

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



832001 12-18-08

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

-	٩F	or the	2008 calendar year, or tax year beginning $OCT 1, 2008$ and ending	<u>S</u> EP 30, 2009	
E	3 C	heck if oplicable	Please use IRS	D Employer identifi	
	_	Addres change	1 1		
	\equiv	Name change	type Doing Business As	36-3	303361
		initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su		
:	T	Termin-	Specific 705 KILBURN AVENUE P.O. BOX 4347	L '	963-1609
		Amend		G Gross receipts \$	3,536,846.
		Applica		H(a) Is this a group re	
		pending	F Name and address of principal officer CAROL GREEN	for affiliates?	Yes X No
			ROCKFORD, IL	H(b) Are all affiliates inc	
Ī	ΙT	ax-exe	mpt status: X 501(c) (3		list. (see instructions)
_			E ► WWW.LIFESCAPESERVICES.ORG	H(c) Group exemptio	
ř	(T	ype of c	rganization; Corporation Trust Association X Other		A State of legal domicile: IL
	Pa	rt I	Summary		
		1 E	riefly describe the organization's mission or most significant activities: PROVIDE A	AFFORDABLE NU	TRITION AND
	Governance		THER RELATED SERVICES, WITH AN EMPHASIS ON S		
	Ĕ		check this box 🕨 🔲 if the organization discontinued its operations or disposed of m		
	8		lumber of voting members of the governing body (Part VI, line 1a)		11
		4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	4	11
	es 6	5 T	otal number of employees (Part V, line 2a)	5	175
	Ę:	6 T	otal number of volunteers (estimate if necessary)	6	0
	Activities &	7a T	otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
_	`	b N	let unrelated business taxable income from Form 990-T, line 34	7b	0.
	Ì			Prior Year	Current Year
	<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)	3,413,523.	3,366,757.
		9 F	rogram service revenue (Part VIII, line 2g)	171,585.	166,418.
	Revenue	10 li	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	5,887.	3,671.
	۱ ۳	11 (other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
_		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,590,995.	3,536,846.
	- 1	13 6	irants and similar amounts paid (Part IX, column (A), lines 1-3)		
	- [14 E	enefits paid to or for members (Part IX, column (A), line 4)		
	S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	1,718,556.	1,904,037.
	Expenses	16 a F	rofessional fundraising fees (Part IX, column (A), line 11e)		
)	ğΙ	bТ	otal fundraising expenses (Part IX, column (D), line 25) 40,775.		
	۳	17 (ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,798,627.	1,623,909.
	-	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,517,183.	3,527,946.
_		19 F	evenue less expenses Subtract line 18 from line 12	73,812.	8,900.
č	Fund Balances		otal assets (Part X, Inc. 16)	Beginning of Year	End of Year
ţ,	aga	20 T	otal assets (Part X, line 16)	1,772,072.	1,849,514.
*	딞	21 T	otal liabilities (Part X, line 26)	288,035.	<u>373,183.</u>
7	킾		et assets or fund balances Subtract line 21 from line 20 MAR 05 2010 Q	1,484,037.	1,476,331.
L	Pa	rt II	Signature Block		
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of preparer in selany knowledges.	ts, and to the best of my knowled; tge	ge and belief, it is true, correct,
			0000000		
	ign	1	Signature of officer	1/87/	/ <i>0</i>
F	lere	•		Date >	
			CAROL GREEN, EXECUTIVE DIRECTOR Type or print name and title		
_		-+	Date	Cheek if	
P	aid		Michael Manager	self- (see ins	er's identifying number structions)
P	гер	arar'o 🛏		employed	
U	se (Only 1	yours if RSM MCGLADREY, INC.	EIN >	
			address, and 1232 DELL VALUET ROAD, SOITE 300	D	15 001 5000
_ K-	lav		ROCKFORD, IL 61108 Significant of the discussion of the discussio	1 Phone no. ► 8	15-231-7300 X Yes No
17	·ay	THE IT	z diacuaa miia return wiim une diedarer shown adove? (see instructions)		IXIYAS I INA

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

Form 990 (2008)

Form	990 (2008)		COMMUNITY			36-3303361	Page 2
Pa	t III Statement o	f Program Servi	ce Accomplishm	nents (see instruc	tions)		
1	Briefly describe the or	ganızatıon's mıssion:					
	PROVIDE AFF	ORDABLE NUT	RITION AND	OTHER REL	ATED SERV	ICES, WITH AN	
	EMPHASIS ON	THE AGING	POPULATION	•			
			<u></u>				
2	Did the organization u	ndertake any significa	int program services	during the year whi	ch were not listed o		
	the prior Form 990 or	990-EZ?				∟Ye	s X No
	If "Yes", describe thes	se new services on Sc	hedule O.				
3	Did the organization of	ease conducting, or n	nake signıfıcant chanç	ges in how it condu	cts, any program s	ervices? LYe	s 🗓 No
	If "Yes", describe thes	e changes on Schedi	ule O				
4	Describe the exempt p	ourpose achievements	s for each of the orga	nization's three larg	est program servic	es by expenses.	
	Section 501(c)(3) and	501(c)(4) organızation	s and section 4947(a)(1) trusts are requir	red to report the an	nount of grants and	
	allocations to others, t	the total expenses, an	d revenue, if any, for	each program servi	ce reported		
							
