

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## SCANNED NOV 2 7 2017

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2
Return of Private Foundation

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

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

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

OMB No 1545-0052

Fo	cale	ndar year 2016 or tax year beginning		, and ending		
N	ame c	of foundation			A Employer identification	number
		CE LIVING CENTERS FOUNI			73-1596382	?
		and street (or P.O. box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	1.4.4
		FOX TAIL DR	_ <del></del>		(405)943-1	
		town, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	pending, check here
		IOND, OK 73034				
G	Criec	k all that apply: Initial return	<del></del>	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
н-	Chac	Address change  k type of organization: X Section 501(c)(3) e	Name change			
Ë		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	E If private foundation sta under section 507(b)(1	
		arket value of all assets at end of year J Account		X Accrual	7	
			Other (specify)	(AL) Nocioal	F If the foundation is in a under section 507(b)(1	_   -
	▶\$	983,100. (Part I, cold		basis.)	0.1001.0001011.001(0)(1.	)(b), dilodik ilolo     = ====
P	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check 🕨 🗓 if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	161.	161		STATEMENT 1
	4	Dividends and interest from securities	36,980.	36,980	•	STATEMENT 2
	5a	a Gross rents			ļ	ļ
	1	Net rental income or (loss)	00 500		ļ	
<u>a</u>	62	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<20,709.	>	<del> </del>	<del> </del>
Revenue		assets on line 6a	ļ		<del></del>	<del>                                     </del>
ğ	7	Capital gain net income (from Part IV, line 2)		0	<del></del>	
	8 9	Net short-term capital gain			<del> </del>	<del> </del>
	10a	Income modifications Gross sales less returns		<del></del>	+	<del></del>
	1	and allowances  Less Cost of goods sold				
		Gross profit or (loss)	<del>                                     </del>	<del></del>	<del> </del>	
	11	Other income	<1,004.	> <1,004	. >	STATEMENT 3
	12	Total Add lines 1 through 11	15,428.	36,137		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
Ø		Pension plans, employee benefits				
o o	1160	Legal fees				
Dec	b	Accounting fees STMT 4	2,900.	0	BECENTER	2,900.
щ	C	Other professional fees STMT 5	9,255.	9,255	RECEIVED	0.
tive	17	Interest		<b>EN</b> 033	NOV 2 n 2017	0.
and Administrative Expens	18	Taxes STMT 6	945.	遇		
Ě	19	Depreciation and depletion			OGDEN, UT	<b>*</b>
β	20	Occupancy  Trough conferences and meetings				₽
þ.	22	Travel, conferences, and meetings Printing and publications			<del> </del>	<del> </del>
ā	23	Other expenses			<del> </del>	<del> </del>
Operating	24	Total operating and administrative			<del> </del>	
Sera	-	expenses Add lines 13 through 23	13,100.	9,255		2,900.
Ö	25	Contributions, gifts, grants paid	2,543,659.	, 200		2,543,659.
	1	Total expenses and disbursements		<del></del>		
		Add lines 24 and 25	2,556,759.	9,255	·L	2,546,559.
	27	Subtract line 26 from line 12.				
	a	Excess of revenue over expenses and disbursements	<2,541,331.	>		<u> </u>
	b	Net investment income (if negative enter -0-)		26,882		
		Adjusted net income (if negative enter -0-)	<u> </u>		N/A	<u> </u>
6235	01 11	-23-16 LHA For Paperwork Reduction Act Notice	e, see instructions	0		Form 990-PF (2016)

