2949006500702

(Rev January 2020) Department of the Treasury

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.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning C Name of organization D Employer identification number Check if Address change The Grateful Lives Foundation Name change 32-6402383 Doing business as]initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ Bessemer Tr 20 Montchanin Rd #1500 302-230-2675 termi 064 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Wilmington, DE 19807 H(a) Is this a group return Applica-tion pending F Name and address of principal officer Yes X No for subordinates? same as C above H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3)) (insert no.) 501(c) (4947(a)(If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Corporation X Trust Other > Association L Year of formation: 2015 M State of legal domicile: DE K Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities To support Christian-based SCANNED AUG 1 9 2021 Revenue ministries that help people live a dedicated Christian life. Check this box If the organization discontinued its operations of disposed of more than 25% of its net assets.

Number of voting members of the governing body (Part VI, line 1a) Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) AUG 0 4 2020 0 Total number of individuals employed in calendar year 2019 (Part V, line 23) 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a OGDEN. b Net unrelated business taxable income from Form 990-T, line 39 0. Prior Year **Current Year** 242,063,330 26,705,501. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) O 4,098,128. 10,881,348. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 246,161,458 586,849. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,680,838 220,21 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 99,102 161 304. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) О. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,540. 17,358. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,781,480 398,879. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 238,379,978. 25,187,970. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 306,100,277. 463,628,476. Total liabilities (Part X, line 26) 21 306,100,277. 463,547,226. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 7/10/20 Bessemer Trust, Trustee by: Here Type or print name and title VICE PACIFICAT PTIN Print/Type preparer's name reparer's signature 7/7/2020 "self-employed Paid Michele McKinnon P01319465 Firm's name McGuireWoods LLP Preparer Firm's EIN **54**-0505857 Use Only Firm's address ▶ P. O. Box 397 Phone no (804)775-1000Richmond, VA 23218-0397

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

4e Total program service expenses ►

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-01111	990	(2019)	

Form 990 (2019) . 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)?		163	140
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
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		х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		21
	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		Х
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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> </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			77
	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		Y
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	\rightarrow	
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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Form 990 (2019) The Grateful Lives Foundation 32-6402383

Part IV. Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		-23
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			•
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		v
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	х	X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	^	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥٢١		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	<u>No</u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	10	ļ	
	(gameing) withings to piece withins.	1 <u>c</u>		

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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	2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, 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 A	ccounts (FBAR)	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b	<u> </u>	X
С	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	ne organization solicit			
	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 contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	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 w	as required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e_	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.	,		l ,	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	
10	Section 501(c)(7) organizations. Enter	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	l f			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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	401			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	In O	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or		ı I	

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Form	1990 (2019) . The Grateful Lives Foundation 32-6402	2383	Р	age 6
	rt VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{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 1a	<u>'</u>		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u>L</u>		İ
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?	_2	X	ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
_	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:	_	37	
a	The governing body?	8a	Х	77
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	9		·
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		<u> </u>
000	tion D. I Oncies (This Section & requests information about policies not required by the internal nevertibe Code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_X_
b	Other officers or key employees of the organization	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
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) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply			
46	Own website Another's website X Upon request Other (explain on Schedule O)	.1.6		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	a tınar	icial	

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 20 Montchanin Rd #1500, Wilmington, DE 19801

Form **990** (2019)

statements available to the public during the tax year

Form	aan	(201Q)

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

 \mathbf{X}

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

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

 See instructions for the order in which to list the persons above

Check this box if neither the organization in	or any related	orga	anıza	atıor	co	mpe	nsat	ed any current officer,	director, or trustee	
(A)	(B)			Pos	C)	_		(D)	(E)	(F)
Name and title	Average		not o	check	more	than		Reportable	Reportable	Estimated
	hours per	box	c, unle	ess pe nd a c	erson firecto	ıs bo or/tru:	th an stee)	compensation	compensation	amount of
	week (list any	-	П	П	<u> </u>		Ť	from the	from related organizations	other compensation
	hours for	Individual trustee or director				<u> </u>		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	ISE I	al tru		oyee	Ē.	.1			and related
	below	Ng na	Institutional trustee	<u>ج</u>	Key employee	Highest compensated employee	Former			organizations
	line)	Ē	Inst	Officer	<u>ş</u>	呈島	يَّة			
(1) Jonathan C. Burrell	5.00									
President/Trustee		X		X				0.	0.	0.
(2) Devon Rolf	1.00]					l			
Trustee]	X				<u> </u>	<u> </u>	0.	0.	0.
(3) Michael King	1.00			ĺ					SEE SCHEDULE O	SEE SCHEDULE
Trustee	****	X						0.	SEE SCHEDULE O	SEE SCHEDULE
(4) Paul Forbes	1.00			Γ						
Trustee	****	X						0.	SEE SCHEDULE O	SEE SCHEDULE (
(5) Derek Green	1.00									
Trustee		Х						0.	0.	0.
(6) Kelly Shepard	1.00								SEE SCHEDULE O	SEE SCHEDULE (
Secretary/Trustee	****	Х		X			<u>L</u>	0.	SEE SCHEDULE O	SEE SCHEDULE C
(7) Bessemer Trust Co of Delaware NA	10.00					i				
Trustee			Х					161,304.	0.	0.
									=	
							ĺĺ			
							1 1			
									*	
										
