	
b The form in which applications should b	e submitted and informat	tion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year ARCHDIOCESE OF OKC PO BOX 32180 OKLAHOMA CITY, OK 73123 32,500. BIRTHCHOICE OF OKLAHOMA, IN 4701 S. WESTERN AVENUE OKLAHOMA CITY, OK 73109 10,000. CATHOLIC CHARITIES OF OKC 1501 N CLASSEN BLVD OKLAHOMA CITY, OK 73106 174,916, HEROIC MEDIA 5806 MESA DRIVE, STE 310 AUSTIN, TX 78731 320,493. PARISH OF CHRIST THE KING 1520 S ROCKFORD AVE 20 000. TULSA OK 74120 SEE CONTINUATION SHEET(S) <u>3a</u> Total 891,309, b Approved for future payment NONE

▶ 3b

Total

Part XV Supplementary Information	n· <u>'</u>			
3 Grants and Contributions Paid During the	fear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
HARVARD UNIVERSITY				1
124 MOUNT AUBURN STREET CAMBRIDGE MA 02138				1,000.
CAMBRIDGE, NA V2130				1,000.
		r		
PROLIFE RESPONSE ORGANIZATION 109 ROSS CT				
NORTH WALES, PA 19454				18,500.
			-	
MISCELLANEOUS SMALL DONATIONS				
MISCELLANEOUS SMALL DONATIONS				18,400.
OKLAHOMA CATHOLIC BROADCASTING				
NETWORK				
P.O. BOX 1428 GUTHRIE OK 73044			,	10,000.
		· · · · · · · · · · · · · · · · · · ·		10,000.
		1		
OKLAHOMA FELLOWSHIP OF CATHOLIC MEN				
PO BOX 20930 OKLAHOMA CITY OK 73156				5,000.
				3,000,
OPPORTUNITY INTERNATIONAL				
2122 YORK ROAD, SUITE 150 OAK BROOK, IL 60523				200,000.
on brook, 10 oosto				200,000.
				}
PROS FOR AFRICA 1 N.E. SECOND STREET STE 201				
OKLAHOMA CITY OK 73104				5,000.
QUEEN OF ALL SAINTS CATHOLIC CHURCH		i		
QUEEN OF ALL SAINTS CATROLIC CHORCH			1	1,500.
PECTONAL POOD PANY OF OUTAYOUS				
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE				
OKLAHOMA CITY, OK 73137		L		5,000,
SR. BJ'S PANTRY				}
SR. BJ S PANTRY 819 & 821 NW 4TH STREET				1
OKLAHOMA CITY, OK 73103				8,000.
Total from continuation sheets				333,400,

73-1596382 GRACE LIVING CENTERS FOUNDATION, INC Part XV Supplementary Information -Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient ST JOHN CATHOLIC CHURCH 900 S LITTLER AVE EDMOND OK 73083 60,500. ST. GREGORY'S UNIVERSITY 1900 W MACARTHUR ST SHAWNEE, OK 74804 500.

Total from continuation sheets

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)		
-	(a)	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue:	Business code	Amount	sion code	Amount	function income		
a							
b							
С							
d	1 1						
e	1 1						
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	78.			
4 Dividends and interest from securities			14	40,261.			
5 Net rental income or (loss) from real estate:		. <u>.</u>					
a Debt-financed property			16	-4,023.			
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			18	29,577.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a					-		
b	_						
c							
d	_						
e							
12 Subtotal. Add columns (b), (d), and (e)			<u> </u>	65,893.	<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)				13	65,893.		
(See worksheet in line 13 instructions to verify calculations.	.)						

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).						