4a	(Code:		2,832,855. ir) (Revenue \$)
	TITLE III,	<u>PART C - PF</u>	ROVIDES NUT	RITION FOR	THE AGED	t	
							
							
							
				····			
			 -				
			000 565				
4b	(Code:) (Expenses \$		cluding grants of \$) (Revenue \$)
			COVIDES FUN	DS FOR SUP	PORTING S	ERVICES AND SEN	IUR
	CENTER FOR	THE AGED.					
					· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·			
							
							
							
	·						
4c	(Code ⁻) (Expenses \$	148 020	cluding grants of \$) (Revenue \$	
40	•	PART F - HE) (Neverlue \$,
	TTIUC TIL,	FART F III	ADIII PROMO	IION FOR I	ne Ageb.		
							
							
					· · · · · · · · · · · · · · · · · · ·		
							
							
			·				
							
				····			
4/1	Other program service	s Describe in School	ule O)				
74	(Expenses \$	•	ing grants of \$	\ <i>n</i>	Revenue \$,	
40	Total program servic		3,273,44		art IX, Line 25, colu		
	. July program Servic	C CAPCHOCO P Ø	<u> </u>	• IMUSE EQUAL P	urcin, Line 20, COIL	(<i>U).)</i>	

1				,
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		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	L	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: serve as a custodian for amounts not listed in Part X; or provide	ļ		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u></u>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	1		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as 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 U.S.?	14a		Х
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		X
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? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
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? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	_17		_X_
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
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		<u>X</u>
	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		
	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	İ '		
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	'		
	pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1 . '		
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		i	77
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	990 (X
		⊢OITTO	225U (ノロロタト

Form 990 (2008) LIFESCAPE COMMUNITY SERVICES, INC.

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:			ĺ
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		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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	l	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, fine 1	34	X	l
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		Х
36	Section 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		Х
37	Did the organization conduct more than 5% 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		Х

Form 990 (2008)

Form 990 (2008)

LIFESCAPE COMMUNITY SERVICES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Ì
	U.S. Information Returns Enter 0 if not applicable 1a 1	1		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		}
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ł		1
	(gambling) winnings to prize winners?	1c	X	ļ
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 175	1	<u></u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	ļ		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3a</u>		X
	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)?	<u>4a</u>		X
þ	If "Yes," enter the name of the foreign country: ▶	1		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1		! !
	Financial Accounts.	}		
5a		_5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_	ļ	Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	<u>5c</u>	ļ	ļ- <u>-</u> -
6a	• • • • • • • • • • • • • • • • • • • •	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	[ĺ	l
_	were not tax deductible?	6b	├—	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a_	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u> </u>	X
	If "Yes," indicate the number of Forms 8282 filed during the year	ł		
ę	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e	<u> </u>	X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7h</u>	<u> </u>	X
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 year?	8_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter. N/A Initiation fees and capital contributions included on Part VIII, line 12			
a		\	i	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter N/A			
a	Gross income from members or shareholders Gross income from other sources (De not red amounts due or could to other sources accounts)	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
19-	amounts due or received from them) Section 4047(a)(1) non-exempt observable trusts is the organization files form 900 m lay of Ferm 1043	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax exempt interest received or accrued during the user. N. / A. 404	12a		
<u>u</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	Ec.	gon /	2008)
		1.01111	33U	ZUU01

