

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





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DLN: 93493271005020

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning	07-01-2008 and ending	06-30-2009	9				
B Che	eck ıf a	pplicable	Please	C Name of organization LIFESONG FOR ORPHANS	INC			D Employer ider	ntification number		
☐ Add	dress ch	nange	use IRS label or					35-190284			
┌ Nar	me cha	nge	print or	Doing Business As				E Telephone nu	mber		
┌ Inıt	al retu	rn	type. See Specific	Number and street (or P () box if mail is not delivered to	street addre	ss) Room/suite	(309) 747-3			
┌ _{Ter}	mınatıc	on	Instruc- tions.	202 NORTH FORD STREET		o oct dad o	, resum, saite	G Gross receipts	s \$ 4,601,306		
	ended			City or town, state or cou	ntry, and ZIP + 4						
_		n pending		GRIDLEY, IL 61744	,,						
i Abi	Jicatioi	r pending									
				ne and address of Princi RINGGER	pal Officer		H(a) Is thi affilia	s a group return	for □ Yes 🔽 No		
				ORTH FORD STREET			aiiiia	tes	j tes j• No		
				EY,IL 61744			H(b) Are al	l affiliates include	d?		
I Ta	x-exem	npt status	✓ 501(c)) (3) ◀ (insert no)	947(a)(1) or 527				See instructions)		
) W	eb sit	e:► WW	/W LIFESO	NGFORORPHANS ORG			H(c) Grou	p Exemption Nur	nber ►		
К Тур	e of org	ganızatıon	Corporat	cion trust association	other 🕨		L Year of Fo	rmation 1993 M S	State of legal domicile IN		
Pa	rt I	Sum	mary								
	1			e organization's missior	or most significant activ	ities					
Governance	2	ORGAN LOANS ORPHA	NIZATIONS TO ASSIS NAGE EFF	S IN THE FULFILLMEN [®] ST IN THE ADOPTION FORTS IN UKRAINE, ZA	E TO ORPHANS AND TO TOF SIMILAR PURPOSE OF ORPHANS BY CHRIS MBIA, INDIA AND HON Intinued its operations or	S CURREN TIAN FAM DURAS	ITLY, LIFES (ILIES AND C	ONG PROVIDES COORDINATES	GRANTS AND THE SUPPORT OF		
	3	Numbe	r of voting r	members of the governir	g body (Part VI, line 1a)			3 _	5		
Activities &	4	Numbe	r of indepen	ndent voting members of	the governing body (Part	: VI, line 1b)	. 4 _	5		
Ě	5	Total n	umber of en	nployees (Part V , line 2	a)			5 _	4		
<u>5</u>	6			olunteers (estimate if ne				6 _	120		
4.	1			ted business revenue fr	•	7a	0				
	b	Net unr	elated busi	iness taxable income fro		7Ь					
						Pric	or Year	Current Year			
a)	8			d grants (Part VIII, line		2,652,366	4,547,296				
Revenue	9	,		,	2g)				0		
Š	10			, , ,	A), lines 3, 4, and 7d) .			1,895	26,327		
_	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								4,673		
	12	1 otal 1 12)	revenue—a	ad lines 8 through 11 (n	nust equal Part VIII, colu	ımn (A), iine		2,654,261	4,578,296		
	13		and simila	ar amounts paid (Part IX	, column (A), lines 1-3)			995,003	1,714,571		
	14	Benefi	ts paid to c	or for members (Part IX,	column (A), line 4)				0		
	15	Saları	es, other co	ompensation, employee	;_						
Expenses		10)				284,677	447,981				
কু	16a	Profes	sional fund	Iraising fees (Part IX, co			0				
蓋	b	(Total f	undraising ex	penses, Part IX, column (D),	line 25 <u>246,287</u>						
	17	Other	expenses ((Part IX, column (A), lin	es 11a-11d, 11f-24f)			632,220	920,677		
	18		•	•	equal Part IX, line 25, co	lumn (A))		1,911,900	3,083,229		
. 02	19	Reven	ue less exp	penses Subtract line 18		742,361	1,495,067				
Š Š							Beginn	ing of Year	End of Year		
i e	20	Total	assets (Par	rt X, line 16)				1,577,246	3,030,821		
Not Assets or Fund Balances	21	Total	liabilities (F	Part X, line 26)				77,930	36,438		
ž	22	Netas	sets or fun	d balances Subtract lin	e 21 from line 20			1,499,316	2,994,383		
Pai	rt II	Sign	ature Blo	ock					_		
Please Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedard belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a second									
		F Type	e or print nam	ic and title	<u> </u>	Т		1			
Paid		Preparer signatur		NN D KOCH	Date 2010-09-28	9	Check if self- empolyed • F	Preparer's PTIN (See Gen Inst)		
•	arer's		ame (or yours	KOCH CONSULTANTS LT	D			EIN ▶			
Use (Jnly		and ZIP + 4	11770 MILLER RD							
				TREMONT, IL 61568				Phone no 🕨			
May	the IR	S discus	s this retu	· · · · · · · · · · · · · · · · · · ·	wn above? (See instruction	ons)			∇ Yes		