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

								$\overline{}$		-
1	Did the org	ganization directly or indire	ectly engage in any i	of the followin	g with any other organization	on described in se	ction 501(c) of	ļ	Yes	No
	the Code (other than section 501(c)	(3) organizations) oi	ın section 52	7, relating to political organ	izations?				
а	Transfers t	from the reporting founda	tion to a noncharital	ole exempt org	ganization of:					
	(1) Cash	Cash								X
	(2) Other	assets						1a(2)		X
h	Other trans									
•		of assets to a noncharitat	nie evemnt organizat	IOD				16(1)		X
	• •	ases of assets from a nor	• =					1b(2)		Ÿ
		l of facilities, equipment, o		ryanization						v
	` '		JI Ulilei assels					1b(3)		T.
	` '	oursement arrangements						1b(4)		A
		or loan guarantees						1b(5)		X
		rmance of services or mer	· ·	-				1b(6)		X X X X X
	_	facilities, equipment, mai	-					<u>1c</u>		<u> X</u>
d							r market value of the goods, of		ets,	
					ed less than fair market valu	ie in any transacti	on or sharing arrangement, sh	ow in		
	<u>`</u>) the value of the goods, c								
a) ∟	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Descript	tion of transfers, transactions, and s	narıng ar	rangerne	ents
				N/A						
						<u> </u>				
_	-+			-						
_			-							
	- -									
						-	 _			
			<u> </u>							
_			 -							
										
						-				
			- <u>-</u>							
			<u> </u>							
2a	is the four	idation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
	in section	501(c) of the Code (other	than section 501(c)	(3)) or in sect	tion 527?			Yes	X] No
b	If "Yes," co	implete the following sche	edule							
		(a) Name of orga	anization		(b) Type of organization		(c) Description of relationsh	IP .		
		N/A								
		 								
_						 				
_	Under	penalties of perjury, I declare t	that I have examined this	s return, includin	ng accompanying schedules and	statements, and to	the best of my knowledge			
Si	gn and be	elief, it is true, correct, and com	plete Declaration of pro	eparer (other than	n taxpayer) is based on all inform	nation of which prepared	retur	the IRS o	e pr "ar	er
He	ere				• 1	DIREC	TITOD Snov	n below Yes		1
	Sign	ature of officer or trustee			Date S	Title				J No
	Oig.	Print/Type preparer's na		Preparer's s		Date	Check If PTIN			
		I min Type higherer 2 lig	inc	C Ichaici 2 2		/	self- employed			
D-	aid	HDD DITIES	D ((D)	K '	TINK POL	16/12/2	 	754	205	
		EDD PAINTE		<u> </u>	WILL LIF	19/14P		751		
	eparer	Firm's name EID	E BAILLY	ΓΓΡ		/ /	Firm's EIN ► 45-02	509	58	
U:	se Only	\								
		Firm's address ▶ 24								
		NO:	RMAN, OK	<u>73069-</u>	6336		Phone no. 405-29			
							Fo	m 99 0)-PF	(2014)

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, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990

OMB No 1545-0047

Employer identification number

GRACE LIVING CENTERS FOUNDATION, INC 73-1596382 Organization type (check one) Filers of: Section: 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 ∆ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization

Employer identification number

GRACE LIVING CENTERS FOUNDATION, INC

73-1596382

Part I	Contributors (see instructions) Use duplicate copies of Part I	if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DON & SHELLIE GREINER 709 FOX TAIL DR EDMOND, OK 73034	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Employer identification number

