Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning ar	nd ending	<u> </u>			
В	Check if	C Name of organization		D Employer identif	ication number		
	Addr chan	The Grateful Lives Foundation		1			
Ē	Name Chan			32-6	402383		
]Initia returi		Room/suite	E Telephone number			
	Final	Poggamor Tr 1007 N Orango St #1450	}		-965-9300		
	termi	G Gross receipts \$	36,762,696.				
	Amer	City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 19801		H(a) Is this a group			
	Appli	F Name and address of principal officer:		for subordinate			
	pend	same as C above		H(b) Are all subordinates			
1	Гах-ех	rempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1	1) or 527	If "No," attach a	a list. (see instructions)		
J 1	Webs	te: ▶ N/A		H(c) Group exemption	on number		
K	orm o	f organization: Corporation X Trust Association Other	L Year	of formation: 2015	M State of legal domicile: DE		
P	art I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: To	support	Christian-	based		
Activities & Governance	}	ministries that help people live a dedi-	cated C	<u>'hristian li</u>	fe.		
ř	2	Check this box	osed of more	than 25% of its net a	ssets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7		
ජ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4		
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	•	5	0		
Σ	6	Total number of volunteers (estimate if necessary)		6	0		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•	<u>7a</u>	0.		
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
	1		ļ	Prior Year	Current Year		
ā	8	Contributions and grants (Part VIII, June 1h)	<u> </u>	<u>21,729,789.</u>	26,703,732.		
Revenue	9	Program service revenue (Part VIII, line2g	·	<u> </u>	0.		
Rev	10	Investment income (Part VIII, column (A), lines 3,21 and 70)		<u> </u>	515,559.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Partivill, counn (A), line 12)		21,729,789.	27,219,291.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ	0.	2,711,052.		
	14	Benefits paid to or for members (Part) x column (A), line 4)		<u>0.</u>	0.		
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	" <u>-</u>	<u>0.</u>	64,544.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>	0.	0.		
X	1	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		16 100		
~	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	}	<u> </u>	16,109.		
	T	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,791,705.		
- (S)	19	Revenue less expenses. Subtract line 18 from line 12		21,729,789.	24,427,586.		
INetrAssets or L	20	Total assets (Part X, line 16)	DE	ginning of Current Year 21,621,250.	End of Year 47,377,462.		
ASS	20	Total habilities (Part X, line 26)	.	0.	0.		
Set	22	Net assets or fund balances. Subtract line 21 from line 20	 	21,621,250.	47,377,462.		
	art II	Signature Block		<u>DITTODITESO</u>	1 47,577,4026		
		lities of perjury, I declare that I have examined this return, including accompanying schedu	les and stateme	ents, and to the best of m	v knowledge and belief, it is		
2.2	•	ct, and complete. Declaration of prepayer (other than officer) is based on all information of			, and the age and belon, the		
		14 6		5/1	2/12		
Sig	n	Signature of officer		Date	7		
Here Bessemer Trust by: George W. Kern, Trustee							
		Type or print name and title		_ •			
		Print/Type preparer's name Preparer's signature	D	late Check	PTIN		
Paid	1	Michele McKinnon Multiple		5/11/2017 self-employ	ed P01319465		
Prep	arer	Firm's name McGuireWoods LLP		Firm's EIN	54-0505857		
Use Only Firm's address P. O. Box 397							
Richmond, VA 23218-0397 Phone no. (804) 775-1000							
May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)							
					ar		
					(9)		
					G		



Form 990 (2016)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1	1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	Ì	}	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ļ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	L	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	}		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		{	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f			1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		}	37
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	A	Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	-170		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	}		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	[
	complete Schedule G, Part III	19	1	X

Form 990 (2016) The Grateful Lives Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Tes	No X
zoa b		20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ļ	ļ ——
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a		25		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1 1		
	Schedule L, Part I	25b	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1	{	
	complete Schedule L, Part II	26	İ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1	1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
	instructions for applicable filing thresholds, conditions, and exceptions)	1 1	{	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30]	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 7		
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	1 1	ł	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 1	}	
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1 1	- 1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	,
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 1	- }	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form (JUN 19	016\

