Department of the Treasury Internal Revenue Service

SCANNED OCT 0 8 2019

Extension Granted to November 15, 2019 25004803 **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. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

Α	For the	2018 calendar year, or tax year beginning and	ending							
В	Check if applicable	C Name of organization		D Employer identific	cation number					
Г	Addre	The Grateful Lives Foundation								
	Name			32-6	402383					
Γ	Initial return	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone number	- -					
〒	Final	Poggomor Tr 1007 N Orange St #1450			230-2675					
	termin			G Gross receipts \$	261,842,722.					
	Amen			H(a) Is this a group re	eturn					
	Application		for subordinates	? ☐Yes 🗶 No						
pending same as C above H(b) Are all subordinates included?										
1	Tax-ex	empt status X 501(c)(3)	or 52#	1)3 If "No," attach a	list (see instructions)					
	•	e: ► N/A	1	H(c) Group exemption	n number					
		organization: Corporation X Trust Association Other ▶	L Year	of formation: 2015 N	State of legal domicile: DE					
	art I	Summary								
ο.	1	Briefly describe the organization's mission or most significant activities ${ m { t To} \ \ { t S}}$	upport	<u>Christian-</u>	based					
Š		ministries that help people live a dedic	ated (Christian li	fe					
ř	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3						
ر مع	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 2018 (Part V, line 2a)		5	0					
× iti	6	Total number of volunteers (estimate if necessary)		6	0					
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a						
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.					
				Prior Year	Current Year					
ē	,	Contributions and grants (Part VIII, line 1h)		26,703,732.	242,063,330.					
Revenue		Program service revenue (Part VIII, line 2g)	-	0.	<u> </u>					
Æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	2,641,974. 0.	4,098,128.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	29,345,706.	246,161,458.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,155,623.	7,680,838.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	l	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		58,864.	99,102.					
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Den	h	Total fundraising expenses (Part IX, column (D), line 25)	0.							
찣	17	Other superson (Port IV column (A) lines 11s 11d 1#9 94m)		9,338.	1,540.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) UED) -	5,223,825.	7,781,480.					
	19	Revenue less expenses Subtract line 18 from line 12 m		24,121,881.	238,379,978.					
26.0		N SEP 0 3 2019	SO-S&	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)	8	75,938,131.	306,100,277.					
ASS	21	Total liabilities (Part V. line 26)	_ا™لح ا	0.	0.					
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20 OGDEN. U		75,938,131.	306,100,277.					
Pa	<u>art II</u>	Signature block		<u> </u>						
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowledge.						
		Sand and officer		Date						
Sig	n	Signature of officer		Date 8	/23//9/ /					
Her	·e	Bessemer Trust by: George W. Kern, Trust Type or print name and title	ustee	/						
			-	Date Check	PTIN					
D-'		Print/Type preparer's name		9/9/9/9						
Paid		Michele McKinnon	~ <u> </u>		54-0505857					
	parer	Firm's name McGuireWoods LLP		Firm's EIN	24-0303031					
use	Only	Firm's address P. O. Box 397 Richmond, VA 23218-0397		Phone no / Q	04)775-1000					
— May	v the IF	S discuss this return with the preparer shown above? (see instructions)		Tr Holle Ho. \ O	X Yes No					

	n 990 (2018) The Grateful Lives Foundation	32-6402383 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To support Christian-based ministries that serve the spi	
	educational, and physical needs of people, helping them	come to know
	the love of Christ and live a dedicated Christian life.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a		e\$)
	The Foundation made grants to their supported organization	
	National Christian Charitable Foundation (NCF). The gra	ints were as
	follows:	
	\$163,211 for 2018 NCF Grant	
	\$7,517,627 grant to a donor advised fund known as The Gr	ateful Lives
	Giving Fund	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
		-
4c	(Code) (Expenses \$) (Revenu	e\$/
	Others was a Control to Control t	
4d	Other program services (Describe in Schedule O)	,
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 7,680,838.	Form 990 (2018)
		FOITH 330 (2010)