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedulio O. See instructions In Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members that are independent Officer, director, fustee, or key employee 1 Death the organization challes, or key employee 1 and an analyse customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? Death the organization become aware during they age of a material deviation of success the prior form 950 was filed? Death the organization have members of stockholders? Death the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Death the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Death the organization have members, stockholders, or other persons? Death the organization have members, stockholders, or other persons? Table the governing body? Death committee with authority to act on behalf of the governing body? Death committee with authority to act on behalf of the governing body? Death committee with authority to act on behalf of the governing body? Death committee with authority to act on behalf of the governing body? Death committee with authority to act on behalf of the governing body for the form 950 provided to the organization. Was a copy of the form 950 provided to the organization with those of the organization? Uses a copy of the form 950 provided to the organization with those of the organization? Death the organization have a written document retention and desires in Part VII, Section A, who cannot be reached at the organization have a written document retention and destruction policy? Death the process in Schedule O. Death management of the delibe	Sec	tion A. Governing Body and Management			
For each "Yes" response to lines 2-7b betwith and for a "No" response to lines 8 or 9b betwith, describe the circumstances, processes, or changes in Scheduldo. See instructions 1a. Einer the number of voting members of the governing body 1b. Einer the number of voting members that are independent 2 Did any officer, director, flustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee in key employees 3 Did the organization debigato control ever management duties customarly performed by or under the direct supervision of officers, director, trustees in key employees to a management company or other person? 4				Yes	No
a Filter the number of voting members of the governing body be Filter the number of voting members of the governing body collising and the processes of the governing body and the governing body and the governing body to Arab organization delinguise control over management duties customanly performed by or under the direct supervision of officers, director, rustice, or key employees or a family relationship or a business relationship with any other officiar, director, frustee, or key employees to a management company or other person? 3 Dot the organization delinguise control over management duties customanly performed by or under the direct supervision of officers, forefloor or furtices, or key employees to a management company or other person? 4 Dot the organization have waver during the year of a material diversion of the organization's assessed? 5 Dot the organization have members of stockholders? 6 Does the organization have members as cockholders, or other persons who may elect one or more members of the governing body? 5 Arab organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Dot the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Does the organization have beautiful the meetings held or written actions undertaken during the year by the following. a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Does the organization have beautiful the governing body? 9 Does the organization have beautiful the governing body before it was filled? All organizations must describe a Schedule O the process, after the organization? 9 Does the organization have a fill the organization is section of the following governing body before it was filled? All organizations must describe a Schedule O the process, and yet well approved the following persons include a review with form 950 10 Does the organization have a written conflict of intere		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances.	<u> </u>		
tall Enter the number of voting members that are undependent Enter the number of voting members that are undependent Defenter the number of voting members that are undependent Defenter the number of voting members that are undependent Defenter officer, director, frustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, frustee, or key employees to a signal supervision of officers, director, or trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a material diversion of the organization become sware during the year of a material diversion of the organization is assets? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 An any direction have local chalves of the governing body? 6 Did the organization have local chalves, transfers the governing body? 7 Did the organization have local chalves, transfers of the governing body? 8 Did the organization have local chalves, transfers, organization organization or such that the governing body? 9 Did the organization have local chalves, transfers, organization organization organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990 11 Subrea any force, director or frustees, or key employee isted in Part VII, Sciotina A, who cannot be reached at the organization have a written organization and enforce compliance with the policy? If "Yes," describe in Schedule O the process, if any, the organization uses to review the Form 990 12a Did be organization have a written whistibility monitor and enforce compliance with the policy? If "Yes," describe in Sche					
b Enter the number of voting members that are independent Dot any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Dot the organization debigate control over management duties customany performed by or under the direct supervision of officers, forectors or trustees, or key employees to a management company or other person? 4 Dot the organization become aware during the year of a malerial diversion of the organization is occur aware during the year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization is year of a malerial diversion of the organization have members, stockholders, or other persons? 5 A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y A Z Y X Y A Z Y X Y Y E T Z Y X Y X Y Y E T Z Y X Y X Y Y E T Z Y X Y X Y Y E T Z Y X Y X Y Y E T Z Y X Y X Y Y E T Z Y X Y X Y X Y X Y X Y X Y X Y X Y X Y	19				
Dot the organization become were unique to a part of the persons who may electionship or a business relationship with any other officer, director, trustee, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3	_				
officer, director, fustete, or key employee? Del the organization delegate control over management duties customally performed by or under the direct supervision of officers, directors or fustees, or key employees to a management company or other person? 4 Dut the organization have make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dut the organization have marked surply the year of a material diversion of the organization assets? 6 Dues the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Des the organization have members or stockholders. Or other persons who may elect one or more members of the governing body? 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Del the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8 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? 9 Desside 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? 9 Dessides the schedule of the processes at any, the organizations must describe in Schedule of the organization is so from 990 provided to the organization set or rewer the Form 990 10 Was a copy of the Form 990 provided to the organizations of overning body before it was filed? All organizations must describe in Schedule of the organization set or rewer the Form 990 10 Section 6. Brookers of the organization of the deliberation of the deliberation and deficies of the organization in expert of the organization is some organization in regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedul	_	,			
3 Det the organization delegate control over management duties customantly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dot the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Avainy decisions of the governing body subject to approval by members, stockholders, or other persons? 6 A X 7 Did the organization have members, stockholders, or other persons? 7 Did the organization have by the following. 8 Did the organization have by the stockholders of the governing body? 9 Does the organization have becal chapters, branches, or affiliates? 9 Ji (11 Section 1) His powerning body? 9 Does the organization have becal chapters, branches, or affiliates? 9 Ji (12 Section 1) His powerning body? 9 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? 9 Ji (12 Section 1) His powerning by the form 990 provided to the organization uses to review the Form 990 10 Ji is there any officer, director or trustee, or key employee stead in Part VII, Section A, who cannot be reached at the organization is making address? If 'Yes,' provide the names and addresses in Schedule 0 12 Dess the organization have a written conflict of interest policy? If 'No,' go to line I3 12 A Positions, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 13 A Positions or key employees of the organization of the deliberation and decision. 15 A Positions or key employees of the	2		_		₹.
of officers, directors or frustees, or key employees to a management company or other person? 4	_		2		