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission TO PROVIDE CHARITABLE ASSISTANCE TO ORPHANS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,635,555 including grants of \$ 1,582,476) (Revenue \$) PROVIDE GRANTS AND LOANS TO ASSIST IN THE ADOPTION OF ORPHANS BY CHRISTIAN FAMILIES ASSISTANCE IS PROVIDED TO OFFSET DOCUMENTED ADOPTION COSTS LIFESONG ASSISTED IN THE ADOPTION OF 343 ORPHANS INTO CHRISTIAN FAMILIES DURING THE YEAR
4b	(Code) (Expenses \$ 851,650 including grants of \$ 72,100) (Revenue \$) HUMANITARIAN ASSISTANCE, BIBLICAL TRAINING, EDUCATION AND JOB-SKILL TRAINING IS PROVIDED TO ORPHANS THROUGHOUT THE WORLD CURRENTLY, THE PRIMARY WORK IS FOCUSED IN UKRAINE, ZAMBIA, INDIA AND HONDURAS ORPHANS REACHED WITH THE GOSPEL OF JESUS CHRIST, EDUCATION AND TRAINING AND BASIC LIVING NEEDS TOTALED - UKRAINE - 1,474, ZAMBIA - 167, INDIA - 600, HONDURAS - 480
4c	(Code) (Expenses \$ 111,459 including grants of \$) (Revenue \$) COORDINATION OF SHORT-TERM MISSION TRIPS TO PROJECT LOCATIONS SERVING ORPHANAGES 12 MISSION TRIPS WERE COORDINATED DURING THE YEAR WITH APPROXIMATELY 75 PEOPLE VOLUNTEERING TO SERVE
	(Code) (Expenses \$ 59,995 including grants of \$ 59,995) (Revenue \$) DONATIONS MADE TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION (A 501(C)(3) ORGANIZATION) TO SUPPORT THE MISSION OF THAT (A 501(C)(3) ORGANIZATION) TO SUPPORT THE MISSION OF THAT
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 59,995 including grants of \$ 59,995) (Revenue \$)
4e	Total program service expenses \$ 2,658,659 Must equal Part IX, Line 25, column (B).

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
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 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 $501(c)(3)$ and $501(c)(4)$ 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page
	Statements Regarding other the runnings and rux compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 7			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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 in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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	Yes	
b	If "Yes," enter the name of the foreign country UP, ZA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and Financial Accounts</i> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7Ь		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		110
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		l No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	Cross was from other course (Do not not amounts due or not do other course)			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. G	overning	Body and	Manag	gement	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent 1b 5			
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	Yes	
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? .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL, IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LIFESONG FOR ORPHANS 202 NORTH FORD STREET GRIDLEY,IL 61744 (309) 747-3556

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

, —		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
N ANDREW LEHMAN , V-P/OPERATIONS	40 00			Х				79,362	0	6,087
GARY RINGGER , PRESIDENT	15 00			Х				0	0	0
MARLA RINGGER , SECRETARY/TREASURER	15 00			Х				0	0	0
GREG GRAMM , DIRECTOR	1 00	Х						0	0	0
ROBERT HOERR , DIRECTOR	1 00	Х						0	0	0
JOEL CLOUSING , DIRECTOR	1 00	Х						0	0	0
PATRICIA BUSBY , DIRECTOR	1 00	Χ						0	0	0
GRANT DESCARPENTRIE , CFO	40 00			Х				74,890	0	1,268
MARTHA BAHLER , CFO	40 00			Х				0	0	0
							<u> </u>			
							<u> </u>			
				$ldsymbol{ldsymbol{ldsymbol{eta}}}$			L_			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\sqcup			
								154.253	.I	7 255
1b Total		• •	•	• •	•		<u> </u>	154,252		7,355

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including those in 1) who received more than \$3	100,000 in compensation	0

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a					314
듄둦	ь	Membership du	es					
gifts, grants	с	Fundraising eve	ents 1 c					
養	d	Related organiz	atıons 1 d	884,457				
<u>%,≣</u>	e	Government grants	(contributions) 1e					
ਜ਼ਿੰਨ ਭਾਵਾ	f	All other contribution	ons, gifts, grants, and 1f	3,662,839				İ
音楽	g		butions included in					
Contributions, and other simil		lines 1a-1f \$ _	306,000					
ပြုံ	h	Total (Add lines	s 1a-1f)		4,547,296 —————			
<u>e</u>				Business Code				
e H	2a							
Æ	b							
AC e	C							
<u>S</u>	d							
Program Serwce Revenue	e .							
ಬಿಡಿಂ	f	All other progra	m service revenue					
Δ	g	Total. Add lines	2a-2f	\$				
	3	Investment inc	ome (including dividen	ds, interest				
			nounts)		4,377			4,377
	4		tment of tax-exempt bond					
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	_	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(11) O ther 27,967				
		from sales of assets other						
	Ь	than inventory Less cost or		6,017				
	"	other basis and sales expenses		0,017				
	c	Gain or (loss)		21,950				
	d	Net gaın or (los	s)		21,950			21,950
	8a	Gross income fi						
÷		· ———	reported on line 1c)					
Other Revenue		See Part IV, lin	e 18 <i>G ıf total exceeds</i>					
ě			a					
<u>-</u>	ь	Less direct exp	penses b	16,993				
툿	С	Net income or (loss) from fundraising	events 🟲	4,673	4,673		
•	9a	See part IV, lın	ıle G ıf total exceeds					
	ь		a penses b					
	10a		loss) from gaming acti	vities				
	Tua	Gross sales of returns and allo						
	ь		oods sold b					
	С		loss) from sales of inv					
	<u> </u>	Miscellaneous	Revenue	Business Code				
	11a							
	b							
	°	_						
	d	All other revenu						
	e	Total. Add lines	11a-11d	\$	4 570 000	4 670		36 337
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ▶	4,578,296	4,673		26,327