Fo	rm 99	OO-PF (2016) GRACE LIVING CENTERS FO			L596382 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	End of	
_	т <u>`</u>	<del></del>	(a) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	2,048,195.	537,451.	537,451.
		Savings and temporary cash investments			
	3	Accounts receivable -	_		
	İ	Less: allowance for doubtful accounts			
	4	Pledges receivable -	<u>]</u>		
		Less: allowance for doubtful accounts <b>&gt;</b>			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	]		
		Less: allowance for doubtful accounts	150.	0.	<u> </u>
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock	950,001.		
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	١	Less accumulated depreciation	]		
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	574,733.	493,285.	445,649.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation	1	]	
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	3,573,079.	1,030,736.	983,100.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
v	19	Deferred revenue			
iţie	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
Ë	l	Other liabilities (describe >			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	]	]	
Net Assets or Fund Balances	24	Unrestricted	<b>[</b>		
au		Temporarily restricted			
Ba		Permanently restricted			
p		Foundations that do not follow SFAS 117, check here			
ī		and complete lines 27 through 31			
Š	27	Capital stock, trust principal, or current funds	0.	0.0	
set		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	3,573,079.	1,030,736.	
ě	30	Total net assets or fund balances	3,573,079.	1,030,736.	
_					
	31	Total liabilities and net assets/fund balances	3,573,079.	1,030,736.	
P	art	Analysis of Changes in Net Assets or Fund E			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	20		
		t agree with end-of-year figure reported on prior year's return)	. 00	1	3,573,079.
		amount from Part I, line 27a		2	<2,541,331.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3	<del> </del>		1,031,748.
		eases not included in line 2 (itemize) PRIOR PERIOD A	D.THSTMENT	5	1,012.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, o		6	1,030,736.
			1277 (27) 1110 00		Form <b>990-PF</b> (2016)

	CE LIVING CENTER			IN	<u> </u>		7	<u>3-159</u>	<u>6382                                    </u>	Page 3
Part IV Capital Gains a	and Losses for Tax on Ir	vestment	Income	· · · · ·						
(a) List and descr	be the kind(s) of property sold (e g	, real estate,		(p)	low ac - Purch	quired ( nase	c) Date a	acquired	(d) Dat	e sold
<del></del>	ehouse; or common stock, 200 shs			D	- Dona	tion	(mo., da		(mo., da	
1a SALES OF PUBLIC		ITIES_		<u> </u>			ARI	OUS	12/3	1/16
b CAPITAL GAINS I	DIVIDENDS			<b> </b>						
С									<u></u>	
d				<b>├</b>						
<u>e</u>	<del></del>		<del></del> _	<del></del>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus (		
a 1,228,237.	(or anomable)	<u> </u>	1,249,47	0			(0) p.00	(1) 1111140		,242.
a 1,228,237. b 533.		· · · · · · · · ·	1,243,47	<del>  </del>						533.
<u>c</u>						·				
d										
e										
	g gain in column (h) and owned by	the foundation	on 12/31/69			(1)	Gains (C	ol. (h) gain	minus	
(3) [ 141 // ( 10/01/00	(j) Adjusted basis	(k) Ex	cess of col. (1)					not less that (from col. (		
(i) F M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any					(11 0111 001. (	'' <i>))</i> 	
a			·						<21	<u>,242.</u> :
b		l 								533.
С										
d		<u> </u>						<del></del> .		
e		l		}	<del></del>					
Constal and not make a first and	If gain, also enter	r in Part I, line	7	<b>]</b>					-20	700
2 Capital gain net income or (net cap	, (1,000), 0,110, 0		1	<i>)</i>	2				<20	<u>,709.</u> :
3 Net short-term capital gain or (loss		าฮ (6):		٦	1					
If gain, also enter in Part I, line 8, on If (loss), enter -0- in Part I, line 8	column (c).				3			N/A		
Part V   Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	me			
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	icome	 :.)					
10 and 10	a mank blank									
If section 4940(d)(2) applies, leave th	is part blank.									
Was the foundation liable for the secti	on 4942 tax on the distributable am	nount of any ye	ar in the base per	rıod?					Yes	X No
f "Yes," the foundation does not quali										
	ach column for each year, see the ii	nstructions bef	ore making any e	ntries			<del></del>		(4)	
(a) Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C)		uca accate		Distrib	(d) oution ratio	(-1)
Calendar year (or tax year beginnin	9 111)							(coi. (b) div	ided by col.	
2015		4,837.				3,927				89327 20459
2014		0,770.				<u>8,565</u> . 7,254.				81037
2013 2012		4,700. 1,956.				6,363.				78006
2011		3,978.				1,252				19750
2011		<u> </u>			<u>, ,, , , , , , , , , , , , , , , , , ,</u>	<u> </u>				15750
2 Total of line 1, column (d)							2	l	1.4	88579
	-year base period - divide the total (	on line 2 by 5.	or by the number	of ve	ars					<del>555,5</del>
the foundation has been in existen				0.,0			3		. 2	97716
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Enter the net value of noncharitable	e-use assets for 2016 from Part X,	line 5					4		2,583	,203.
Multiply line 4 by line 3							5		769	,061.
Enter 1% of net investment income	e (1% of Part I, line 27b)						6			<u> 269.</u>
Add lines 5 and 6							7	<del></del>	769	,330.
									2 546	F F O
Enter qualifying distributions from	•						8	Ĺ	2,546	,559.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	t 1b, and comp	lete that part usin	ıg a 1º	% tax r	ate.				