Sinter the number deported in Box 3 of Form 1096, Enter 0 if not applicable be firster the number of Forms W2G included an line 1s. Enter 0 if not applicable coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with which are sent to the calendar year entering with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with provided on the 2st did the organization and an account of the calendar year ending with or within the year covered by this return the for the calendar year ending with or within the year covered by this return file of the calendar year ending with or within the year covered by this return file of the calendar year ending with or within the year covered by this return file of the calendar year ending with or within the year covered by this return file of the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (buth as a bank account, securities account, or other financial account) 5b if Yes, a vinet the name of the foreign country, be 5c with a financial accountry (buth as a bank account, securities account, or other financial accountry (buth as a bank account, securities account, or other financial accountry) 5c with a financial party foreign the properties of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization approach that was or as party to a prohibited tax shelter transaction? 5b Did any taxable party nofely the organization that it was or as party to a prohibited tax shelter transaction? 5c If Yes, 1 to the 5a of 5b, did the organization file return at an enemaly greater than \$100,000, and did the organization solicit 6c If Yes, 1 to the 5a of 5b, did the organization file organization file organization file organization file organization file organiza		Check if Schedule O contains a response or note to any line in this Part V			
to Enter the number reported in Box 3 of Form 1096. Enter -0 in ot applicable be Enter the number of Forms Wal Sinchulard in Int a Enter -0 in that applicable gamming disamblingly withholding rules for reportable payments to vendors and reportable gamming disamblingly with backup withholding rules for reportable payments to vendors and reportable gamming disamblingly within the year covered by this return. 2a Enter the number of employees reported on Form WAS. Transmittal of Wage and Tax Statements. [2a] 2b If the standard year endorg with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3b If "Yes," and the during the calendary year, did the organization file all required events and payment on the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 3a If we will all the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 3b If "Yes," and the during the calendary year, did the organization in the return of the sum		<u> </u>		Yes	No
b Enter the number of Forms WSG included in line 1a. Enter 0-fi not applicable Obd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to purse winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lised for the calendar year ending with or within the year covered by this return. 5 If I all seas on is reported on line 2a, did the organization file all required federal employment tax returns? 8 If I Yes, I saw in cline 1 and 2a greater than 250, you may be required to e-file (see instructions) 8 I Ave I all seas on is reported on line 2a, did the organization file all required federal employment tax returns? 9 If I Yes, I saw in file a Form 900 Throit for this year? If 'No, 1' felin 8a) revorted an explanation in Schedule 0 8 I Yes, I was a file a Form 900 Throit for this year? If 'No, 1' felin 8a) securities account, or other rinancial accounts? 9 If Yes, I was the organization and any time during the calendar year, did the organization that was or is a pactifies account, or other rinancial accounts (FBAR). 9 If Yes, I was the organization and any time during the tax year? 9 If Yes, I was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 9 If Yes, I was the organization has a shart account, securities account, or other rinancial accounts (FBAR). 9 If Yes, I was the organization rinary and the organization that it was or is a party to a prohibited tax shelter transaction and any contributions that were not tax deductible? 9 If Yes, I was the organization include with avery so light and the party of a prohibited tax shelter transactions? 9 If Yes, I was the organization received and every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions and party of the organization shelf to the payor? 10 If yes, I define the approach o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		110
digambing) wrinings to prize winners? 2 Enfort Prise number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 5 feed for the calendar year ending with or within the year covered by this return. 6 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 6 Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-fife (see instructions) 8 Do the organization have unrelated business gross nonce of \$1,000 or more during the year? 8 If **Yee*, The strike 3 Form 1990** Tor this year? If **No, **To line 3b, provide an explanation in Schedule O 8 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial account; or the financial account in a foreign country. 8 If **Yee*, **To line 1990** Tor this year? If **No, **To line 3b, provide an explanation in Schedule O 8 See instructions for fitting requirements for Financial scate in the foreign country. 8 See instructions for fitting requirements for Financial scate in the foreign country. 