Det the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Det the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Det the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Description of the governing body? Each committee with authority to act on behalf of the governing body? Description of the governing body? Description of the governing body? Description of the governing body or affiliation of the governing body before the governing body before the governing body before the was filed? All organizations must describe in Schedule O the process, dary, the organization uses to review the Form 990 Description of the governing body before the was filed? All organizations must describe in Schedule O the process, dary, the organization uses to review the Form 990 Description is making address? If "Yes," provide the names and addresses in Schedule O Descriptions of the governing body before the was filed? All organizations must describe the organization have a written conflict of interest policy? If "No," go to line 13 Descriptions organization have a written whiteleblower policy? Does the organization have a written whiteleblower policy? Does the organization have a written whiteleblower policy? Descriptions or before the governing organization of the deliberation of the deliberation and decision. Descriptions or before the governing and companization o	3				
5 Det the organization become aware during the year of a material diversion of the organization's assets? 5 Des the organization have members or stockholders. or other persons who may elect one or more members of the governing body? 7a Des the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Are any devisions of the governing body subject to approval by members, stockholders, or other persons? 7b Are any devisions of the governing body subject to approval by members, stockholders, or other persons? 7b Are any devisions of the governing body subject to approval by members, stockholders, or other persons? 7c A X 8 Det the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a A X 8b X S 8c Each committee with authority to act on behalf of the governing body? 9a 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 Section B. Policies 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must desorbe in Schedule O Interposes, if any, the organization subset for even the Form 990 10 X 11 Is there any officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If Yes, "provide the names and addressess in Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization have a written document rete			·		_
5 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 A X 7 B X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 B Did the organization on ontemporaneously document the meetings held or written actions undertaken during the year by the following. 8 B X 9 Does the organization have beat of the governing body? 9 Does the organization have beat of the governing body? 9 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? 9 B VBs a copy of the Form 990 provided to the organization sylverning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 B VBs a copy of the Form 990 provided to the organizations of the organization of the organization and branches to ensure their operations are consistent with those of the organization of the organizations and branches to ensure their operations are consistent with those of the organization and the organization with the policy? 10 Was a copy of the Form 990 provided to the organization of the organization of the organization is making address? If "Yes," provide the names and addresses in Schedule O. 11 Is there any officer, director or trustees, and key employees required to decision and provides that could give rise to conflict? 12 Describe the organization have a written conflict of interest policy? If "No," go to line 13 12 Describe organization have a written organization and destruction policy? 13 Describe organization have a written document retention and destruction policy? 14 Describe organization have a written d					
Ta Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? b Each committee with authority to act on behalf of the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? b Each committee with authority to act on behalf of the governing the activities of such chapters, affiliates, and branches to ensure their operations and proceedings of the organization? b Each committee with authority to act on behalf of the governing the activities of such chapters, affiliates, and branches the organization? 10 Was a copy of the Form 990 provided to the organization? 11 Is there any officer, director or trustees, or key employee steed in Part Vil, Section A, who cannot be reached at the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict? c Does the organization requality and consistently monitor and enforce compli	5				
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b	6		6		<u> X</u> _
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Deas the organization have local chapters, branches, or affiliates? 5 If "Yes," does the organization have written policies and procedure governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 6 Was a copy of the Form 990 provided to the organization's governing body before it was filled? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. 10 Was a copy of the Form 990 provided to the organization's governing body before it was filled? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. 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 making address? If "Yes," provide the names and addresses in Schedule O 12 Describe the organization have a written conflict of interest policy? If "No," go to line 13 13 A Ten officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 14 Describe the organization have a written whistleblower policy? 15 Describe the organization have a written whistleblower policy? 16 Describe the organization have a written whistleblower policy? 17 Describe the organization have a written document retention and destruction policy? 18 Describe the organization have a written document retention and destruction policy? 19 Describe the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiat	7a	· · · · · · · · · · · · · · · · · · ·			
8 Dit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Does the organization have local chapters, branches, or affiliates? 9 If "Yes," does the organization have braten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Was a copy of the Form 990 provided to the organizations 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 X 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations manifing address? If "Yes," provide the names and addresses in Schedule O 11 Is there any officer, director or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 13 A Y 14 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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. 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. 15 Other officers or key employees of the organization? 15 Other officers or key employees of the organization. 16 Did the organization in control of the			7a		
by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have withen policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b If 'Yes,' does the organization have withen policies and procedures 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 11 Is there any officer, director or trustee, or key employee Isted 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 12 Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13d Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substitution of the delberation and decision. 15a X 15b Other officers or key employees of the organization? 15c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b Other officers or Key employees of the organization or public inspection indicate how you make these available. Check al	b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> X</u>
a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b If 'Yes,' does the organization have local chapters, branches, or affiliates? 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 organizations must describe in Schedule O the process, if any, the organization spoverning 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 X 11 Is there any officer, director or trustee, or key employee Isted 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 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X 12b A reofficers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Coses the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Oses the organization have a written whistleblower policy? 13d Does the organization have a written whistleblower policy? 15d Does the organization have a written whistleblower policy? 15d Dot the organization have a written whistleblower policy? 15d Dot the organization have a written whistleblower policy? 15d Dot the organization is CEC, Executive Director, or top management official? 15d View officers or key employees of the organization of the deliberation and decision. 15d View officers or key employees of the organization of the deliberation and decision. 15d View officers or key employees of the organization of the deliberation and decision. 15d View officers	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9b 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? Was a copy of the Form 990 provided to the organization spoverning body before it was filed? All organizations must describe in Schedule 0 the process, if any, the organization uses to review the Form 990 10		by the following.			
9a	а	The governing body?	8a	X	
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? 10 Was a copy of the Form 990 provided for 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 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 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b X 12c Obes the organization have a written conflict of interest policy? If "No," go to line 13 12c Obes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O than this is done 12c Obes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O than this is done 12b Does the organization have a written whistleblower policy? 12b Obes the organization have a written whistleblower policy? 13c Does the organization have a written whistleblower policy? 14d Does the organization have a written document retention and destruction policy? 15d Ob 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. 15d Ob the organization of the organization? 15d Ob the organizat	b	Each committee with authority to act on behalf of the governing body?	8b	X	