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do i	not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	132,095	132,095		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,582,476	1,582,476		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	1,302,170	1,302,170		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	181,235	53,056	83,501	44,678
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	265,203	243,794		0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				_
10	Payroll taxes	1,543	0	1,543	0
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,664	0	2,664	0
c	Accounting	10,201	0	10,201	0
d	Lobbying				
е	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	3,133	0	3,133	0
12	Advertising and promotion				
13	Office expenses	28,631	12,087	9,168	7,376
14	Information technology	7,623	0	7,623	0
15	Royalties				
16	Occupancy	114,548	97,082	8,733	8,733
17	Travel	244,536	190,781	10,751	43,004
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	4,145	0	4,145	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,686	97,121	5,283	5,282
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MINISTRY SUPPLIES	245,380	245,204	176	0
b	POSTAGE/SHIPPING	9,149	0	4,574	4,575
c	MARKETING/DEVELOPMENT	132,639	0	0	132,639
d	MISCELLANEOUS	10,342	4,963	5,379	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,083,229	2,658,659	178,283	246,287
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2008)

Dart Y	Ralance	Sheet

					(A)		-	B)
	1	Cash—non-interest-bearing			Beginning of year 317,906	1	Ena o	f year 611,988
	2	Savings and temporary cash investments			017,000	2		128,908
	3	Pledges and grants receivable, net				3		120,000
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees,	kovo	mployees or		-		
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges			40,932	9		64,024
Assets	10a	Land, buildings, and equipment cost basis	10a	1,833,276				
**	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	167,332		10c		1,665,944
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D				12		
	13	Investments—program-related See Part IV, line 11 Complete Pa	rt VIII			13		
	14	of Schedule D . Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			245,028			559,957
		D			4 577 040	15		0.000.004
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,577,246			3,030,821
	17	Accounts payable and accrued expenses .			20,581	17		36,438
	18	Grants payable			18			
	19	Deferred revenue			19			
9	20	Tax-exempt bond liabilities		20				
Liabilities	21 22	Escrow account liability Complete Part IV of Schedule D Payable to current and former officers, directors, trustees, key		21				
Liak		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			57,349	25		
	26	Total liabilities. Add lines 17 through 25			77,930	26		36,438
		Organizations that follow SFAS 117, check here ▶ $\overline{\lor}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
Balance	27	Unrestricted net assets			689,488	27		1,782,150
<u>변</u>	28	Temporarily restricted net assets			809,828	28		1,212,233
	29	Permanently restricted net assets				29		, -=,=-5
Fund		Organizations that do not follow SFAS 117, check here ► □ and	l comn	let e				
0r F		lines 30 through 34.	. сор					
0.5	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
Ą	32	Retained earnings, endowment, accumulated income, or other fur		32				
Net	33	Total net assets or fund balances						2,994,383
z —	34	Total liabilities and net assets/fund balances			1,577,246	34		3,030,821
Рa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

				ı
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493271005020

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

IFESC	ONG FO	OR ORPHANS IN	С						100001			
Dai	rt I	Peacon	for Bublic C	harity Status (to be co	mpleted	by all or	nanizatio		-190284: Instruct			
				ation because it is (Please	•				mstruct	.10113)		
1			•	nurches, or association of ch			•		Α)(i).			
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-)(-)	/(-/-			
3	Ė			e hospital service organizati		•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	_	•	•	zation operated in conjuncti			-				•	
	•		name, city, and	•					(- / (- /	(,(,-		
5	Г	•		or the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unit desc	rıbed ın	
	•			(Complete Part II)		,	•	, ,				
6	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public							С				
	•	_)(1)(A)(vi) (Complete Par			•			J	•	
8	\sqcap	A communi	ty trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruc	tions)	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organizations Type II c	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Sect ion 5		.Check
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly suppo	orted orga	nizations (described	ın sectior	509(a)(1) or
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi:	zation,
g			ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	ution from	any of the	:			,
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	<u> </u>
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	<u> </u>
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	<u> </u>
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports					
				· · · · · · · · · · · · · · · · · · ·								
		ame of ported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s the ation in		ou notify inization		s the ation in	(VII) Ar	nount of
		nization		above or IRC section	_	listed in		i) of your		rganized		
				(See Instructions))	yourgo		supp	oort?	ın the	US?		
						nent?		T		T	4	
					Yes	No	Yes	No	Yes	No		
								-		-	-	
								-		-	-	
								-		-		
			1			Ī	l		1		1	