9 Dod any taxable party northy the organization that it was or as a party to a prohibited tax shelter transaction at any time during the tax year? 9 Dod any taxable party northy the organization that it was or as a party to a prohibited tax shelter transaction at the organization solicit any contributions that alware nor tax deductible as charable contributions? 9 If **Yes*, **To line 5a or 5b, dol the organization in that it was or as a party to a prohibited tax shelter transaction? 9 If **Yes*, **To line 5a or 5b, dol the organization northy the donor of the value of the goods or services provided? 9 If **Yes*, **To line 5a or 5b, dol the organization northy the donor of the value of the goods or services provided? 9 If **Yes*, **To line 5a or 5b, dol the organization northy the donor of the value of the goods or services provided? 9 If **Yes*, **To line 5a or 5b, dol th					1
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the drot the calendar year ending with or within the year covered by this return 2a D		(gambling) winnings to prize winners?	1c		İ
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 3b A Alary time during the calendary year, of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (FBAR). 5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial account (FBAR). 5b Was the organization aparty to a prohibited to a shellar transaction? 5c Was the organization and the organization that it was or is a party to a prohibited that year the financial Accounts (FBAR). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were receive deductible contributions under section 170(c). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c Was the organization than ever on the value of the goods or services provided? 6c Vary If Yes, "Indicate the number of the was of the goods or services provided? 7a X Of the organization receive a payment in excess of \$75 made parity as contribution and	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 2a X b If Yes,* has a filed a Form 990 T for this year? If 'No,' to line 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, certified as count, or other financial accounts (FBAR). b If 'Yes,* reter the name of the foreign country. ► See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing the different form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing the different file form 114. Report of Foreign Bank and Financial Accounts (FBAR). See in Yes, 'to line 5a or 5b, did the organization include with every solicitation and express statement that such contributions or give the foreign and the file form 114 or 5a or 5		filed for the calendar year ending with or within the year covered by this return			l
3a De the organization have unrelated business gross income of \$1,000 or more during the year? 4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (PBAR). 5b If "Yes," the first the name of the foreign country (such as a bank account, securities account, or other financial accounts (PBAR). 5c where the name of the foreign country (such as a bank account, securities account, or other financial accounts (PBAR). 5c where the name of the foreign country to prohibited tax shelter transaction at any time during the tax year? 5d Was the organization after the amount of the organization that it was or is a party to a prohibited tax shelter transaction? 6d If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d If "Yes," to the 5a or 5b, did the organization file Form 8888-17 6d Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organization stat may receive deductible contributions under section 170(c). 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization receive any funds, directly or inderectly, to pay premiums on a personal benefit contract? 7d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file a form 1688 c? 7d Sponsoring organi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	}	l
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a	d	1 1			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand			
		- · · · · · · · · · · · · · · · · · · ·	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	ction A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	,	7	103	140
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			7		
~	officer, director, trustee, or key employee?	, ,,,,,,,	ary oute.	2	x	1
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision		1	
Ť	of officers, directors, or trustees, or key employees to a management company or other person?	J 4J	к аарог поют	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		is mod.	5	 	X
6	Did the organization have members or stockholders?			6		X
7a		tnoac	one or	- <u>-</u>		
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders or	1		
-	persons other than the governing body?		,	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	e following:	1.5		
а		,	o ronouning.	8a	x	
	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the			==-
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)	·		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	scribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1	
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	th a		1	
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) :	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo					
	Bessemer Trust Company of Delaware, N.A 302-230	-267	75			
	1007 N Orange St Ste 1450, Wilmington, DE 19801					