and branches to ensure their operations are consistent with those of the organization? 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 use to review the Form 990 in Schedule O the process. A far, the organization or sendence or review the Form 990 in Schedule O the process. A far, the organization or sendence or s	9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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 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 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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. 16 Did the organization's CEO, Executive Director, or top management official? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Different or key employees of the organization? 17 Ust the states with which a copy of this Form 990 is required to be filed ▶ IL 18 Section C. Disclosure 19 Ust the states with which a copy of this Form 990 is required to be filed ▶ IL 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ 110 THOMAS MELLITINGER — 815 = 963 – 1609 110 Thomas Meltalition in the	b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee isted 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 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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. 15a The organization's CEO, Executive Director, or top management official? 15b Other officers or key employees of the organization? 15c 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 Dit the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 expect to such arrangements? 16a X 15b Section 6.0 Insclosure 17 List the states with which a copy of this Form 990 is required to be filed IL 18 Section 6.04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available fo		and branches to ensure their operations are consistent with those of the organization?	9b		
describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee isted 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 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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. 15a The organization's CEO, Executive Director, or top management official? 15b Other officers or key employees of the organization? 15c 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 Dit the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 expect to such arrangements? 16a X 15b Section 6.0 Insclosure 17 List the states with which a copy of this Form 990 is required to be filed IL 18 Section 6.04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available fo	10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
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 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Copies the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13b Obes the organization have a written whistleblower policy? 15b Ud 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. 15c Theorganization's CEO, Executive Director, or top management official? 15d Did the organization SCEO, Executive Director, or top management official? 15d Did the organization and optice and contemporaneous substantiation of the deliberation and decision. 15d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15d Did 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? 16a X 16a X 17a Ust the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section Glo4 requires an organization to make its Forms 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 19 Describe in Schedule O whether (a			10	х	
Section B. Policies Yes No	11				
Section B. Policies Yes No Yes No Yes No Yes No Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed IL Section 6104 requires an organization to make its Forms 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			11		х
Yes No	Sec				
12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? // *Yes, * describe				Yes	No
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 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 □ X 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER - 815 - 963 - 1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 6110	12a	Does the organization have a written conflict of interest policy? If "No." go to line 13	12a		
to conflicts? 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 X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed II. Section 6104 requires an organization to make its Forms 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 On website Another's website X 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization II. THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD II. 61101		· · · · · · · · · · · · · · · · · · ·			
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 X 13 X 14 Does the organization have a written whistleblower policy? 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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MEILLINGER = 815 − 963 − 1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	-		12b	x	
In Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Does the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If if ves, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in pint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►IL List the states with which a copy of this Form 990 is required to be filed ►IL Section 6104 requires an organization to make its Forms 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 X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F THOMAS MELLINGER = 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	c	• • • • • • • • • • • • • • • • • • • •			
13 X 14 Does the organization have a written whistleblower policy? 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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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 18 Section 6104 requires an organization to make its Forms 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 X 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► 11 HOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	•		120	x	
14 X 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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organizations? 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? 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? Section C. Disclosure 15b X 15a X 15b X 15a X 15b X 15a X	13				
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. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disciosure 17 List the states with which a copy of this Form 990 is required to be filled ►IL Section 6104 requires an organization to make its Forms 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 X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101					
persons, comparability data, and contemporaneous substantiation of the deliberation and decision. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER − 815−963−1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101			14	^	
a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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? 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? Section C. Disciosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section 6104 requires an organization to make its Forms 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 X 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THOMAS MELLINGER − 815−963−1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	13				
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 1	_	·		v	
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 1				^	v
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? 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? Section C. Disciosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section 6104 requires an organization to make its Forms 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 X 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER − 815−963−1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	D		15b		
taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section 6104 requires an organization to make its Forms 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	10-	·			
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? Section C. Disciosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section 6104 requires an organization to make its Forms 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 ▼X 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	юа				
in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ IL 18 Section 6104 requires an organization to make its Forms 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 □ X 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. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER − 815−963−1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101			16a		<u> X</u>
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section 6104 requires an organization to make its Forms 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 ▼X 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	b				
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IL 18 Section 6104 requires an organization to make its Forms 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ■ THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101					
 List the states with which a copy of this Form 990 is required to be filed ►IL Section 6104 requires an organization to make its Forms 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 X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►			16b		
Section 6104 requires an organization to make its Forms 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 X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	Sec				
public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	17				
Own website Another's website X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	18		for		
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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THOMAS MELLINGER − 815−963−1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101					
statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101		Own website			
State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncıal	
THOMAS MELLINGER - 815-963-1609 706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101		statements available to the public			
706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101	20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion 🕨		
706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101		THOMAS MELLINGER - 815-963-1609			
	832006	706 KILBURN AV, PO BOX 4347 ROCKFORD IL 61101			