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu the box o	11 IIIIe 5, 7, or	O OI PART I.)				
	ublic Support	T						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	369,857	1,155,124	1,859,769	2,652,366		4,568,962	10,606,078
2	Tax revenues levied for the organization'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							
4	Total. Add line 1-3	369,857	1,155,124	1,859,769	2,652,366		4,568,962	10,606,078
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							162,722
6	(f) Public Support subtract line 5 from line							
Ü	4							10,443,356
T	otal Support						· ·	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	369,857	1,865	1,859,769	2,652,366		4,568,962	10,606,078
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	171	1,865	5,041	1,895		4,377	13,349
9	Net income from unrelated business 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 IV)							
11	Total Support (Add lines 7 through 10)							10,619,427
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
	omputation of Public Support Perc Public Support Percentage for 2008 (line 6			.l.,		I I		
14			·	numn (r))		14		98.340 %
	Public Support Percentage for 2007 Sched					15		97.240 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	•			▶ ✓
	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. I	es as a publicly : If the organization	supported organ on did not check	ızatıon a box on line 1	3, 16a, or 16b a	and line	e 14 is 10	▶ % or
b	more, and if the organization meets the "fac organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I	ances" test The Ifthe organization	e organization qu on did not check	ualıfıes as a pub a box on lıne 1	licly supported 3, 16a, 16b, or	organı 17a ar	zation nd line 15	▶
18	more, and if the organization meets the "fac the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organization	n qualifies as a	publicly suppor	ted or	ganızatıon	•w ►
	Instructions							

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
LIFESONG FOR ORPHANS INC

| State | Part I | | Comparison
(a) Donor advised funds (b) Funds and other accounts

1 Total number at end of year

2 Aggregate Contributions to (during year)

3 Aggregate Grants from (during year)

4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pur	pose(s) of conservation easements held by the organization (chec	k all	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	Γ	Preservation of an historically importantly land area
Γ	Protection of natural habitat	Γ	Preservation of certified historic structure

□ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- Held at the I
- **b** Total acreage restricted by conservation easements

Total number of conservation easements

- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

- Held at the End of the Year

 2a

 2b

 2c

 2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►
- 4 Number of states where property subject to conservation easement is located **>**
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Ves EN
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?

┌ Yes ┌ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

- \$

► \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

▶- ⊈

Assets included in Form 990, Part X

3	Organizations Maintaining Collections of Art	t, His	tori	<u>cal Treasu</u>	res, or Othe	<u>r Similar Asse</u>	ets (co	<u>ontinuea)</u>
	Using the organization's accession and other records, check an items (check all that apply)	y of th	ne foll	owing that ar	e a significant i	ise of its collectio	n	
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explanation.	ıın hov	w they	further the o	organization's e	xempt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						Yes	Г No
Par	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 99	Com	plete	if the orga		ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermolincluded on Form 990, Part X?	ediary	for c	ontributions (or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tab	le						
						A moi	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, lin	e 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Par	rt V Endowment Funds. Complete if the organization						\= \.	
4 -	(a)Current Year	(b	Prior \	rear (c) iw	o Years Back (d	Three Years Back (e	e)Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
q	End of year balance							
2	Provide the estimated percentage of the year end balance held	as						
-	Board designated or quasi-endowment	u 5						
а								
a								
b	Permanent endowment 🕨							
b c	Permanent endowment ► Term endowment ►	nt.on.	*ba* =	vo hold and a	dministered for	the		
b	Permanent endowment 🕨	ation '	that a	re held and a	dministered for	the	Yes	No.
b c	Permanent endowment F Term endowment Are there endowment funds not in the possession of the organiz	ation '	that a	re held and a	dministered for	the 3a(i)	Yes	No
b c	Permanent endowment Term endowment Are there endowment funds not in the possession of the organiz organization by		that a	re held and a	dministered for		Yes	No
b c 3a	Permanent endowment Term endowment Are there endowment funds not in the possession of the organiz organization by (i) unrelated organizations				dministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ched ent fu	ule R?		3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ched ent fu	ule R?		3a(i) 3a(ii)	Yes	No No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ent fu	ule R?		3a(i) 3a(ii)		No No No Nok value
b c 3a b 4	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ent fu	ule R? nds orm 990, Pa	art X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b (c) Depreciation	(d) Bo	ook value
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other) 300,680	3a(i) 3a(ii) 3b (c) Depreciation	(d) Bo	ook value 300,680
b c 3a b 4 Pari	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other) 300,680	(c) Depreciation	(d) Bo	ook value 300,680
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organize organization by (i) unrelated organizations	 d on S dowme	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other) 300,680 1,123,747	(c) Depreciation 52,749	(d) Bo	ook value 300,680 1,070,998