		\neg	_							

	1990 (2019) The Grat									32-6	4023	883 F	age 8
Ра	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B) Average			Pos	C) itior	1		(D)	(E)		(F)	
	Name and title	hours per			heck	more	than is bot		Reportable compensation	Reportable compensate	- }	Estimat amount	
		week					or/trus		from	from relate		other	
		(list any	ctor						the	organization	ns	compens	
		hours for	Irustee or director	یوا			ated		organization	(W-2/1099-Mi	SC)	from th	
		related organizations	ustee	taste		8	Suadı		(W-2/1099-MISC)		ļ	organiza	
		below	Sual tr	Institutional trustee	_	ge	stcon	<u></u>				organizat	
		line)	Individual	astit.	Officer	Key employee	Highest compensated employee	Former				*· 3	
				_	_		L_						
			<u> </u>										
		ļ <u> </u>								<u> </u>		- 	
				}									
				•									
		<u> </u>		-									
		-											
													
1b	Subtotal	<u> </u>						<u> </u>	161,304.	SEE SCHEDUL	EO S	SEE SCHE	DULE O
С	Total from continuation sheets to Part V	II, Section A)	▶	0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c)							▶_	161,304.			SEE SCHE	DUL <u>F</u> O
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 of reportab	le		0
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director, truste	e. k	ev e	mol	ove	e. or	hıai	hest compensated emo	lovee on		1.55	
•	line 1a? If "Yes," complete Schedule J for s		, , , ,	, -		-,	-,	9.			1	3	x
4	For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	oth	ner compensation from	the organization			-
	and related organizations greater than \$150	0,000? If "Yes,"	cor	mple	te S	che	dule	J fo	or such individual			4	X
5	Did any person listed on line 1a receive or a	accrue compen	sati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	,		
	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ich p	oers	on					5	_X_
	tion B. Independent Contractors									*			
1	Complete this table for your five highest co the organization. Report compensation for										npensat	ion from	
-	(A)	ine calendar ye	Jai C	, III	ig w	itire	JI VVI	1111	(B)	real		(C)	
	Name and business	address	NC	NE	1			\perp	Description of s	ervices	Cor	npensatio	n
								+					
										_			
								+					
										ļ			
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	hos	e lis	 ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	=				0							
											Fo	orm 990 (2	2019)