Form 990 (2018) The Grateful Lives Foundation
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?]		}
	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		٠
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	_		٦,
_	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			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	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	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		- 21
D	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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			
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	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		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
no -	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domestic government on rait in, column (-y, line r- ii res, complete ocheque i, raits rand ii	41	- 43	

Form 990 (2018)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b c 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 Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes." complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? 36 Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note, All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

	990 (2018) The Graterul Lives Foundation 32-6402	<u> </u>	P	age :
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending 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?	2b	 	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\vdash	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_		l
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	.	v
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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?	7g 7h		
8		7:1		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	i l		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		- [
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	$\sqcup \sqcup$		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ı
	excess parachute payment(s) during the year?	15	\longrightarrow	X
	If "Yes," see instructions and file Form 4720, Schedule N			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) The Grateful Lives Foundation 32-6402383 Page 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	tion 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	7								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	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 4	Ŀ								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.									
а	The governing body?	8a	Х							
b	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 reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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?	11a		<u>X</u>						
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 conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	l								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		<u>_x</u>						
b	Other officers or key employees of the organization	15b		<u> </u>						
	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 arrangement with a									
	taxable entity during the year?	16a		<u>X</u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only)	availa	able						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	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 books and records									
	Bessemer Trust Company of Delaware, N.A 302-230-2675									
	1007 N Orange St Ste 1450 Wilmington DE 19801									

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The Grateful Lives Foundation

32-6402383

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

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

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

Check this box if neither the organization n	or any related	orga	anıza	ation	n co	mpe	nsa	ted any current officer,	director, or trustee	
(A)	(B)	ŀ		_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(de	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable compensation	Estimated
	hours per	kod				is bot	h an	compensation		amount of
	week	_	cer ar	nd a c	Trect	or/trus	tee)	from	from related	other
•	(list any	ege					1	the	organizations	compensation
	hours for	P	88]		age		organization	(W-2/1099-MISC)	from the
	related	nstee	trust		 8	en s		(W-2/1099-MISC)		organization
	organizations below	曹	log la		g g	2 8				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог шег			Organizations
(1) Jonathan C. Burrell	5.00	=	=	-	 	Ξ 5	۳			
President/Trustee	3.00	x		x				٥.	0.	0.
(2) Devon Rolf	1.00			43						
Trustee	1.00	x					İ	0.	0.	0.
(3) Michael King	1.00				t				SEE SCHEDULE O	SEE SCHEDULE O
Trustee	****	x						٥.	SEE SCHEDULE O	SEE SCHEDULE O
(4) Paul Forbes	1.00								055 001/501 5.0	055 001 1501 11 5 0
Trustee	****	x						٥.	SEE SCHEDULE O	SEE SCHEDULE O
(5) Derek Green	1.00									
Trustee		Х			1			0.	0.	0.
(6) Kelly Shepard	1.00									
Secretary/Trustee	***	X		Х				0.	SEE SCHEDULE O	SEE SCHEDULE O
(7) Bessemer Trust Co of Delaware NA	10.00									
Trustee			Х					99,102.	0.	0.
				_						
				1						
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		_	_							
		_								

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

The Grateful Lives Foundation 32-6402383 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 1b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 242,063,330. 223,956,143. Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 242 063 330 **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 3,501,472. 3,501,472 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 16,277,920 b Less cost or other basis and sales expenses 15,681,264 c Gain or (loss) 596,656 596,656, d Net gain or (loss) 596,656, 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d

246 161 458.

4.098.128.