uncertain tax positions under FIN 48

(a) Description of security or cateory		(c) Method	of valuation
(including name of security)	(b)Book value	Cost or end-of-y	ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	+		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,		
		1.0	
Part VIII Investments—Program Related. So		13. (c) Method	of valuation
(a) Description of investment type	(b) Book value		ear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,			
(a) Descr	ıptıon		(b) Book value
ADOPTION COVENANT AGREEMENTS			236,187
RECEIVABLE FROM TMG FOUNDATION (A RELATED P	ARIY)		323,770
		+	
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		559,957
Part X Other Liabilities. See Form 990, Part			000,000
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
PAYABLE TO TMG FOUNDATION (A RELATED PARTY)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	•		
In Part XIV, provide the text of the footnote to the organiz	ation's financial statements 1	that reports the organization	n's liability for

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,578,296
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,083,229
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,495,067
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,495,067
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	<u> </u>
1	Total revenue, gains, and other support per audited financial		4,595,289
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,595,289
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-16,993
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,578,296
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,100,222
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	16,993
3	Subtract line 2e from line 1	3	3,083,229
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,083,229

Ident if ier	Return Reference	Explanation
Pt XII Line 4b		FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME ON FORM
	1	990, INCLUDED IN EXPENSES IN AUDITED FINANCIAL STATEMENTS
Pt XIII Line 2d		FUNDRAISING EVENT EXPENSES INCLUDED IN EXPENSES IN AUDITED

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DLN: 93493271005020

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

iterrial Neverlue Service					Inspection
lame of the organization	-			Employer id	entification number
IFESONG FOR ORPHANS IN	C			35-190284	11
Part I General Inform "Yes" to Form 9			de the United States	S. Complete if the orga	ınızatıon answered
			ecords to substantiate	the amount of the gran	its or
assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection criteria used to	award
2 For grant makers. Describe United States	oe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsi	de the
3 Activites per Region (Us	se Schedule F-1	(Form 990) ıf add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d is a program service, describe specific type or service(s) in region	(f) Total expenditures in
ussia	1	36	PROGRAM SERVICES	CARE OF ORPHANS	560,451
ub-Saharan Africa	1	25	PROGRAM SERVICES	CARE OF ORPHANS	129,647
outh Asia	1	70	PROGRAM SERVICES	CARE OF ORPHANS	89,452

131

Totals.

779,550

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 Part IV Supplemental In		Page 4
		d in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
Pt I Line 2		AN ACCOUNTANT AT EACH FOREIGN LOCATION PROVIDES A MONTHLY SPREADSHEET SHOWING FINANCIAL ACTIVITY TO THE LIFESONG USA ACCOUNTING DEPARTMENT THIS ACTIVITY IS RECONCILED WITH CASH ADVANCES MADE DURING THE MONTH SUPPORTING DOCUMENTATION OVER A CERTAIN AMOUNT IS REQUIRED TO BE
		FORWARDED TO THE USA OFFICE - SUPPORTING THE ACTIVITIES ON THE SPREADSHEETS TRANSLATIONS (AS NEEDED) OF SUPPORTING DOCUMENTATION IS OBTAINED BY THE USA OFFICE ANNUAL BUDGETS FOR EACH FOREIGN LOCATION ARE SET BY USA MANAGEME
Pt I Line 3 Col (F)		RUSSIA REGION - PROJECT LOCATION IS UKRAINE - INDIGENOUS PERSONNEL PROVIDE CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL TRAINING, EDUCATION AND JOB-SKILL TRAINING OPERATING EXPENDITURES INCLUDE SALARIES, SUPPLIES, TRAVEL COSTS, MISCELLANEOUS AND DEPRECIATION EXPENSES IN ADDITION, THROUGH AN INDIGENOUS NON-PROFIT ORGANIZATION, LIFESONG OWNS ORPHANAGE PROPERTIES AND EQUIPMENT WITH A NET BOOK VALUE OF \$1,100,045 CAPITAL EXPENDITURES IN UKRAINE TOTALED \$390,024 DURING THE YEAR
Pt I Line 3 Col (F)		SUB-SAHARAN AFRICA REGION - PROJECT LOCATION IS ZAMBIA - INDIGENOUS PERSONNEL PROVIDE CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL TRAINING, EDUCATION AND JOB-SKILL TRAINING OPERATING EXPENDITURES INCLUDE SALARIES, SUPPLIES, TRAVEL COSTS, MISCELLANEOUS AND DEPRECIATION EXPENSES IN ADDITION, THROUGH AN INDIGENOUS NGO ORGANIZATION, LIFESONG OWNS PROPERTIES AND EQUIPMENT WITH A NET BOOK VALUE OF \$174,205 CAPITAL EXPENDITURES IN ZAMBIA TOTALED \$14,899 DURING THE YEAR
Pt I Line 3 Col (F)		SOUTH ASIA REGION - PROJECT LOCATION IS INDIA - INDIGENOUS PERSONNEL PROVIDE CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL TRAINING, EDUCATION AND JOB-SKILL TRAINING OPERATING EXPENDITURES INCLUDE SALARIES, SUPPLIES, MISCELLANEOUS AND DEPRECIATION EXPENSES IN ADDITION, THROUGH AN INDIGENOUS NON-PROFIT ORGANIZATION, LIFESONG OWNS PROPERTIES AND EQUIPMENT WITH A NET BOOK VALUE OF \$352,183 CAPITAL EXPENDITURES IN INDIA TOTALED \$59,747 DURING THE YEAR THE NUMBER OF EMPLOYEES PROVIDED IN P