	m 990-PF (2016) GRACE LIVING CENTERS FOUNDATION, INC		<u>1596</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	see i	nstru	ictio	15)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	}				
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	1			2	<u>69.</u>
	of Part I, line 27b					
C	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			2	69.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5			2	69.
6	Credits/Payments:					
	a 2016 estimated tax payments and 2015 overpayment credited to 2016  6a 760					
	D Exempt foreign organizations - tax withheld at source	-				
	Tax paid with application for extension of time to file (Form 8868)	-				
	Backup withholding erroneously withheld  Gd  Gd	┨			-	<b>~</b> ^
	Total credits and payments. Add lines 6a through 6d	7				<u>60.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.1
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2017 estimated tax   491. Refunded	10			4	$\frac{91.}{0.}$
	Enter the amount of line 10 to be: Credited to 2017 estimated tax   Art VII-A Statements Regarding Activities	11				<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	n			Yes	No
	any political campaign?	. II I		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		X
Ĭ	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	•				
	distributed by the foundation in connection with the activities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
c	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u>.</u> _		
-	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		_X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5_		_X_
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	/		7_	<u>X</u> _	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
_	OK					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				77	
_	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				v
0	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
U	Did any persons become substantial contributors during the tax year? If 'Yes' attach a schedule listing their names and addresses			10	)_DE	_ <del></del>

Form **990-PF** (2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016) GRACE LIVING CENTERS FOU		Dominad (	<u>73-15963</u>	82	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May be i	required (contin	uea)		
5a During the year did the foundation pay or incur any amount to:		<del></del>	[32]		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		_	es X No	- 1	1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir		[ <del>**</del> ]	Ì	
any voter registration drive?			es X No	ļ	}
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	ļ	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			į	
4945(d)(4)(A)? (see instructions)			es X No		ĺ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		1
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un	der the exceptions described	ın Regulations		ĺ	
section 53.4945 or in a current notice regarding disaster assistance (see instru	octions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	nere			Ì	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		ł	
expenditure responsibility for the grant?	Ŋ	I/A 📖 Y	es L No	į	- 1
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d).			ļ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🗶 No	Į	- (
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	У		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>		,	
/ Name and addition	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allov	wances
K. DON GREINER	DIRECTOR				
709 FOX TAIL DR				l	
EDMOND, OK 73034	0.10	0.	0.		0.
SHELLIE GREINER	DIRECTOR				
709 FOX TAIL DR	]				
EDMOND, OK 73034	0.10	0.	0.	1	0.
		1		1	
		1		1	
	†				
	į			ļ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average hours per week	T	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	int, other wances
NONE	acvoice to position	<del>                                     </del>	compensation		
NONE	1			ĺ	
<del></del>	<del>                                     </del>	<del> </del>			
<del></del>	1			1	
	<del> </del>	<del> </del>		<del> </del>	
	1	}		}	
	<del> </del>	<del> </del>		<del> </del>	
	{				
	<del> </del>	<del> </del>	<del></del>	<del> </del>	
	-				
T-A-1 graphs of all and a second of the seco	<u> </u>	L	<del></del>	<u></u>	
Total number of other employees paid over \$50,000				000 5	0
			Form	990-P	r (2016)