Total revenue See instructions

Section 50'1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)				
	Se	ection 50'1(c)	(3) and 501(c)(4) organizations must complete all columns. All other organizations	must complete column (A)

	Check if Schedule O contains a respoi	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	7,680,838.	7,680,838.		
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				
	individuals See Part IV, lines 15 and 16	* ***			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			00 100	
	trustees, and key employees	99,102.	_	99,102.	
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) Other employee benefits	· · ·	<u></u>		
9 10	Payroll taxes			-	
11	Fees for services (non-employees)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
'' a	Management				
b	Legal	1,540.		1,540.	
c		7		•	<u> </u>
d					
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 Payments of travel or entertainment expenses		-		
18	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 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
ь					
С					
d					
е	All other expenses		F 600 000	100 640	
25	Total functional expenses Add lines 1 through 24e	7,781,480.	7,680,838.	100,642.	0.
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 following SOP 98-2 (ASC 958-720)				
	II IUIIOWIIIG 30F 80-2 (M3C 930-720)		<u> </u>		

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 8,302,022. 77,154,875. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 228,945,402. 67,636,109. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 75,938,131 306,100,277 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 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 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 306,100,277. 75,938,131. 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. Retained earnings, endowment, accumulated income, or other funds 32 75,938,131. 306,100,277. 33 33 Total net assets or fund balances 75,938,131 306,100,277. Total liabilities and net assets/fund balances

Form **990** (2018)

Forn	n 990 (2018) The Grateful Lives Foundation	32-	6402	<u> 383</u>	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	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)	1		<u>,16:</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,78:</u>					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,938</u>					
5	Net unrealized gains (losses) on investments	5	<u><8</u>	<u>,21'</u>	7 <u>,8</u>	<u>32.</u> :			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	<u> 306</u>	<u>,100</u>	<u>, 2</u>	<u>77.</u>			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		<u></u>						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
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	d on a							
	separate basis, consolidated basis, or both			ŀ					
	Separate basis Consolidated basis Both consolidated and separate basis			-					
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,							
	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	e audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u>X</u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch]					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	İ					
	Act and OMB Circular A-133?			_3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					
				Form 9	9 9 0 ((2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 32-6402383 The Grateful Lives Foundation Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) National Christian Charitable Fdn Inc 58-1493949 7,680,838 7 X 680,838 0.

chedule	A (Form 990 or 990 EZ) 2018 Th	e Gratef	ul Lives	Foundatio	n /b//d//A//i/A am	32-640	2383 Page 2
Part II	Support Schedule for O						
•	(Complete only if you checked fails to qualify under the tests in				n failed to qualify	under Part III If the	organization
Saction	A. Public Support		<u> </u>				
			# > 0045	1 1 2010	4 10 004 7	(-) 0010	/f) Total
	ear (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 201/7	(e) 2018	(f) Total
	grants, contributions, and	\			/		
	bership fees received (Do not	\				,	
includ	de any "unusual grants ")						
2 Tax re	evenues levied for the organ-	ľ	1		/		
ızatıo	n's benefit and either paid to		\		/		
or exp	pended on its behalf		\	A	'		
3 The v	alue of services or facilities		1				
furnis	hed by a governmental unit to		\				
	rganization without charge		\			[
	. Add lines 1 through 3		1	1			
	portion of total contributions			1			
•	ch person (other than a		\	/			
•	rnmental unit or publicly		\				
-			1				
	orted organization) included		\	<i>i</i>			
	e 1 that exceeds 2% of the			\			
	int shown on line 11,			1			
colum	··	<u></u>		1			
	c support. Subtract line 5 from line 4						
	B. Total Support				·	· ·	
alendar ye	ear (or fiscal year beginning in) ➤ 🗀	(a) 2014	<u>(ь)^{//}2015</u>	(č) 2016	(d) 2017	(e) 2018	(f) Total
7 Amou	ints from line 4			1			
8 Gross	s income from interest,			\			
dıvıde	ends, payments received on			\			
secur	ities loans, rents, royalties,		/	\			
and ir	ncome from similar sources						
9 Net in	come from unrelated business	/		\			
activit	ties, whether or not the	/		\			
busin	ess is regularly carried on			<u> </u>		,	
0 Other	income Do not include gain	Ï			1		
	s from the sale of capital	/			\		
	s (Explain in Part VI)	/ /			\		
	support. Add lines 7 through 10	- j			1		
	receipts from related activities, e	to (see instruction	ne)	· · · · · · · · · · · · · · · · · · ·	1	12	
	five years. If the Form 990 is for the	U U	•	rd fourth or fifth to	av vear as a sectio	L.,	-
	ization, check this box and stop h	,	illist, second, till	ra, roarar, or mar te	ax year ay a seeme	11 00 1(0)(0)	ightharpoonup
organ ection	C. Computation of Public	Support Per	rcentage				
				column (ft)	' '-	14	·· %
	support percentage for 2018 (lin			COMMIT (I))	ï	15	
	support percentage from 201/7 S				14 - 00 1/00/		
	3% support test - 2018. If the org				14 15 33 1/3% 01	nore, check this bo	x and
	here. The organization qualifies as						
	3% support test - 2017. If the org				line 15 is 33 1/3%	or more, check th	is box
	top here. The organization qualific					\	
	-facts-and-circumstances test -						
and if	the organization meets the "facts	-and-circumstand	ces" test, check t	this box and stop h	iere. Explain in Pa	rt VI how the organ	ization
	s the "facts-and-circumstances" te					/	▶Ш
b 10% -	-facts-and-circumstances test -	2017. If the orga	anızatıon dıd not	check a box on line	e 13, 16a, 16b, or	17a, and∛įne 15 is i	10% or
	and if the organization meets the						
	ization meets the "facts-and-circu						▶□
	te foundation. If the organization						s > □
				· <u> </u>		dule A (Form 990	