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OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection
ame of the organization					Employer ider	ntification number
FESONG FOR ORPHANS INC					25 1002011	
					35-1902841	
Part I Fundraising Act	tivities. Complet	e if the oi	-ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the organ	nızatıon raised funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
b Email solicitations				f Solicitation of	government grants	
c Phone solicitations				g Special fundrais	sing events	
d	•					
or key employees listed in b If "Yes," list the ten highes to be compensated at leas	st paid individuals or	entities (f	undraisei	rs) pursuant to agreeme	ents under which the fur	
			(iii) Dıd fundraıser have		(v) A mount paid to	(vi) A mount paid to
(i) Name of individual		custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
or entity (fundraiser)		contribi	itions?		col (i)	organization
or entity (fundraiser)		contribu Yes	ntions?		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To	tal Eve (a) th	
			CONCERT	NONE (event type)		cc	(c)	
Ф			(event type) 21,666		(total number)			1,666
Revenue	1	Gross receipts	21,000					
€	2	Less Charitable contributions						
~	3	Gross revenue (line 1 minus line 2)	21,666				2	1,666
	4	Cash Prizes						
ses.	5	Non-cash Prizes						
ben	6	Rent/Facility costs	1,200					1,200
ă	7	Other direct expenses	15,793				1	5,793
Direct Expenses	8	Direct expense summary Add line	es 4 through 7 in column	(d)			1	6,993
_	9	Net income summary Combine lii	nes 3 and 8 in column (d)					4,673
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	า
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	gaming rough co	(Add ol (c))
~	1	Gross revenue						
— မှာ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%_	┌ Yes%			
	7	Direct expense summary Add line	,	,	I I NO			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>		Tv	l No
9	Ente	er the state(s) in which the organiza	ition operates gaming act	tivities			Yes	No
а		he organization licensed to operate		·		· 9a		
ь	If"N	No," Explain						
10-	\/\ar	e any of the organization's gaming l	usansas rayakad susnan	dad or tarminated durin	a the tay year?			
		e any of the organization's gaining i Yes," Explain	icenses revoked, suspen	ded of terminated during	g the tax year?	10a		
b						[1	I
L0a b								
	_							

			es r	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address •			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	5a		
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	/a		
Ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year			

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

DLN: 93493271005020

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspect ion

Schedule I (Form 990) 2008

Name of the organization						Employer identif	ication number
LIFESONG FOR ORPHANS INC						35-1902841	
Part I General Inforn	nation on Gran	ts and Assistance				•	
Does the organization mai the selection criteria used Describe in Part IV the or	d to award the granger ganization's proce	ts or assistance? dures for monitoring the	e use of grant funds in th				
Form 990, Part I' Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREE OF LIFE MISSIONS 2084 THOMPSON ROAD FENTON,MI 48430	59-2547246	501(C)(3)	72,100				ORPHAN CARE
NCF11625 RAINWATER DR ALPHARETTA, GA 30009	58-1493949	501(C)(3)	59,995				ORPHAN CARE
2 Enter total number of sect		=	1			ı	2
organizations							<u> </u>

Cat No 50055P

	·
art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
ADOPTION ASSISTANCE GRANTS	343	1,582,476			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Pt I Line 2		LIFESONG MANAGEMENT RESEARCHED TREE OF LIFE MISSIONS (AN ESTABLISHED, DOMESTIC 501(C)(3) ORGANIZATION) BEFORE PROVIDING RESOURCES TO THEM TO ASSIST WITH THEIR WORK PROVIDING FOR ORPHANS IN HONDURAS LIFESONG MANAGEMENT DOES NOT BELIEVE FURTHER MONITORING IS WARRANTED
PART III		LIFESONG MANAGEMENT AND VOLUNTEERS DO EXTENSIVE SCREENING OF FAMILIES BEFORE APPROVING ADOPTION ASSISTANCE GRANTS TO CHRISTIAN FAMILIES INFORMATION SCRUTINIZED INCLUDES FINANCIAL POSITION OF THE FAMILY AND OTHER AVENUES OF ASSISTANCE AVAILABLE (CHURCHES, ETC)

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization LIFESONG FOR ORPHANS INC