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

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

 \mathbf{x}

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do not che			C) sition		one	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	offi	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Jonathan C. Burrell	5.00							_	_		
President/Trustee	0.00	X	├	X	-	-	-	0.	0.	0.	
(2) Devon Rolf	$\begin{array}{c} 1.00 \\ 0.00 \end{array}$				}	1	1	30 000	_		
Trustee	1.00	^		-	-	├		30,000.	0.	0.	
(3) Michael King Trustee	****	x				1		0.	SEE SCHEDULE O	SEE SCHEDULE (
(4) Paul Forbes Trustee	1.00	x						0.	SEE SCHEDULE O	SEE SCHEDULE C	
(5) Marye E. Lord Secretary/Trustee	1.00	x		x				0.	SEE SCHEDULE O	SEE SCHEDULE O	
(6) Derek Green	1.00										
Trustee	0.00	X						0.	0.	0.	
(7) Bessemer Trust Co of Delaware NA	10.00		x					34,544.	0.		
Trustee	0.00		•					34,344.	0.	0.	
										-	
											
										 ,	

The Grateful Lives Foundation

32-6402383

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Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,711,052.	2,711,052.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındividuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	64,544.		64,544.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			{	
	persons described in section 4958(c)(3)(B)			·	
7	Other salaries and wages			_·	
8	Pension plan accruals and contributions (include			\	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes .				
11	Fees for services (non-employees).				
а	Management				·
b	Legal	13,052.		13,052.	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses .				
14	Information technology				·
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered		ĺ		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		ļ		
	amount, list line 24e expenses on Schedule O.)				
	Foreign Taxes Withheld	3,009.		3,009.	
b	ADR Dep Charge-RSA Insr	48.		48.	
C					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	2,791,705.	2,711,052.	80,653.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	}		}	
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 1 10,403,076. 2,768,760 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less, accumulated depreciation 10b 10c 18,852,490. 36,974,386. investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 621.250 Total assets. Add lines 1 through 15 (must equal line 34) 47,377,462 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets Temporarily restricted net assets ... 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 21,621,250. 47,377,462. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 0.

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances . .

47,377,462.

0.

21,621,250.

21,621,250.

32

33

32

33

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 24, 427, 586, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 21, 521, 250, 5 Net unrealized gains (losses) on investments 5 1, 235, 049. 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in ret assets or fund balances (explain in Schedule C) 9 9 93, 577. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization francial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Oconsolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis and a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and independent accountant? If the organization changed either its oversight process or s		990 (2016) The Grateful Lives Foundation	32-64	02383	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Pa	t XI Reconciliation of Net Assets				
2 7,791,705. 3 Revenue less expenses. Subtract line 2 from line 1 3 24,427,586. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 21,621,250. Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 93,577. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances (explain in Schedule O) 9 9 93,577. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI				X
2 7,791,705. 3 Revenue less expenses. Subtract line 2 from line 1 3 24,427,586. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 21,621,250. Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 93,577. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances (explain in Schedule O) 9 9 93,577. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:		,	}			
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unsers of fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) To lonated services and use of facilities Investment expenses Prior period adjustments Prior period adjustments Prior period adjustments Column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis. If the organization changed either its oversight process or selection for an independent accountant? If the organization changed either its oversight process or se	1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,219),2	91.
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) A vertification of the financial statements and see of facilities Net unrealized gains (losses) on investments B 1, 235, 049. Prior period adjustments Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, Consolidated basis is Both consolidated and separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis for both: Separat	2	Total expenses (must equal Part IX, column (A), line 25)	2	2,791	7	05.
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vertice of fund and separate balances of fund in Schedule O. 11 Accounting method used to prepare the Form 990: X Cash	3	Revenue less expenses. Subtract line 2 from line 1	3	24,427	7,5	86.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization changed the method of accounting from a prior year or checked "Other," explain in Schedule O. 2b Were the organization of thing in the separate basis, consolidated basis, or both Separate basis, Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe a	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,621	_ , 2	50.
7 Investment expenses 8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 93,577. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	5	Net unrealized gains (losses) on investments	5	1,235	0,6	49.
9 Other changes in net assets or fund balances (explain in Schedule O) 9 93,577. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	6	Donated services and use of facilities	6			
9 9 93,577. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No	8	Prior period adjustments	8			
Column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b If "Yes, "add the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	9	Other changes in net assets or fund balances (explain in Schedule O)	9	93	3,5	77.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		column (B))	10	47,377	7,4	62.
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Both Consolidated to audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Pa	t XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Check if Schedule O contains a response or note to any line in this Part XII				
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Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	•			-		}
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Za	-	on a	20		
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	6			Oh	v	}
consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		• • •	haeie	20		 -
Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 5 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			basis,			
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	·		addit,	20	}	x
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			dule O			
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	32				ļ	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Ja		gio i ludit	22	}	x
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h	·	ed audit	Ja		-41
	ט		ou douit	36	- [
		or addito, original mit in delibodio o and observe any stope latter to andergo each addito			90 /	2016\