Form 990-PF (2016) GRACE LIVING CENTERS FOUNDATION,	INC	73-159	96382 Page	7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers	, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."			_
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Ty	pe of service	(c) Compensatio	n
NONE	-			
				_
	<u> </u>			_
				_
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities			<b>&gt;</b>	0
	<del></del>	<del> T</del>		_
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the confer	cal information such iced, etc.	as the	Expenses	
1 <u>N/A</u>				
2				
3				
4				_
Part IX-B Summary of Program-Related Investments				_
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.		Amount	
1 <u>N/A</u>				
2				
All other program-related investments. See instructions.  3				
`				
Table Add has 1 through 0		•	0	_
Total Add lines 1 through 3			Form <b>990-PF</b> (201	

P	Part X Minimum Investment Return (All domestic foundations must compl	ete this part. Foreign four	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo	oses:		
а	Average monthly fair market value of securities		1a	985,975.
b	Average of monthly cash balances		1b	1,636,566.
C	Fair market value of all other assets	ĺ	1c	
d	Total (add lines 1a, b, and c)		1d	2,622,541.
е	Reduction claimed for blockage or other factors reported on lines 1a and	ĺ		
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3_	2,622,541.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruct	tions)	4	39,338.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line	4	5	2,583,203.
6	Minimum investment return Enter 5% of line 5		6	129,160.
Р	foreign organizations check here and do not complete this part.)	ate operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	129,160.
2a	Tax on investment income for 2016 from Part VI, line 5	269.		
b	Income tax for 2016. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c_	269.
3	Distributable amount before adjustments. Subtract line 2c from line 1	Į.	3	128,891.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	128,891.
6	Deduction from distributable amount (see instructions)	ĺ	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	128,891.
P 1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	ļ	10	2,546,559.
	Program-related investments - total from Part IX-B		1a 1b	<u>2,540,555.</u> 0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp	nocac	2	
	Amounts set aside for specific charitable projects that satisfy the:	poses		
	Suitability test (prior IRS approval required)		3a	
	Cash distribution test (attach the required schedule)	}	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII,	line 4	4	2,546,559.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	רייוווו		<u> </u>
•	income. Enter 1% of Part I, line 27b		5	269.
6	Adjusted qualifying distributions Subtract line 5 from line 4	ł	6	2,546,290.
-	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated the column (b) in subsequent years when years wh	l na whether the foundation o		
	4940(e) reduction of tax in those years	g	1=450 101	

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				128,891.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years.		_		
,,,,,,,,,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 514,415. b From 2012 461.638.				
2027000				
c From 2013 506, 208. d From 2014 785, 920.				
d From 2014 785,920. e From 2015 313,386.				
	2,581,567.			
f Total of lines 3a through e	2,301,307.			
4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ _ 2,546,559.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u>U•</u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				128,891.
e Remaining amount distributed out of corpus	2,417,668.			120,001.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	<del>`</del>			<del>.</del>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,999,235.			
<b>b</b> Prior years' undistributed income. Subtract			<u> </u>	
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed	· · · · · · · · · · · · · · · · · · ·	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line			0	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	514,415.			
9 Excess distributions carryover to 2017	311,113		<del></del>	
Subtract lines 7 and 8 from line 6a	4,484,820.			
O Analysis of line 9				
a Excess from 2012 461,638.				
b Excess from 2013 506, 208.		}		
c Excess from 2014 785, 920.				
d Excess from 2015 313, 386.				
e Excess from 2016 2,417,668.				<u> </u>
				Form 990-PF (2016)