Employer identification number

			35-1902841						
Pa	rt I Types of Property			_					
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng		
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 .								
10	Securities—Closely held stock $$.								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
	Qualified conservation contribution (historic structures)								
14	Qualified conservation contribution (other)								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other	X	1	306,000	ESTIMATED FMV				
18	Collectibles								
	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (describe)								
	Other (describe)								
27	Other (describe)								
28	Other (describe)				<u> </u>				
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29				
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No	
	hold for at least three years from the date o	of the initial	contribution, and which is	not required to be used for	exempt purposes		 		
	for the entire holding period? $oldsymbol{.}$					30a		No	
b	If "Yes", describe the arrangeme	ent in Part I	II						
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31		Νo	
32a	Does the organization hire or use contributions?	•			non-cash	32a		No	
ь	If "Yes", describe in Part II								
33	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a	a) is				

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Form 990 PART I, LINE 17 Form 990 PROPERTY WAS OBTAINED WHEN CHARITABLE ACTIVITIES OF INDIA CRUSADE, INC Form 990 WERE ASSUMED BY LIFESONG - SEE FURTHER EXPLANATION AT SCHEDULE O

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DLN: 93493271005020

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization LIFESONG FOR ORPHANS INC

Employer identification number

35-1902841

ldentifier	Return Reference	Explanation
Pt VI-A, Line 2		GARY RINGGER, MARLA RINGGER - FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND THE BOARD PRESIDENT REVIEWS THE FORM PRIOR TO FILING BY A THIRD PARTY PREPARER

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		BOARD MEMBERS ARE FAMILIAR WITH COMPENSATION RANGES IN THE GEOGRAPHIC AREA OF CENTRAL IL BOARD MEMBERS REVIEW SUCH INFORMATION AND MAKE OFFERS TO EMPLOYEES THEY BELIEVE ARE COMPETITIVE AND REASONABLE

ldentifier	Return Reference	Explanation						
Pt VI-C, Line 19		THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST						

Identifier	Return Reference	Explanation							
Pt XI, Line 2c		ONE MEMBER OF THE BOARD SERVES AS THE AUDIT COMMITTEE AND COORDINATES AUDIT MATTERS AND REVIEWS THE AUDITED FINANCIAL STATEMENTS PRIOR TO FINALIZATION AND PRINTING							

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		MANAGEMENT REQUIRES AN ANNUAL CONFLICT STATEMENT TO BE FILED BY ALL BOARD MEMBERS AND EMPLOYEES

ldentifier	Return Reference	Explanation
PART VII, LINE 1A		MARTHA BAHLER WAS NOT EMPLOYED UNTIL AFTER CALENDAR YEAR 2008, THUS, NO COMPENSATION HAS BEEN REPORTED

Identifier	Return Reference	Explanation							
SCHED B, PART II		ALSO SCHED M, PART I, LINE 17 - ON 12/31/2008, INDIA CRUSADE (FEIN #34-1572696) - A 501(C)(3) CHARITABLE ORGANIZATION, TERMINATED ITS OPERATIONS AFTER SERVING ORPHANS IN INDIA FOR NEARLY 30 YEARS INDIA CRUSADE FILED ITS FINAL FORM 990 ON 9/4/2009 AS INDICATED ON THAT FORM, EFFECTIVE 1/1/2009, LIFESONG FOR ORPHANS ASSUMED THE CHARITABLE ACTIVITIES OF INDIA CRUSADE AS A PART OF THAT "ASSUMPTION," LIFESONG NOW CONTROLS THE ORPHANAGE PROPERTIES INDIA CRUSADE HAD PREVIOUSLY CONTROLLED THROUGH AN I							

DLN: 93493271005020

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

LIFESONG FOR ORPHANS INC

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Employer identification number

				35-1902841	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sect	(E) Public charity sta (if section 501(c)	atus (F) Direct controlling ((3)) entity
TMG FOUNDATION 202 NORTH FORD STREET GRIDLEY, IL61744 01-0750822	SUPPORTING ORG OF NAT CHAR FOUNDATION	IL.	501(C)(3)	PUBLIC	NONE
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	ΣΥ		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) ary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total in	(G) Share of end-o year assets	F Dispro alloca	1) prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral o ag ing
								Yes	No	1	Yes	No
												
												<u> </u>
			1					<u> </u>	<u> </u>			
Part IV Identification of R	elated	Organizations	Taxable as	a Corporation	or Trust							
(A) Name, address, and EIN of related organi	ızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	(D) Direct contro entity	olling (E) Type of (C corp. : or tru	entity income	en	(G) Share of d-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with o	one or more related organizations listed in Parts II-IV	?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		[1a		No			
b	Gift, grant, or capital contribution to other organization(s)		[1b		No			
С	Gift, grant, or capital contribution from other organization(s)		[1c		No			
d	Loans or loan guarantees to or for other organization(s)		[1d	Yes				
e	Loans or loan guarantees by other organization(s)		-	1e		No			
f	Sale of assets to other organization(s)		_	1f		No			
g	g Purchase of assets from other organization(s)								
h	h Exchange of assets								
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)		<u>-</u>	1j		No			
_	 k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) 								
m	Sharing of facilities, equipment, mailing lists, or other assets		<u> </u>	1m		No			
n	Sharing of paid employees		<u> </u>	1n		No			
0	Reimbursement paid to other organization for expenses		<u>.</u>	1o		No			
р	Reimbursement paid by other organization for expenses			1р		No			
q	O ther transfer of cash or property to other organization(s)		<u>.</u> :	1q		No			
r	O ther transfer of cash or property from other organization(s)			1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who m	must complete this line, including covered relationships	s and transaction thresholds						
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved						
(1)	TMG FOUNDATION - GARY RINGGER IS BOARD PRESIDENT OF BOTH TMG FOUNDATION AND	d		3	23,770)			
(2)									
(3)									