_	edule A (Form 990 or 990 EZ) 2018 'I art III Support Schedule for (<u>'he Gratei</u> Organizations	Described in	Section 509(on / a)(2) /	32-640	2383 Page 3
-	(Complete only if you checked	-	1		/	Part II If the organi	zation fails to
<u>So/</u>	qualify under the tests listed better A. Public Support	pelow, please com	plete Part II)		/_		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	1 10	(6) 2510	(4) 2511	(0) 2010	(i) rotai
•	membership fees received (Do not		\				
	include any "unusual grants ")		\				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				ŕ		
3	Gross receipts from activities that		\	/			
	are not an unrelated trade or bus-		\ \				
	iness under section 513		\	/			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			/			
5	The value of services or facilities		/	\			
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			\			
7a	Amounts included on lines 1, 2, and		/	\			
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		,, , , , , , , , , , , , , , , , , , ,	\			
	Public support. (Subtract line 7c from line 6)				<u>\</u>	L	
	ction B. Total Support			T	1		
	ndar year (or fiscal year beginning in)	(a) 2014/	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6				+ \		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income	/					
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975	 			\ \ \ -		
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					_	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a sectio	on 50̈́ୀ(c)(3) organız	zation,
	check this box and stop here						<u>▶</u>
	tion C. Computation ∕of Publ					\	
	Public support percentage for 2018 (column (f))		15 \	
	Public support percentage from 2017			- 	<u> </u>	16 \	<u>%</u>
	tion D. Computation of Inves			10 1 (0)	<u></u>	11	
	Investment income percentage for 20			ne 13, column (f)		17	%
	Investment income percentage from			on line 14 and lin	0 15 is mare that	18 \	% 17 is not
19a	33 1/3% support tests - 2018. If the						I IS HOL
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the	organization did n	not check a box on	line 14 or line 19	a, and line 16 is me	ore than 33 1/3%,	and
••	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 190, check	inis box and see in	suuctions	

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)

200	tion A. All Supporting Organizations			
360	aton A. All Supporting Organizations		Yes	No
4	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	İ		
	class or purpose, describe the designation If historic and continuing relationship, explain	1	x	
_	Did the organization have any supported organization that does not have an IRS determination of status	'		
2				ĺ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		х
•	organization was described in section 509(a)(1) or (2).		<u> </u>	
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20	İ	х
	(b) and (c) below	3a		_^
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	ا مد		
	organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			v
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
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	4b		-
С	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)	ļ.		
	purposes	4c		
5а	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;			l
	(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)	5a		X
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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).	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			37
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		_X
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u>X</u>
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.	9b		X
С	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.	9c_		X_
l0a	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.	10a		<u>X</u>
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)	10b		