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

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
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	,_			osition all that apply)			Reportable	Reportable	Estimated
	hours per	\vdash	T	K all	tnat I	at apply)		compensation from	compensation from related	amount of other
	week	Individual trustee or director	ustee		, .		the	organizations	compensation	
	İ	stee or	institutional trustee Officer Key employee		Highest compensated employee Former		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
			donal t		ployee	8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(,		and related
		Individ	Institu	Officer	Key employee	Highes	Forme			organizations
GARY G. HUNT				 		 	-			
VICE PRESIDENT	2.00	X	ļ	X	_	<u> </u>		0.	0.	0.
CRAIG A. SHELTON, CPA										
PAST PRESIDENT	2.00	X		X		<u> </u>	<u> </u>	0.	0.	0.
BRUCE SHINDEL		l					Į			
DIRECTOR	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
THOMAS D. MOORE									_	_
SECRETARY	2.00	X		X	ļ	┞-	ļ	0.	0.	0.
KIKI MARSKE	1 00	l								
DIRECTOR	1.00	X		├	_			0.	0.	0.
SYLVIA RAMOS	1 00									
DIRECTOR	1.00	X	├	⊢		 —-	-	0.	0.	0.
LEONARD LOTZ	1 00									0
DIRECTOR THEODORE LIEBOVICH	1.00	14	╁	\vdash		├-	\vdash	0.	0.	0.
DIRECTOR	1.00	\ ~		Ì	}			0.	0.	^
EINAR K. FORSMAN	1.00	┢	\vdash	\vdash	-	├-		<u> </u>	<u>U•</u>	0.
DIRECTOR	1.00	Y						0.	0.	0.
FRED MUEHLFELDER	1	1	\dagger	\vdash	-	├-	-	- 0.	<u> </u>	· ·
PRESIDENT	4.00	x		x				0.	0.	0.
DAVID KASE			\vdash	 	 	\vdash			<u>~.</u>	
DIRECTOR	1.00	x						0.	0.	0.
CAROL GREEN										
EXECUTIVE DIRECTOR	40.00					X		114,819.	0.	0.
				Ī	İ		i	1		
						<u>L</u> .				
			<u> </u>		_	L	_			
					ļ		ļ			
	 	_	<u> </u>	↓		ـــ				
					1					
		 	├	<u> </u>	<u> </u>		<u> </u>			
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	I	<u> </u>	

Form 990 (2008) LIFESCAPE									36-33	<u> 103</u>	361	Pa	age 8
Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) (C) Average Position hours (check all that apply)							(D) Reportable compensation	ees (continued) (E) Reportable compensation	n		(F) timate	
	per week	. 181			Officer Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other bensa om the anizati I relate nizatio	e ion ed
				 			_						
						<u> </u> 				\dashv		-	
							_						
						<u> </u>				-			
1b Total								114,819.		0.			0.
Total number of individuals (including those compensation from the organization	in 1a) who re	ceıv	ed n	nore	tha	n \$1	00,0			<u> </u>		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so			e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		3	103	X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a),000? If "Yes,	" co	mpl	ete :	Sch	edule	e J 1	for such individual			_4		X
the organization? If "Yes," complete Schedu Section B. Independent Contractors 1 Complete this table for your five highest cor	ule J for such	pers	on			.•		·		nens:	5 stion fr	·OM	X
the organization NONE (A)								(B)			(C)	_
Name and business	address							Description of s	ervices		ompen	ISALIOI	n
													