GRACE LIVING CENTERS FOUNDATION, INC

73-1596382

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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVING	S AND TE	MPORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE		REV	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
INTEREST			78.		78.	78.	
TOTAL TO PART I, LI		78.		78.	78.		
FORM 990-PF	DIVIDENDS	AND INTE	REST FR	OM SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
DIVIDENDS	50,925.	10,6	64.	40,261.	40,26	51. 40,261.	
TO PART I, LINE 4	50,925.	10,6	64.	40,261.	40,26	40,261.	
FORM 990-PF		RENTAL EX	PENSES			STATEMENT 3	
DESCRIPTION		2	ACTIVIT NUMBER		MOUNT	TOTAL	
DEPRECIATION REAL ESTATE TAXES REPAIRS		-			1,315. 427. 2,281.		
	- SUI	BTOTAL -	1			4,023.	
TOTAL RENTAL EXPENS	ES					4,023.	
NET RENTAL INCOME T	O FORM 990-1	PF, PART	I, LINE	5B		-4,023.	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOSI		
ACCOUNTING FEES	2,600.	2,600.	2,600	•	0.	
TO FORM 990-PF, PG 1, LN 16B	2,600.	2,600.	2,600		0.	
FORM 990-PF	TAX	ES		STATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI		
FEDERAL TAXES REAL ESTATE TAXES	1,771. 427.	1,771.	1,771 427		0.	
TO FORM 990-PF, PG 1, LN 18	2,198.	2,198.	2,198	· - ———	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOSI		
BANK CHARGES REPAIRS	7,636. 2,281.	7,636. 2,281.	7,636 2,281		0.	
TO FORM 990-PF, PG 1, LN 23	9,917.	9,917.	9,917		0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION		ВО	OK VALUE	FAIR MARKE' VALUE	r	
STOCK ACCOUNTS			149,631.	166,3		
STOCK FUNDS			678,787.	666,8	85.	

FORM 990-PF	OTHER INVESTMENT	rs	STATEMENT	8
DESCRIPTION	VALUATION METHOD	N BOOK VALUE	FAIR MARKE VALUE	r
OTHER ASSETS	COST	704,387.	709,758	
TOTAL TO FORM 990-PF, PAR	r II, LINE 13	704,387.	709,7	58.
FORM 990-PF LIST	F OF SUBSTANTIAL CONTR PART VII-A, LINE 10		STATEMENT	9
NAME OF CONTRIBUTOR	ADDRESS			
DON & SHELLIE GREINER	709 FOX TAI EDMOND, OK			
		 		
FORM 990-PF	PART XV - LINE 1A		STATEMENT	10

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

K. DON GREINER SHELLIE GREINER

Form 886	8 (Rev. 1-2014)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		▶ X
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	∍ded).
	,		Enter filer's	identıfyir	<u>ng number,</u>	see instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	rıdentıfıcatı	on number (EIN) or
print	CDACE I TUTNO CENTEDO ECINDA	DT ()NI	TNC	73-1596382		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.					
filing your return See						oer (SSN)
instructions	City, town or post office, state, and ZIP code For a for	oreign add	lress, see instructions	·		
	EDMOND, OK 73034	-				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
ls F <u>or</u>		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990)-BL	02	Form 1041-A			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990).PF	04	Form 5227			10
	O-T (sec_401(a) or 408(a) trust)	05	Form 6069		11	
	O-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	d Form 88	58
	SHELLIE GREINE		D160177 OV 73034			
	books are in the care of \triangleright 709 FOX TAIL DI	K – E.				
	none No ► (405)943-1144	4b - 11-	Fax No.			, m
	organization does not have an office or place of business			f this is fo	r tha whala	. P L
box >	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box					
			BER 15, 2015	all Hierino	ers the exte	insion is ioi
	calendar year 2014, or other tax year beginning	V LIFE.	, and ending	-		
	ne tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn	
	Change in accounting period					
7 Sta	ate in detail why you need the extension					
	HE TAXPAYER REQUESTS ADDITION	NAL T	IME IN ORDER TO GA	THER	INFORM	ATION TO
	LE A COMPLETE AND ACCURATE					
_						
8a If ti	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any	Ì		
	nonrefundable credits. See instructions			8a	\$	<u>539.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax	payments made Include any prior year overpayment al	lowed as a	a credit and any amount paid			
	eviously with Form 8868			8b	\$	880.
	lance due. Subtract line 8b from line 8a Include your pa	-	th this form, if required, by using			^
EF	TPS (Electronic Federal Tax Payment System) See instru		at he completed for Deat II	8c	\$	0.
Hadar =			st be completed for Part II o	=	f multime : : !	dan and belief
	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo		panying schedules and statements, and to	, ine 0621 0	n my knowied	ige and beller,
Signature				Date		
Signature	ritte	<u> </u>		Vale		