•,

		Check if Schedule O	cont	ains a respo	nse	or note to any li	ne in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
တတ										000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		1a			-			
اع ق		Membership dues		1b			-			
A,		Fundraising events		<u>1c</u>			4			
를	d	Related organizations		1d			_			
έĒ	е	Government grants (cont	rıbut	ions) 1e						
iz Si	f	All other contributions, gifts,	gran	ts, and						
E E		similar amounts not included	l abo	ve 1f		26,705,501.				
ΞĎ	a	Noncash contributions included in	lines	1a-1f 1g		8,095,725,]			
Sel	_	Total. Add lines 1a-1f		(-3)		<u> </u>	26 705 501.			
-		, Otali, rida inioo ia ii				Business Code	20,703,301.	***		
d)	0 -							 		
ပို	2 a	·								
ne je	b						-			
Program Service • Revenue	·c								,	
<u>हें य</u>	d									
õ.	е									
مَ	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				•				
	3	Investment income (includ	ding	dıvıdends, i	ntere	est, and				
		other similar amounts)	-			•	9,339,956.	9,339,956.	i	
- 1	4	Income from investment of	of tax	c-exempt bo	nd r	roceeds	6,560.	6,560.		
	5	Royalties	, .u.	COXOMPER			0,300.	0,300.		
	3	Hoyanies		(ı) Rea		(II) Personal				
	_	0		(1) 1104	'	(ii) i oroonar	-			
	6 a		6a				┨ .			
	b	Less rental expenses	6b				{			I
	С	Rental income or (loss)	6с			l				.
1		Net rental income or (loss) <u> </u>	T		•				
i	7 a	Gross amount from sales of		(i) Securit	ies	(II) Other				
		assets other than inventory	7a	43,012,	590.					
	b	Less cost or other basis							•	
e l		and sales expenses	7b	41,477	358.					
ther Revenue	С	Gain or (loss)	7c							
Be		Net gain or (loss)			•	•	1,534,832.	1,534,832,		
ē		Gross income from fundraisi	na ev	ents (not			1,551,552.			
₽ E	o u	including \$	g	of						
		contributions reported on	lıno							
		•	III IC	10) 366	0-					
		Part IV, line 18			8a		-			
		Less direct expenses			8b					!
		Net income or (loss) from		-		<u> </u>				 -
	9 a	Gross income from gamin	g ac	tivities See						•
		Part IV, line 19			9a					•
	b	Less direct expenses			9b	•				
	С	Net income or (loss) from	gam	ing activitie	s					
	10 a	Gross sales of inventory, I	ess	returns						
		and allowances			10a				,	
	b	Less cost of goods sold			10b]			Į.
		Net income or (loss) from	sales	s of invento						
\dashv		THE INCOME OF GOOD HOME	Juici	JI III VOIILO	<u> </u>	Business Code				
S						Business code				
Jec ue	11 a	•			_					
le al	b				_				-	
Miscellaneous Revenue	С				_					
ž		All other revenue								
	<u>e</u>	Total. Add lines 11a-11d				<u> </u>				
	12	Total revenue. See instruction	ns			<u> </u>	37,586,849,	10 881 348.	0,	0.

Form 990 (2019)		. Lives Founda	tion	32-6402383	Page 10				
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									

	Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising				
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	12,220,217.	12,220,217.						
2	Grants and other assistance to domestic	,	<u> </u>						
	ındıvıduals 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,								
	trustees, and key employees	161,304.		161,304.					
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			<u>.</u>					
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees)								
а	Management								
b	Legal	13,908.		13,908.					
С	Accounting	-							
d	Lobbying								
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,				· · ·				
	column (A) amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses				·				
14	Information technology								
15	Royalties			_					
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance		2-2-1						
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule 0)		- · ·						
а	Foreign Tax Withheld	3,450.		3,450.					
b									
С									
d									
е	All other expenses	1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		<u> </u>					
25	Total functional expenses Add lines 1 through 24e	12,398,879.	12,220,217.	178,662.	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 If following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 77,154,875 2 15,800,784. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 228,945,402. 447,827,692. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 306,100,277 463,628,476 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 81,250. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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. 81,250. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here

X and complete lines 29 through 33. 463,547,226. 306,100,277. 29 Capital stock or trust principal, or current funds 0. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 Retained earnings, endowment, accumulated income, or other funds 306,100,277. 463,547,226. Total net assets or fund balances 32 32 306,100,277. 463,628,476. Total liabilities and net assets/fund balances

Form **990** (2019)