		·										·	
Total number of independent contractors (in	ncluding those	e in	1) w	ho r	ecer	ved	mor	re than \$100,000 in com	pensation				

from the organization

	Form 990 (2008) LIFESCAPE COMMUNITY SERVICES, INC. 36-3303361 P Part VIII Statement of Revenue											
Pa	n v	III Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514						
Contributions, gifts, grants and other similar amounts		a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f	3,366,757.									
Program Service Revenue	2	Business Code 624200 b c d		166,418.								
g		f All other program service revenue	1.55.410									
	3	g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts)	3,671.			3,671.						
	4 5	Royalties (i) Real (ii) Personal										
		a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)			·							
	7	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses										
		c Gain or (loss)										
Other Revenue		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b										
	9	C Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 a										
	10	b Less direct expenses b c Net income or (loss) from gaming activities				<u> </u>						
<u> </u>		b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	<u> </u>									
		a b c d All other revenue										
83200 02-02	12 9	e Total. Add lines 11a-11d	3,536,846.	166,418.	0.	3,671. Form 990 (2008)						

Form **990** (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	İ	İ		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,546,743.	1,413,878.	132,865.	
8	Pension plan contributions (include section 401(k)	40.000	45 000	4 222	
	and section 403(b) employer contributions)	49,230.	45,001.	4,229.	
9	Other employee benefits	183,642.	167,867.	15,775.	
10	Payroll taxes	124,422.	113,734.	10,688.	
11	Fees for services (non-employees):				
а	Management	005			
b	Legal L	225.		225.	
С	Accounting	31,270.		31,270.	
d	Lobbying	- 			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	145,822.	145,822.		
16	Occupancy	20,040.	20,040.		
17 18	Payments of travel or entertainment expenses	20,040.	20,040.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,135.	12,135.		
20	Interest		12,133.		
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	122,831.	122,831.		
23	Insurance	89,710.	89,710.		
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.)	555,334.	555,334.		
a	VEHICLE MAINT	99,041.	99,041.		
ь	UTILITIES TAINI	87,779.	87,779.		
c d	CUIDDI TEG	57,017.	52,119.	4,898.	
e	DISPOSABLES	45,847.	45,847.	4,000.	
f	All other expenses	356,858.	302,302.	13,781.	40,775.
25	Total functional expenses. Add lines 1 through 24f	3,527,946.	3,273,440.	213,731.	40,775.
26	Joint Costs. Check here If following	3,32,,320.	3,2,3,2200		2011131
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
		· · · · · · · · · · · · · · · · · · · 			