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury .
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Nam	Name of the organization Employer identification number								
		The	Grateful L	ives Foundat	ion			3	2-6402383
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete ti	nis part.) S	ee instruction	s.	
The	organ	zation is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)	1		
1		A church, convention of ch	nurches, or association	on of churches describe	d in section	on 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					ii).		
4		A medical research organiz					•)(iii). Enter	the hospital's name.
		city, and state	•						,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ited by a g	overnmental u	unit descri	ped in
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that norma	ŭ					he aenera	public described in
-		section 170(b)(1)(A)(vi). (C	•					3	, , , , , , , , , , , , , , , , , , ,
8		A community trust describe		(1)(A)(vi). (Complete Par	t ()				
9	\Box	An agricultural research org	• •		•	ed in conil	unction with a	land-grant	college
_		or university or a non-land-							-
		university:		,			,		,
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exer	•		-			•	- '
		income and unrelated busin							-
		See section 509(a)(2). (Co	mplete Part III.)			_	•	•	,
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12	X	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and cor	nplete lines	s 12e, 12f, and	d 12g.	
а	X	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.	_				-
b		Type II. A supporting org	janization supervised	or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
C		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrate	ed with,
		its supported organizatio	n(s) (see instructions	You must complete I	Part IV, S	ections A,	D, and E.		
đ		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppoi	ted organi	zation(s)
		that is not functionally int	tegrated The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	an attent	veness
		requirement (see instruct	tions). You must co n	nplete Part IV, Sections	s A and D	and Part	V.		
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	туре І, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ıng organı	zatıon.			
f		er the number of supported o	-	•					1
g_		ride the following information			l (iv) is the oro:	inizatión listed			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	í .	inization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
	 -		ļ	above (see instructions))	Yes	No	support (see in		support (see instructions)
		nal Christian		_		1			
Cha	ırı	table Fdn Inc	58-1493949	7	X	ļ	2,711	,052.	
						1			
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]						
			 			 			