		type(a 1)	
(1)	TMG FOUNDATION - GARY RINGGER IS BOARD PRESIDENT OF BOTH TMG FOUNDATION AND	d	323,770
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Prımary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtions allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	9
			Yes	No	Yes		No		Yes	No				
			•	•	•	•	•	Cabadul	P (Form	000) 2000				

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DLN: 93493271005020

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

	>	See separate instructions	s. 🕨 Attach	to your tax re	et urn.		Sequence No 67
Name(s) shown on return		Business or a	ctivity to which	this form rela	ates I	dent if y ir	ng number
LIFESONG FOR ORPHA	NSINC	5 000 / 5	00057			F 4000	0.4.4
Part I Election	To Evnonce	Form 990 /		170	3	5-1902	841
		isted property, comple			nolete Part i	-	
		s for a higher limit for cert				1	\$ 250,000
		ced in service (see instru				. 2	
		y before reduction in limit	•	uctions)		3	\$ 800,000
		from line 2 If zero or les	•			. 4	4 000,000
		line 4 from line 1 If zero	ŕ	 D- If married	filing	·	
separately, see instr	·	inie 4 nom mie 1 11 zero	or less, efficer -	3- Il illalileu	illing	. 5	
separatery, see mistr	40000					. 3	
7-3	D		(b) Cost	(business use			
(a)	Description of pro	operty		only)	(c) Elect	ted cost	
6							
				<u> </u>			_
7 Listed property Ente	r the amount from	n line 29		. 7			_
8 Total elected cost of	section 179 prop	perty Add amounts in colu	ımn (c), lınes 6	and 7.		. 8	
9 Tentative deduction	Enter the smaller	rofline 5 orline 8 .				. 9	
		n line 13 of your 2007 For				. 10	
11 Business income limitation	n Enter the smaller of	f business income (not less thai	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense	e deduction Add I	lines 9 and 10, but do not	enter more tha	n line 1 1 ·		12	
13 Carryover of disallow	ved deduction to 2	.009 Add lines 9 and 10,	less line 12	. 🕨 🛮 13			
Note: Do not use Par	t II or Part III i	below for listed proper	ty. Instead, u	se Part V.			
Part III Special	Depreciation <i>I</i>	Allowance and Othe	r Depreciati	on (Do not	: ınclude lıste	d proper	ty) (See instructions)
		lified property (other than	listed property) placed in se	rvice during t		
tax year (see instruc		-1				14	
15 Property subject to s		election				15	
16 Other depreciation (Do not include listed r	· · · · ·	· · · ·	nc \	. 16	
Part IIII MACRS D	epreciation (Do not include listed p	ction A	ee iiistructio	115.)		
17 MACRS deductions f	or assets placed	ın service in tax years beg		.008		. 17	25,656
		assets placed in service			one or mo	re 💳	,
general asset acco		·		•	_	_	
		Service During 200					ation System
		(c) Basis for				•	•
(a) Classification of	(b) Month and		(d) Recovery	(-) ((6) M		(g)Depreciation
property	year placed in service	(business/investment use	period	(e) Convent	(f) Me	etnoa	deduction
		only—see instructions)					
19a 3-year property							
b 5-year property		271,254	5	S/L	S/	L	54,251
c 7 - year property		22,284	7	S/L	S/I	L	3,183
d 10-year property							
e 15-year property							
f 20-year property			25 450		5./1		
g 25-year property h Residential rental			25 yrs 27 5 yrs	мм	S/L S/L		
property			27 5 yrs	MM	S/L		
i Nonresidential real			39 yrs	MM	S/I		
property		464,132	40 0	ММ	S/L		24,596
Sect	ion C—Assets Pla	ced in Service During 2008		1			·
20a Class life			,		S/I		
b 12-year			12 yrs		S/	L	
c 40-year			40 yrs	MM	S/	L	
	ary (See instru						
21 Listed property Ente						21	
		14 through 17, lines 19			e 21 Enterh	ere 22	107,686
	•	turn Partnerships and S c	•		· · ·	1 22	107,080
portion of the basis a	•	service during the curren tion 263A costs	t year, enter the	23			
•				1			1

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: 08000082

Software Version:

EIN: 35-1902841

Name: LIFESONG FOR ORPHANS INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable) (c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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