		-040230)) P	age 5
Pa	rt IV Supporting Organizations (continued)		ı	1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b	├	X
	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.	11 <u>c</u>		
560	Con b. Type I Supporting Organizations	-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ľ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	!
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		İ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		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			-110
·	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			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		•	
			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			
	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		
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 instruc	tions).		
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 (s	ee 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			
	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	 	
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? <i>Provide details in Part VI</i> .	3a	$\vdash \dashv$	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	25		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sch	edule A (Form 990 or 990 EZ) 2018 The Grateful Lives Four	<u>ndatio</u>	n	32-6402383 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ctions A through E	
Sec	tion 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			
	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 - Mınımum 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	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	illy integrate	d Type III supporting org	anızatıon (see

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990 EZ) 2018 The Grateful			32-5402383 Page 7
Ра	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		 ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	<u>.</u>	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI) See instructions.	29		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		··	/
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			,
	From: 2015			
d	From 2016			
	From 201 /		1	
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)		· -	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
•	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
•	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
•	and 4b from line 1 For result greater than zero, explain in		,	
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
′				
	and 4c			
8	Breakdown of line 7			
	Excess from 2014	****		
	Excess from 2015	****		
	Excess from 2016			
a	Excess from 2017	-	I	I

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Part VI. Supplemental Information. Provide the explanations required by Part II. Into 10, Part III, Into 112, Part III, Into 112, Part III, Section III, Into 12, Part III, Into 112, Part III, Section III, Into 12, Part III, Section III, Into 13, Part III, Into 112, Part III,	Schedule A	(Form 990 or 990-EZ) 2018 The	Grateful	Lives	Foundation	on	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 ar Section D, lines 5, 6, and 8, and P	I. Provide the expl c, 4b, 4c, 5a, 6, 9a nd 3, Part IV, Secti	anations requ a, 9b, 9c, 11a on E, lines 1d	uired by Part II, lir , 11b, and 11c, Pa c, 2a, 2b, 3a, and	ne 10, Part II, line 17a or art IV, Section B, lines 1 3b, Part V, line 1, Part V	and 2, Part IV, Section C, /, Section B, line 1e, Part V,
		- to the					
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				***************************************			-
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Makes Complete line 4 if any antities in linked in Darks II III as IV at the anti-				:	-
Note: Complete line in any entity is listed in raits if, in, of IV of this scriedule 1. During the tax year, did the organization engage in any of the following transaction:	is with one or more re	le transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV2	Yes	<u>8</u>
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	•		1a	×
b Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				1	×
f Dividends from related organization(s)				14	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
r Exchange of assets with related organization(s)				;=	×
J Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			F	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			£	×
o Sharing of paid employees with related organization(s)				10	×
 P Reimbursement paid to related organization(s) for expenses 				10	×
 Reimbursement paid by related organization(s) for expenses 				10	×
r Other transfer of cash or property to related organization(s)				-	>
				= \$	4 >
16 the contract of the characters and the characters and the characters are characters and the characters are characters and the characters are characters and the characters are characters and the characters are characters and the characters are characters are characters and the characters are characters and the characters are characters are characters and the characters are characters and the characters are characters and the characters are characters				2	4
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	mation on who must complete this 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	volved	
(F)					
(2)					
(3)					
(4)					
W. C. C. C. C. C. C. C. C. C. C. C. C. C.					
(9)					
832183 10-02-18			Schedule	Schedule R (Form 990) 2018	0) 2018

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

2 Employer identification number 32-6402383 Srant to Donor Advised Srateful Lives Giving (h) Purpose of grant or assistance 'und 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 018 Grant und 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) (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 7,517,627 163,211 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table The Grateful Lives Foundation (c) IRC section (if applicable) 501(c)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table 58-1493949 58-1493949 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Foundation, Inc. ("NCF") - 11625 Foundation, Inc. ("NCF") - 11625 National Christian Charitable National Christian Charitable Rainwater Drive, Suite 500 -Rainwater Drive, Suite 500 -Alpharetta, GA 30009 Alpharetta, GA 30009 Name of the organization Part II Part I