Form 990-PF (2016) GRACE I	IVING CENTE	RS FOUNDATI	ON, INC		96382 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of		, ,			
foundation, and the ruling is effective fo		•	▶ └	<del></del>	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0015	Prior 3 years	(4) 0040	(-)
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	}				1
each year listed	ļ		<del> </del>	<del> </del>	ļ
<b>b</b> 85% of line 2a	<u> </u>		<u> </u>		<u> </u>
<ul> <li>Qualifying distributions from Part XII,</li> </ul>				1	
line 4 for each year listed	<u> </u>			ļ	<b></b>
d Amounts included in line 2c not	İ	i			
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			1		1
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	,				
(3) Largest amount of support from	1				
an exempt organization			<u> </u>	<u> </u>	<u></u>
(4) Gross investment income		<u> </u>	<del>                                     </del>	<u></u>	<del></del>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	<del></del>	ructions.)			
<ol> <li>Information Regarding Foundation</li> <li>List any managers of the foundation wh year (but only if they have contributed in</li> </ol>	o have contributed more		ributions received by the	e foundation before the clo	ose of any tax
SEE STATEMENT 9		<u> </u>			
b List any managers of the foundation wh other entity) of which the foundation has	o own 10% or more of th	e stock of a corporation	(or an equally large porti	ion of the ownership of a p	artnership or
	s a 10 % of greater filtere:	SI			
NONE					
2 Information Regarding Contribution Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requomplete items 2a, b, c, an	uests for funds. If d d.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appl	cations should be addre	essed.	
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they s	hould include.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Total

Enter gross amounts unless otherwise indicated.		business income		d by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	[				
С	l l				
d					
e			1		
t			<del>                                     </del>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				1.51	
investments	<b></b>		14	161. 36,980.	
4 Dividends and interest from securities	<u> </u>		14	36,980.	
5 Net rental income or (loss) from real estate:	<del></del>		╁╼╁╸		
a Debt-financed property			+		<del></del>
b Not debt-financed property			+		
6 Net rental income or (loss) from personal			1 1		
property  7. Other property property	ļ		41	<1,004.>	<del></del>
7 Other investment income 8 Gain or (loss) from sales of assets other	<u> </u>		141	<1,004.	<u> </u>
than inventory	1		18	<20,709.	
9 Net income or (loss) from special events	<del></del>		1-9		<u></u>
10 Gross profit or (loss) from sales of inventory		<del></del> .	<del>                                     </del>	<del></del>	
11 Other revenue:			<del>    -</del>		
a			İ		
b		<del></del>	1 1		
C	1				
d			-   -		
e			1 1		
2 Subtotal Add columns (b), (d), and (e)		0.	.[	15,428.	0
3 Total. Add line 12, columns (b), (d), and (e)		<del> </del>			15,428
See worksheet in line 13 instructions to verify calculations	:.)				
Part XVI-B Relationship of Activitie	s to the Acco	mnlishment of F	vemnt l	Purnoses	
Terationship of Activitie			xempt i		
Line No Explain below how each activity for which i					plishment of
the foundation's exempt purposes (other the	han by providing fun	ds for such purposes).		<del>,</del>	
<del></del>					
	<del></del>				
			<del></del>		<del></del>
	<del></del>				

Phone no 405-292-2900 Form **990-PF** (2016)