						[
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Schedule A (Form 990 or 990-EZ) 2016 The Grateful Lives Foundation 32-6402383 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				****		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and					7	
	membership fees received. (Do not		-			1	{
	include any "unusual grants ")				1		
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	L	<u> </u>	<u> </u>	}		
3	The value of services or facilities						
	furnished by a governmental unit to	•]		}
	the organization without charge	L		<u> </u>	1		
4	Total. Add lines 1 through 3						
5	The portion of total contributions			-	1		
	by each person (other than a						{
	governmental unit or publicly		1		1	1	}
	supported organization) included						ļ
	on line 1 that exceeds 2% of the				}		1
	amount shown on line 11,		į				{
	column (f)					1	
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	.		- -	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			ļ	ļ		
8	Gross income from interest,				{		
	dividends, payments received on				}		
	securities loans, rents, royalties						
	and income from similar sources	<u></u>	ļ	<u> </u>			
9	Net income from unrelated business) }			}		
	activities, whether or not the						
	business is regularly carried on	ļ	ļ	 	ļ	ļ	
10	Other income. Do not include gain	l				{	
	or loss from the sale of capital			1	}		
	assets (Explain in Part VI)		ļ	 	 	 	
	Total support. Add lines 7 through 10	<u> </u>	L	<u> </u>	<u> </u>	 	L
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	·1
<u> </u>	organization, check this box and storection C. Computation of Publi		rcentage				
						T-41	
	Public support percentage for 2016 (I		=	column (r))		14	%
	Public support percentage from 2015			in line 12 and line	14 10 22 1/20/	15	%
1 0 a	33 1/3% support test - 2016. If the costop here. The organization qualifies	•			14 15 33 1/3% 01	more, check this bo	x and
	33 1/3% support test - 2015. If the c		=		1 lina 15 ie 33 1/30	, K or more check th	we hav
Į,	and stop here. The organization quali	-			3 Inte 13 is 33 1/3/	o of more, check to	IIS DOX
17~	10% -facts-and-circumstances test	· · · · ·			e 13 162 or 165	and line 14 is 1004	or more
1/a	and if the organization meets the "fac	•	=				•
	meets the "facts-and-circumstances"			,	•	are visiow trie organ	iization
j. .	10% -facts-and-circumstances	_	•		•	17a and line 16 in	10% or
L)	more, and if the organization meets the		•			• • • • • •	
	organization meets the "facts-and-circ				•		▶ □
10	Private foundation. If the organization						
٠٠.	iounidation il allo organizatio	on ook a		, . O.o., . 1 ta, O. 11	-, 51.00K 4110 DOX	GOO MONGONON	<u> </u>

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

Sec	tion A. Public Support	now, picaso con	pioto r art ii.,				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		T			132	
	membership fees received. (Do not						
1	nclude any "unusual grants.")						
2	Gross receipts from admissions,						
1	merchandise sold or services per-				-		1
	formed, or facilities furnished in				1		1
	any activity that is related to the organization's tax-exempt purpose		}		1		}
	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						}
	ness under section 513		•				ļ
4	Tax revenues levied for the organ-					_	ļ
	zation's benefit and either paid to						}
	or expended on its behalf		į		}		
	The value of services or facilities		 	 		 	
_	furnished by a governmental unit to						
	the organization without charge				1		į
	Total. Add lines 1 through 5			 	 		
	Amounts included on lines 1, 2, and		 	 		 	
	3 received from disqualified persons				1	1	
	Amounts included on lines 2 and 3 received			 	T	1	
	rom other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				}		
	Add lines 7a and 7b		1	 	 		
_	Public support. (Subtract line 7c from line 6)			 	 	 	
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6				1		
10a	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties and income from similar sources				}		
	Unrelated business taxable income						
(less section 511 taxes) from businesses			1	1		II
ä	acquired after June 30, 1975				}		·
c/	Add lines 10a and 10b						
11 1	Net income from unrelated business					7	
	activities not included in line 10b, whether or not the business is					}	
	regularly carried on			1		{	
	Other income. Do not include gain					7	
	or loss from the sale of capital assets (Explain in Part VI.)					1 1	
	Total support. (Add lines 9, 10c, 11, and 12)			}			
	First five years. If the Form 990 is for	the organization	's first, second, this	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation.
(check this box and stop here				•	, , , , ,	
Sect	tion C. Computation of Publi	c Support Pe	ercentage				
15 F	Public support percentage for 2016 (III	ne 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Par	t III, line 15			16	%
Sect	tion D. Computation of Inves	tment Incom	ne Percentage				
17	nvestment income percentage for 20	16 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
	nvestment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2015. If the	-		-	-		and
	ine 18 is not more than 33 1/3%, chec	-					▶□
	Private foundation, if the organization					-	▶ 🛅