	990 (2019) The Grateful Lives Foundation	32-	64023	83	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>49.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>79.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	25,	18	<u>7,9</u>	<u>70.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	306,	100	0,2	<u>77.</u>
5	Net unrealized gains (losses) on investments	5	132,	258	3,9	79.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			-		
	column (B))	10	463,	54	7.2	26.
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		Г			
	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		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,	Γ			
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule C	, F			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	J		3a		X
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 on Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Nam	e of t	the organization						Employer	identification number
		The	Grateful L	ives Foundat	ion			3	2-6402383
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instruction	s	
The o	organ	ization is not a private found	dation because it is	(For lines 1 through 12,	check only	one box)	1		1~
1		A church, convention of ch							<i>V</i> /)
2		A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form	m 990 or 9	90-EZ))			
3		A hospital or a cooperative					ii).		
4		A medical research organiz					•	.)(ıii). Enter	the hospital's name,
		city, and state	•						•
5		An organization operated f	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ped in
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)(v).		
7		An organization that norma	_				•	he general	public described in
		section 170(b)(1)(A)(vi). (C	•		_			_	•
8		A community trust describ	•	(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research or				ed in conji	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	e or
		university						1	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its suj	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exer	npt functions · subje	ct to certain exceptions	and (2) no	o more tha	ın 33 1/3% of	its suppor	t from gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ured by the o	ganization	after June 30, 1975
		See section 509(a)(2). (Co	mplete Part III)				•	_	
11		An organization organized	and operated exclus	ively to test for public sa	afety See	section 5	09(a)(4).		
12	\mathbf{X}	An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	purposes of one or
		more publicly supported or							
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, an	d 12g	
а	X	Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	upporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
		control or management of							
		organization(s) You mus	st complete Part IV,	Sections A and C.					
С		Type III functionally inte	egrated. A supportin	g organization operated	ın connec	tion with,	and functiona	lly integrate	ed with,
		its supported organizatio	n(s) (see instructions	s) You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	with its suppo	rted organı	zation(s)
		that is not functionally int	tegrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	tions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation			
f	Ente	er the number of supported o	organizations						1
g		ride the following information			T (iv) la lha area	nisation listed	· · · · ·		
	(1) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	in Aont Goveru	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
		nal Christian							
<u>Cha</u>	ri	<u>table Fdn Inc</u>	58-1493949	7	X		12,220	,217.	
									
				-					
		\							
							10 000	217	
Total		1	1		1	l	12,220	1 , 4 ± 1 •	0.

Schedule A (Form 990 or 990 EZ) 2019 The Part II Support Schedule for C	<u>1e Gratef</u> Organization	ul Lives s Described in	Foundation Sections 170	on (b)(1)(A)(iv) and	32-64(d 170(b)(1)(A)()2383 Page 2 (vi)
(Complete only if you checked				on failed to qualify	under Part III If th	e organization
fails to qualify under the tests	listed below, ple	ase complete Part	: III) 			
Section A. Public Support		1	T	,		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						/
membership fees received (Do not						
include any "unusual grants ")		<u> </u>			ļ,	4
2 Tax revenues levied for the organ-					/	
ızatıon's benefit and either paid to						
or expended on its behalf				-		
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
4 Total. Add lines 1 through 3						
5 The portion of total contributions					Y	
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support	<u> </u>	· · · · · · · · · · · · · · · · · · ·				•
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4					, ,	<u> </u>
8 Gross income from interest,						
dividends, payments received on				-		
securities loans, rents, royalties,						İ
and income from similar sources						
9 Net income from unrelated business			1			
activities, whether or not the						
business is regularly carried on				•		
10 Other income Do not include gain						
or loss from the sale of capital		/.				
assets (Explain in Part VI)		/				
1 Total support. Add lines 7 through 10		-				
		, <u>/</u>	-L	.L	40	<u> </u>
2 Gross receipts from related activities, e	. /	•	ed formation and the s	04.400F00 = ====*	12	·
3 First five years. If the Form 990 is for t	/	s tirst, second, thi	ra, τουπη, or τίπη τ	ax year as a sectio	n 501(c)(3)	. □
organization, check this box and stop ection C. Computation of Public		ercentage				
			column (fl)		14	
4 Public support percentage for 2019 (lin	/	-	Columni (I))		14	9/
5 Public support percentage from 2018 S	/		un luna 40 === 4 t	14 - 00 1/00/ -	15	9 0v and
6a 33 1/3% support test - 2019. If the or				14 IS 33 1/3% or n	nore, check this b	
stop here. The organization qualifies a						▶□
b 33 1/3% support test - 2018. If the or				ı iine 15 is 33 1/3%	or more, check t	nis dox
and stop here. The organization qualifi				40.40		▶□
7a 10% -facts-and-circumstances test						
and if the organization meets the "facts					t VI how the orga	nızatıon
meets the "facts-and-circumstances" to				-		▶∟
b 10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
more, and if the organization meets the	rfacts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	in Part VI how the	e
organization meets the "facts-and-circu	ımstances" test	The organization	qualifies as a publi	icly supported orga	ınızatıon	▶Щ
8 Private foundation. If the organization	did not check a	box on line 13, 16	Sa, 16b, 17a, or 17l	b, check this box a	nd see instruction	ns 🕨 🗀
/				Sche	dule A (Form 990	or 990-EZ) 2019