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (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 (Form 990) (2018) The Grateful Lives Foundation 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 (b) Number of recipients (a) Type of grant or assistance 832102 11-02-18 Part III

Page 2

32-6402383

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

The Grateful Lives Foundation

Employer identification number

32-6402383 Types of Property Part I (d) (a) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 R Intellectual property 224,881,761.Nasdag trading price Securities - Publicly traded X 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution · Other 14 15 Real estate · Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 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 30a Х exempt purposes for the entire holding period? 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? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? 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

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public

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 Kelly Shepard are all emplo	oyees of NCF, the
supported organization.	
Form 990, Part VI, Section A, line 7a:	
NCF, the supported organization, has the right to remove a	any NCF trustee
and appoint any individual who is not a disqualified person	on with respect to
the foundation as a successor NCF trustee.	
The individual family trustees have the right to remove the	ne corporate
trustee and appoint any bank or trust company having trust	t powers as a
successor family trustee. The individual family trustees	also have the
right to appoint a successor trustee for any family truste	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 prov	vided to Bessemer
Trust Company, Jonathan C. Burrell and Kelly Shepard for t	cheir review.
Form 990, Part VI, Section B, Line 12c:	
Form 990, Section B, Line 12c:	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
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	lict of interest
policy, and financial statements available to the public of	during the tax year
nor has there been any requests for these documents.	
Form 990, Part VII, Compensation	
Michael King, Paul Forbes, and Kelly Shepard are employed	l by National
Christian Charitable Foundation, Inc. ("NCF") - EIN 58-149	3949, the
supported organization of the Foundation. Please see NCF	r's Form 990
for reportable compensation information.	
	·····-

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

The Grateful Lives Foundation

OMB No 1545-0047 2018

Employer identification number Open to Public Inspection

32-6402383

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ટ × × controlled entity? Direct controlling 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 entity Direct controlling End-of-year assets Public charity status (if section (e) 501(c)(3)) Line 7 Total income Exempt Code ਉ section 501(c)(3) 9 Legal domicile (state or Legal domicile (state or foreign country) foreign country) Seorgia Seorgia Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Grantmaking See Schedule R Supplemental Information for Inc. ("NCF") - 58-1493949, 11625 Rainwater National Christian Charitable Foundation Drive, Suite 500, Alpharetta, GA 30009 Name, address, and EIN (if applicable) additional related organizations Name, address, and EIN of related organization of disregarded entity PartII

Page 2

32-6402383

Schedule R (Form 990) 2018 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 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. Yes No (i) Section 512(b)(13) controlled entity? 3 managing (Percentage ownership Yes Ξ Code V-UBI amount in box 120 of Schedule - K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicite (state or foreign country) ত্র Direct controlling entity Ē Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2018

332162 10-02-18

Page 4

Schedule R (Form 990) 2018 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)?

(h) (i) (i) (k)

DisproporCode V-UBI
amount in box 20 managing ownership
site storing of Schedule K-1
Pes No (Form 1065) yes No Share of end-of-year assets Share of Income total te Predominant income parties sec (related, unrelated, 501(s)3) excluded from tax under sec sections 512-514) (state or foreign Legal domicile country) છ Primary activity 9 Name, address, and EIN of entity

Sched	lule R (For	m 990) 2	2018	The	<u>Gratefu</u>	<u>l Live</u>	s Founda	<u>tion</u>		32-	<u>6402383</u>	Page 5
Par	t VII Su	ıpplem	ental Info	rmatio	n.							
					r responses to q	uestions on	Schedule R See	e instruction	าร			
		•									_	
Par	t II				_							
<u>See</u>	<u>Nati</u>	onal	Christ	<u>ian</u>	Charitab	<u>le Fou</u>	<u>ndation,</u>	Inc.	(EIN	<u>58-1493</u>	949)	
						_		_				
For	m 990	for	a comp	rehe	<u>nsive li</u>	st of	<u>all rela</u>	ted or	rganiz	ations.		_
												
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