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No				
1	х					
2		x				
3a		x				
3b						
3c		} 				
4a		х				
4b						
40						
4c		 				
5a		X				
_5b						
5c						
6		_X_				
7		X				
8		X				
9a		<u>x</u>				
9b		<u>x</u>				
9c		<u>X</u>				
10a		<u>x</u>				
10b 90 or 990-EZ) 2016						

	dule A (Form 990 or 990-EZ) 2016 The Grateful Lives Foundation t IV Supporting Organizations (continued)	<u>32-640238</u>	33 P	age 5
	Cupporting Organizations (CO/M/MCC)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	l	ļ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		[
	controlled the organization's activities. If the organization had more than one supported organization,	ì		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	}	ł
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	ĺ	}
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ļ	[1
	supervised, or controlled the supporting organization.	2	<u>L</u>	X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ		{
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed)		1
-	the supported organization(s).	1		L
<u>Sec</u>	tion D. All Type III Supporting Organizations		Τ	
	Did the experimentary provide to each of its supported experiments by the last day of the fifth month of the	Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Ì	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		'	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}]	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	'	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- - -		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these)		
	activities but for the organization's involvement.	2b		<u>·</u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2016 The Grateful Lives Foun			32-6402383 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	<u>g Organ</u>	<u>izations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	_ 2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			ł
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		•
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	<u>1</u> d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

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32-6402383 Page 7 Schedule A (Form 990 or 990-EZ) 2016 The Grateful Lives Foundation Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions, Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 1 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016 3 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D. a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3 and 4c Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 The	Grateful	Lives	Foundation	32-6402383	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	1. Provide the exp sc, 4b, 4c, 5a, 6, 9a nd 3; Part IV, Sect	lanations req a, 9b, 9c, 11a ion E, lines 1	uired by Part II, line 10 i, 11b, and 11c; Part IV c, 2a, 2b, 3a, and 3b; F	, Part II, line 17a or 17b; Part III, line 12, , Section B, lines 1 and 2; Part IV, Section Part V, line 1; Part V, Section B, line 1e; Pa part for any additional information.) C
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

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Inspection

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Information about Schedule I (Form 990) and its instructions is at www.frs.gov/form990.

2 Employer identification number 32-6402383 To create Donor Advised Grateful Lives Giving (h) Purpose of grant or assistance 2016 SO ACA Grant fund known as The X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Fund 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 41,052 2,670,000 The Grateful Lives Foundation (c) IRC section (if applicable) 501(c)(3) 501(c)(3) 58-1493949 58-1493949 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Foundation, Inc. ("NCF") - 11625 Foundation, Inc. ("NCF") - 11625 National Christian Charitable National Christian Charitable Rainwater Drive, Suite 500 -Rainwater Drive, Suite 500 or government Alpharetta, GA 30009 Alpharetta, GA 30009 Name of the organization Part ∷

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 32-6402383 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant The Grateful Lives Foundation (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) 632102 11-01-16 Part III

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open To Public Inspection

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

The Grateful Lives Foundation 32-6402383 Types of Property Part I (a) (b) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q 1 Art · Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 8,712,319. Nasdag trading price X Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 **Taxidermy** 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other 25 26 Other 27 Other 28 Other_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

1 No. 1 Sec. 3.

SCHEDULE O (Form 990 or 990-EZ)

13, 13 A

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

. The Grateful Lives Foundation	32-6402383
Form 990, Part VI, Section A, line 2:	
Michael King, Paul Forbes and Marye E. Lord are all emplo	yees of NCF, the
supported organization.	
Form 990, Part VI, Section A, line 7a:	
NCF, the supported organization, has the right to remove	any NCF trustee
and appoint any individual who is not a disqualified pers	on with respect to
the foundation as a successor NCF trustee.	
The individual family trustees have the right to remove to	he corporate
trustee and appoint any bank or trust company having trus	t powers as a
successor family trustee. The individual family trustees	also have the
right to appoint a successor trustee for any family trust	ee
Form 990, Part VI, Section A, line 8b:	
The Foundation did not have any committees with authority	to act on behalf
of the governing body.	
Form 990, Part VI, Section B, line 11b:	
Prior to filing the Form 990, a copy of the return is pro-	vided to Bessemer
Trust Company, Jonathan C. Burrell and Marye E. Lord for	their review.
Form 990, Part VI, Section B, Line 12c:	
Form 990, Section B, Line 12c:	