932023 09-25-19

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3	4-	ь	4	U	Z	3	8	3	Pag	E

	(Complete only if you checked			organization failed	to qualify under	Part II. If the organi	ization fails to
Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II)	<u></u>			
		(+) 001E	(h) 2016	(=) 2017	(-1) 0010	(-) 2010	fn Total
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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						
3	Gross receipts from activities that are not an unrelated trade or business 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						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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>
	ction B. Total Support	r	ı	/		T	1
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
t	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						
	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)				L	5044 1401	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, third	i, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
500	check this box and stop here ction C. Computation of Publ	ic Support Po	rcontago				
	Public support percentage for 2019 (I			volume (f)		15	%
	Public support percentage from 2018			olumin (i))		15	
	ction D. Computation of Inves] 10]	
	Investment income percentage for 20		-	e 13 column (f)	-	17	%
	Investment income percentage from 2			10, 00,011111 (1))		18	
19a	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box at	organization did n nd stop here. The	ot check the box o organization qualifi	es as a publicly s	supported organization	33 1/3%, and line	17 is not
b	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che	_					anu L
20	Private foundation. If the organization		•			=	

Part IV. Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	x	
1	^	
2		Х
-		
_ 3a		Х
3b		· .
3c		
4a		Х
4b		
	:	
4c		
5a		X
5b		
5c_		
6		х
7		X
8		x
9a		Х
9b_		X
9c		x
10a		X

Do	rt IV. Supporting Organizations (continued)	10238) P	age 5
ı- d	rt IV. Supporting Organizations (continued)		T.,	
44	Has the example to a constant a set or contribution from any of the following page 2		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)		İ	\ v_
L	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.	11c		<u> </u>
Sec	cition b. Type I Supporting Organizations		V	NI.
4	Did the directors thirteen or membership of one or more supported arganizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	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	.	x	
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			v
500	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations	2	l	_X_
366	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	140
'	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	 	l	l
	ton 217th Type in dapporting digunizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
-	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 yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	s)	
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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

	Type III Non-Functionally Integrated 509(a)(3) Supporting			32-0402383 Page 6
				D-11/0\ 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-	• • •	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	(D) C
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt-use assets (see		•	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	"	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A	(Form 990 or 990 EZ) 2019 The Gra	teful Lives	Foundation	32-640	2383 Fage 8
Part VI.	Supplemental Information. Prov. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1, Part IV, Section D, lines 2 and 3, P Section D, lines 5, 6, and 8, and Part V, S (See instructions)	ide the explanations req 1c, 5a, 6, 9a, 9b, 9c, 11a art IV, Section E, lines 1	uired by Part II, line 10, F a, 11b, and 11c, Part IV, S c, 2a, 2b, 3a, and 3b, Pa	Part II, line 17a or 17b, Part III, Section B, lines 1 and 2, Part I' rt V, line 1, Part V, Section B, li	line 12, V, Section C, ne 1e, Part V,
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

1

OME No 1545-0047

Open to Public

Inspection

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.

Name of the organization	- ! !	, !					Employer identification number
The Gratein Lives Separal Information on Grants and Assistance	IUI LIVES	Foundation					32-6402383
-l s	to substantiate th		s or assistance, the	grantees' eligibility	v for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	otion
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mon	toring the use of grant	funds in the Unite	d States			
Part II 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	Domestic Organ	izations and Domestı	c Governments.	Complete if the orga	anization answered "\	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	tional space is need	ded			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
National Christian Charitable							
Foundation, Inc. ("NCF") - 11625							
Rainwater Drive, Suite 500 -	0			,			!
Alphareta GA 30003	28-1493949	501(0)(3)	3/4,026,	0			2019 Grant
National Christian Charitable							Grant to Donor Advised
Foundation, Inc. ("NCF") - 11625							Fund known as The
Rainwater Drive, Suite 500 -							Grateful Lives Giving
Alpharetta, GA 30009	58-1493949	501(c)(3)	11,846,191,	0.			Fund
		- 194					
						į	
	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		į				
	nd government o	rganizations listed in th	ne line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2019) (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 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 932102 10-26-19

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Page 2

32-6402383

The Grateful Lives Foundation

Schedule I (Form 990) (2019)