Part XVII		LIVING CENTERS			73-159638		age 13
,	Information Re Exempt Organ	egarding Transfers To izations	and Transactions a	ind Relationships	with Noncharitabl	.е 	
1 Did the o	rganization directly or indir	rectly engage in any of the follow	ing with any other organization	on described in section 50	1(c) of	Yes	No
the Code	(other than section 501(c)	)(3) organizations) or in section 5	527, relating to political organ	izations?			
	• •	ation to a noncharitable exempt o	organization of.				
(1) Cash					1a(1		X
<b>(2)</b> Othe					1a(2	4	X
<b>b</b> Other train						.	
	s of assets to a noncharital				<u>1b(1</u>	_	X
		ncharitable exempt organization			1b(2		X
	tal of facilities, equipment,				1b(3		X
, ,	nbursement arrangements				1b(4	-	X
	ns or loan guarantees	mbarahin ar fundrajaina aaliaitat	iona		1b(5		X
		mbership or fundraising solicitat			1b(6	4	X
		iling lists, other assets, or paid er "Yes," complete the following sch		wave chow the fair market	1c	-L	
		oundation. If the foundation recei	• •				
	- · · · · -	other assets, or services received		ic in any transaction of on	aring arrangement, snow in		
(a) Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of tran	sfers, transactions, and sharing a		ents
<del>``</del>	``	N/A	:	1,7,5,11,11,11,11,11,11,11,11,11,11,11,11,1			
			<del></del>				
				<del></del>			
			· · · · · · · · · · · · · · · · · · ·				
		·					
				<u></u>	<u> </u>		
		ly affiliated with, or related to, on	· · ·	zations described			_
		than section 501(c)(3)) or in sec	ction 527?		Yes	: LX	No
b If "Yes," c	omplete the following sche		1 <del>-</del>		<del></del>		
	(a) Name of orga	anization	(b) Type of organization	(c) De	scription of relationship		
<del> </del>	N/A						
			<del>                                     </del>				
			<del></del>				
··			<del> </del>				
Under	nenalties of nerviny 1 declare t	hat I have examined this return includ	line accompanying schodules and	statements, and to the boot of	my knowledge		
		nplete Deglaration of preparer (other th			■ May the IRS	discuss t	this er
Here	Stallion	them.	Y11/13/17	DIRECTION	s <u>hown</u> below	w (see ins	str )?
	nature of officer or trustee	Dails		DIRECTOR	X Ye	s	∐ No
	Print/Type preparer's na	me Pengrar's	Date '	Date Chec	k it PTIN		
	, this type preparer 5 has	me Preparer's	Jigitaluit .		employed		
Paid	EDD DYTHUD	$_{\rm P}$ $_{\rm CDA}$ $ 1\rangle_{\rm A}$	TUYE CAT	11/8/17	· •	30E	
Preparer	EDD PAINTED Firm's name ► EID		47.7	11/1/	P00753 1's EIN ► 45-02509		
Use Only	Trum 2 mains PEID	קחח זחחדשם פ		Litt	12 EIN - 43-07303	, , , 0	
	Firm's address > 2.4	02 WESTPORT DR	<del></del>				
	ι	RMAN, OK 73069	-6336	Dho	ne no <u>405-292-</u> 2	2900	
	+ <u>-14O</u> 1	THE LOUD .	0000		HU HU	<u></u>	

RACE LI	IVING	CENTERS	FOUNDATION,	INC	73-1596382
---------	-------	---------	-------------	-----	------------

Year (Continuation)			ľ
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
or substantial contributor	recipient	Contribution	
NONE	PC	GENERAL OPERATING	
		EXPENSES	6,58
NONE	PC	GENERAL OPERATING	
		EXPENSES	6,00
NONE	PC	INNOCENCE PROJECT	
			2,50
NONE	PC	GENERAL OPERATING EXPENSES	
			1,00
NONE	PC	GENERAL OPERATING EXPENSES	5.00
NONE	PC	GENERAL OPERATING EXPENSES	1,00
NONE	PC	GENERAL OPERATING EXPENSES	200.00
			200,00
NONE	PC	GENERAL OPERATING EXPENSES	7,00
NONE	PC	DON AND SHELLIE GREINER DAF	2,000,00
NONE	PC	GENERAL OPERATING EXPENSES	
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  NONE  NONE  NONE  NONE  NONE  NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PC  NONE  PC  NONE  PC  NONE  PC  NONE  PC  NONE  PC  NONE  PC  PC  NONE  PC  PC  PC  NONE  PC  PC  PC  PC  PC  PC  PC  PC  PC  P	If recipient is an individual, show any relationship to any relationship to any relationship to any relationship to any foundation manager or substantial contributor.   PC