Schedule O (Form 990 or 990-Ez) (2016)	Page:
Name of the organization The Grateful Lives Foundation	Employer identification number 32-6402383
Policy and 990 Trustee and Officer Disclosure.	
Form 990, Part VI, Section C, Line 19:	
The Foundation has not made its governing documents, conf	list of interest
policy, and financial statements available to the public d	
nor has there been any requests for these documents.	<u> </u>
Form 990, Part VII, Compensation	
Michael King, Paul Forbes and Marye E. Lord are employed	by National
Christian Charitable Foundation, Inc. ("NCF") - EIN 58-149	3949, the
supported organization of the Foundation. Please see NCF	's Form 990
for reportable compensation information.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Cost to Market and Timing Adjustments	93,577.
·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

2016

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OMB No 1545-0047

Open to Public Inspection

Employer identification number 32-6402383 Direct controlling entity End-of-year assets <u>e</u> Total income ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) The Grateful Lives Foundation Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(e)	(q)	(c)	Ð	(e)	(j)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 55	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity	6
				501(c)(3))		Yes	N _o
National Christian Charitable Foundation,							
Inc. ("NCF") - 58-1493949, 11625 Rainwater							
Drive, Suite 500, Alpharetta, GA 30009	Grantmaking	Georgia	501(c)(3)	Line 7	N/A		×
See Schedule R Supplemental Information for							
additional related organizations		Georgia		,			×
:							

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

Schedule R (Form 990) 2016

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Page 2

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32-6402383

Schedule R (Form 990) 2016 The Grateful Lives Foundation

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) \equiv Orsproporbonate Yes No allocations? Ξ (g) Share of end-of-year assets Share of total income $\mathbf{\epsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>(a)</u> Part IV

Section 512(b)(13) controlled entity?	200		ļ			 	 	
0 0 0 0 0 0 0	Yes		-			 	 -	
(h) Percentage ownership				· · ·				
(g) Share of end-of-year					-			
(f) Share of total income								,
(e) Type of entity (C corp., S corp., or trust)								
Legal domicile (state or forest controlling (C corp, S corp. foreign or trust)								
(c) Legal domicile (state or foreign	country)							
(b) Pnmary activity								
(a) Name, address, and EIN of related organization								

Schedule R (Form 990) 2016

632162 09-06-16

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	9
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>		,	1		×
b Gift, grant, or capital contribution to related organization(s)		:		2	×	
c Gift, grant, or capital contribution from related organization(s)			•	2		×
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)	:			<u>ə</u>		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)	:			1g		×
h Purchase of assets from related organization(s)	•	•		두		×
i Exchange of assets with related organization(s)			•	;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				;=		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		٠	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두		×
o Sharing of paid employees with related organization(s)				9		×
						:
p Reimbursement paid to related organization(s) for expenses				2		×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				;=		×
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ınvolved		
(1)						
(2)						
(3)						
. (4)						1
(9)						
(9)] !		
632163 09-06-16			hipados	Schodule R (Form 000) 2016	100	1 8

Schedule R (Form 990) 2016 The Grateful Lives Foundation

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN Primary activity Le	Legal domicile (state or foreign country)	Predominant income partne partne (related, unrelated, 501() excluded from tax under 019	Are all Share of 501(c)(3) total orgs >	-		Dispropor- Code V-UBI General or Percentage bonate amount in box 20 managing	3 General y 20 managi	or Percentage
	country)			Φ		tions7 of Schedule	K-1	ownership
		sections 512-514) Yes No		e assets		No (Form 106:	5) Yes N	0
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Schedule R (Form 990) 2016

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