Part III

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

The Grateful Lives Foundation

Employer identification number 32-6402383

Pa	rt I Types of Property							
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de			
		applicable		Form 990, Part VIII, line 1q	noncash contribu	ition an	nount	\$
1	Art - Works of art	***						
2	Art - Historical treasures				,,			
3	Art · Fractional interests				,			
4	Books and publications							
5	Clothing and household goods				- · · · · · · · · · · · · · · · · · · ·			
6	Cars and other vehicles	**						
7	Boats and planes					-		
8	Intellectual property							
9	Securities · Publicly traded	Х	6	8,095,725.	Nasdag trad	ing	pr	ice
10	Securities · Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution ·							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	····						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()			r r				
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledo	gement 29	-		1	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		I contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					30a		<u>X</u>
	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance p				tions7	31		<u>X</u> _
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				37
	contributions?					32a		<u>X</u> _
	If "Yes," describe in Part II	. l		. &	-1I			
33	If the organization didn't report an amount in co	oiumn (c) foi	a type of property	y for which column (a) is che	скеа,			
	describe in Part II					1		

Schedule M	(Form 990) 2019 1	<u>'he Grateful</u>	Lives	<u>Foundat</u>	10n	32-6402383	Page 2
Part II	Supplemental I	nformation. Provide column (b), the number	the information	on required by	Part I, lines 30b, 32b, ar	nd 33, and whether the organiza combination of both Also com	ation
							·
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 154<u>5-00</u>47 Open to Public Inspection

Name of the organization Employer identification number 32-6402383 The Grateful Lives Foundation Form 990, Part VI, Section A, line 2: Michael King, Paul Forbes, and Kelly Shepard are all employees of NCF, the supported organization. Form 990, Part VI, Section A, line 7a: NCF, the supported organization, has the right to remove any NCF trustee and appoint any individual who is not a disqualified person with respect to the foundation as a successor NCF trustee. The individual family trustees have the right to remove the corporate trustee and appoint any bank or trust company having trust powers as a successor family trustee. The individual family trustees also have the right to appoint a successor trustee for any family trustee. 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 provided to Bessemer Trust Company, Jonathan C. Burrell and Kelly Shepard for their review. Form 990, Part VI, Section B, Line 12c: Form 990, Section B, Line 12c:

The Foundation requires all Trustees to sign an Annual Conflict of Interest LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2019 Employer identification number 32-6402383 ŝ Open to Public Inspection OMB No 1545-0047 × × 2019 entity? Direct controlling Yes 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 Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Line 7 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 Go to www.irs.gov/Form990 for instructions and the latest information. section 501(c)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. Georgia seorgia The Grateful Lives Foundation 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 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

1 :

32-6402383

Page 2

Schedule R (Form 990) 2019 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 乏 Yes 9 Code V-UBI amount in box 20 of Schedule -K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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 Part IV

	(Q)	(0)	(Q	(e)	()		(h)	Ξ
Name, address, and EIN of related organization	Primary activity	≅ .	Direct controlling Type of entity Si entity (C corp. S corp.)	Type of entity (C corp, S corp, or tries)	Share of total income	Share of end-of-year	Percentage 512(b)(13) Ownership controlled entity?	Section 512(b)(1: controlle entity?
		country)		(100)				Yes No
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							•	

Schedule R (Form 990) 2019

Page 3

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The Grateful Lives Foundation Schedule R (Form 990) 2019 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

III, or l	entity is listed in Parts II, III, or IV the organization engage in any	ity is listed in Part organization end	IV of this schedule	of the following transactions with one or more related organizations listed in Parts II:IV?
	ity is listed in Part organization end	y entity is listed in Part Id the organization eng	III, or IV of this schedu	of the fo

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- - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- 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)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses ο σ
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

relationships and transaction thresholds	(d) Method of determining amount involved
nis line, including covered	(c) Amount involved
tho must complete t	(b) Transaction
2 If the answer to any of the above is "Yes," see the instructions for information on w	(a) Name of related organization

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2019

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1 3

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2019 The Grateful Lives Foundation

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

Disproportional (i) (i) uv.

Disproportional (control of Schedule K-1 partner connection of Schedule K-1 partner connection (Form 1065) Yes No end-of-year Share of assets <u>6</u> (f) Share of total Income Predominant income parties sec (related, unrelated, 501c)(3) excluded from tax under sections 512-514) (state or foreign Legal domicile country) <u>©</u> Primary activity 9 Name, address, and EIN of entity

Sched	dule R (Form 990) 2	2019 The	e Grateful	Lives Foundat	ion	32-6402383 Page 5
Par		ental Information				
	Provide add	ditional information fo	or responses to quest	ions on Schedule R See i	nstructions	
Par	t II					
See	National	Christian	Charitable	Foundation,	Inc. (EIN	58-1493949)
				of all relat		
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