GRACE	LIVING	CENTERS	FOUNDATION,	INC	73-1596382
		02012200	2 0 0 2 1 2 2 2 2 7		

Part XV Supplementary Information		CONDITION		
3 Grants and Contributions Paid During the Y	ear (Continuation)			
* Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ST JOHN CATHOLIC CHURCH 900 SOUTH LITTLER AVE EDMOND, OK 73083	NONE	PC	GENERAL OPERATING EXPENSES	29,000.
ST. GREGORY'S ABBEY 1900 WEST MACARTHUR ST SHAWNEE, OK 74804	NONE	PC	GENERAL OPERATING EXPENSES	2,000.
THE EDUCATION AND EMPLOYMENT MINISTRY 1501 N CLASSEN BLVD OKLAHOMA CITY, OK 73106	NONE	PC	GENERAL OPERATING EXPENSES	50,000.
YMCA OF GREATER OKLAHOMA CITY 500 NORTH BROADWAY SUITE 500 OKLAHOMA CITY, OK 73102	NONE	PC	GENERAL OPERATING EXPENSES	1,200.
YWCA OKLAHOMA CITY 2460 NW 39TH STREET OKLAHOMA CITY, OK 73112	NONE	PC	GENERAL OPERATING EXPENSES	4,000.
HEROIC MEDIA 5806 MESA DRIVE AUSTIN, TX 78731	NONE	PC	GENERAL OPERATING EXPENSES	85,000.
ST. JOHN UNIVERSITY PARISH 201 N KNOBLOCK ST STILLWATER, OK 74075	NONE	PC	GENERAL OPERATING EXPENSES	2,000.
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVING	S AND TEM	IPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE  JP MORGAN 1003 JP MORGAN 1007  TOTAL TO PART I, LINE 3		REVE	(A) REVENUE PER BOOKS  44. 117.		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
					44. 117.		
					161.		
FORM 990-PF	DIVIDENDS	AND INTER	REST FR	OM SEC	CURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R.	(A) EVENUE R BOOF			
JP MORGAN 1007	37,513.	53	33.	36,98	36,98	30.	
TO PART I, LINE 4	, LINE 4 37,513.		533.		36,98	30.	
FORM 990-PF		OTHER I	NCOME			STATEMENT	3
DESCRIPTION			(A) REVEN PER BO		(B) NET INVEST- MENT INCOME		
PASSTHROUGH INVESTM	ENT EXPENSES	<del></del>	<	1,004.	> <1,004	1.>	
TOTAL TO FORM 990-P	F, PART <sub>,</sub> I, L	INE 11 ==	<	1,004.	> <1,004	1.>	
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT	4
DESCRIPTION		(A) XPENSES ER BOOKS	NET II MENT				
ACCOUNTING FEES		2,900.		C	).	2,9	00.
TO FORM 990-PF, PG	 1, LN 16B	2,900.				2,9	00.

FORM '990-PF (	OTHER PROFESSIONAL FEES			STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM			
INVESTMENT MANAGEMENT	9,255.	9,:	255.			0.	
TO FORM 990-PF, PG 1, LN 16C	9,255.	9,2	255.			0.	
FORM 990-PF	TAX	ES			STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
FEDERAL TAXES	945.		0.			0.	
TO FORM 990-PF, PG 1, LN 18 =	945.		0.			0.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARK	ΞT	
OPPORUNITY ECO-HOTEL INVESTMENT FUND LLC		COST		493,285.	445,	445,649.	
TOTAL TO FORM 990-PF, PART II	I, LINE 13	=		493,285.	445,	549.	
FORM 990-PF EXPLANATION CO	ONCERNING PA	RT VII-A,	LINE	 E 12	STATEMENT	8	

## EXPLANATION

THE ORGANIZATION IS TREATING THE \$2,000,000 DISTRIBUTION TO SCHWAB CHARITABLE FUND AS A QUALIFYING DISTRIBUTION. THE USE OF THE FUNDS WITHIN THE DONOR ADVISED FUND IS RESTRICTED TO CHARITABLE PURPOSES AS ALLOWED BY IRC SECTION 170(C)(2)(B). ACCORDINGLY, THE FUNDS WILL BE USED TO SUPPORT THE CHARITABLE MISSION AND ACTIVITIES OF A PUBLIC CHARITY.

FORM '990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

9

NAME OF MANAGER

K. DON GREINER SHELLIE GREINER