Fai	\ \ _	Dalance Sheet	(A) Beginning of year		(B) End of) vear		
	1	Cash - non-interest-bearing	325,633. 1	+		6,7	13	
	2	Savings and temporary cash investments	203,238. 2			3,8		
	3	Pledges and grants receivable, net	509,885. 3			3,4		
	4	Accounts receivable, net	45,003. 4	.		1,9		
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L	5	.				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L	6	.] _				
Ø	7	Notes and loans receivable, net	7					
Assets	8	Inventories for sale or use	24,477. 8	, .	1	4,6	54	
¥	9	Prepaid expenses and deferred charges	34,304. 9		3	4,9	15	
	10a	Land, buildings, and equipment: cost basis 10a 1,421,69						
,	1	Less: accumulated depreciation. Complete		Ì				
		Part VI of Schedule D 10b 1,098,5	55. 299,254. 10	c	32	3,1	41	
	11	Investments - publicly traded securities	11	1	•			
	12	Investments - other securities. See Part IV, line 11	330,278. 12		31	0,8	64	
	13	Investments - program-related See Part IV, line 11	13					
	14	Intangible assets	14					
	15	Other assets. See Part IV, line 11	15					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,772,072. 16		L,84	9.5	14	
	17	Accounts payable and accrued expenses	69,244. 17			4,7		
	18	Grants payable	18					
	19	Deferred revenue	19					
	20	Tax-exempt bond liabilities	20	\neg				
so.	21	Escrow account liability. Complete Part IV of Schedule D	21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		`				
jig		highest compensated employees, and disqualified persons. Complete Part	1					
בּ	of Schedule L							
	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	218,791. 25		28	8,4	10	
	26	Total liabilities. Add lines 17 through 25	288,035. 26			$\frac{3}{1}$		
		Organizations that follow SFAS 117, check here X and comple		-		<u>-,, -</u>		
es		lines 27 through 29, and lines 33 and 34.						
ဦ	27	Unrestricted net assets	943,342. 27	, 1	L,00	8.3	66	
<u>a</u>	28	Temporarily restricted net assets	540,695. 28	- 1		7,9		
g Q	29	Permanently restricted net assets	29			<u></u>		
Fund Balance		Organizations that do not follow SFAS 117, check here and						
i.		complete lines 30 through 34.						
Net Assets or	30	Capital stock or trust principal, or current funds	30	o				
SS	31	Paid in or capital surplus, or land, building, or equipment fund	31					
۲ ک	32	Retained earnings, endowment, accumulated income, or other funds	32					
ž	33	Total net assets or fund balances	1,484,037. 33		L,47	6.3	31	
	34	Total liabilities and net assets/fund balances	1,772,072. 34		L,84			
Pa	rt Xi				- , 			
						Yes	No	
1		ounting method used to prepare the Form 990. Cash X Accrual	Other			 		
2a		e the organization's financial statements compiled or reviewed by an indepen	· · · · · · · · · · · · · · · · · · ·	-	2a		X	
b		e the organization's financial statements audited by an independent account	•		2b	X	<u> </u>	
С		es" to lines 2a or 2b, does the organization have a committee that assumes r		dit,				
_		w, or compilation of its financial statements and selection of an independent			2c	X	 	
За		result of a federal award, was the organization required to undergo an audit	or audits as set forth in the Single A	Audit				
_		and OMB Circular A-133?			3a	X	 	
b	Jt "Y∈	es," did the organization undergo the required audit or audits?			13b	X	1	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		LIFESCA	APE COMMUNITY	Y SERV	ICES,	INC.		1	36	<u>6-3303</u>	361	
Part I	Reason		rity Status (All organi				t) (see ins	tructions)				
The organ	ization is not a	a private foundation	because it is: (Please cl	heck only o	ne organiz	zation.)						
1 🔲	A church, co	nvention of churche	es, or association of chui	rches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 🗀	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E.)	•							
з 🔲	A hospital or	a cooperative hosp	otal service organization	described	in section	170(b)(1)	(A) (iii). (At	tach Sche	dule H.)			
4			operated in conjunction							he hospital	's nam	e,
	city, and stat	te:										
5 🗀	An organizati	on operated for the	benefit of a college or u	iniversity o	wned or or	perated by	a govern	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comp	lete Part II.)	·		·	_					
6 🗀			nent or governmental un	ıt describe	d ın sectio	n 170(b)(1)(A)(v).					
7 🕱			ceives a substantial part					or from the	e general i	oublic desc	nbed i	n
	ū	(b)(1)(A)(vi). (Compl	·			3	-		J			
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀			ceives: (1) more than 33			rom contri	ibutions, n	nembershi	p fees, ar	nd aross re	ceints	from
• —	=		unctions - subject to cert							_	-	
		•	taxable income (less sec	•		•				_		
		509(a)(2). (Complet			5.y		aoquii ou c	,, a.o o.go		2.1.0. 00.10	, , , , , ,	
10 🔲			perated exclusively to te	est for publ	ic safety. S	See sectio	n 509(a)(4) (see ins	tructions	١		
11			perated exclusively for t					•			of one o	or
	_	-	ations described in sect					-	•			
			organization and comp				,		-/(-/-			
	a Type		<u></u>		e III - Fund		tegrated		аГ	Type III - (Other	
e 🗀	By checking	this box, I certify th	at the organization is no	• -		-	-	r more disc	gualified i	•		n
			than one or more public		-	-	-					
f			itten determination from								` ' '	
		rganization, check t			·							
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
•	(i) A perso	n who directly or in	directly controls, either a	lone or too	ether with	persons of	described	ın (ii) and (iii) below,		Yes	No
	the gove	erning body of the s	supported organization?							11g(i)		
	(ii) A family	member of a perso	on described in (i) above?					11g(ii)				
	• •	-	a person described in (i)		e?			1				
h		•	about the organization:	• •		oports.	•				·	
		•	· ·	ŭ		•						
/i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did voi	u notify the	(yi) Is	the	(vii) An	ount o	
	anization	(11) E 111	organization (described on lines 1-9	in col. (i) lı	sted in your	organizat	ion in col.	Lorganizate	on in col. L		port	•
			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.7		, , ,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
							}					
		<u> </u>		i .	<u> </u>	ì			}			
												
				<u> </u>								
					_]					
				 			ļ	ļ	 			
Total		1	1	1	1	1		1				

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

	edule A (Form 990 or 990-EZ) 2008 L	IFESCAPE Organizations	COMMUNITY Described in	SERVICES Sections 170	, INC. (b)(1)(A)(iv) and		3361 Page 2
Li	(Complete only if you checke				(-/(-/(-/(-/		•
Sa	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		(=) 0004	(h) 2005	(-) 2006	(d) 2007	(e) 2008	(f) Total
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(0) 2007	(e) 2006	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	2060607	2044501	2260460	2412522	2266757	1 () 4 = 0) (
	include any "unusual grants.")	3060627.	3044521.	3360468.	3413523.	3360/5/.	16245896.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to]				
	or expended on its behalf						
3	The value of services or facilities				į		
	furnished by a governmental unit to						
	the organization without charge						·
4	Total. Add lines 1 - 3	3060627.	3044521.	3360468.	3413523.	3366757.	<u> 16245896.</u>
5	The portion of total contributions						
	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,				j		
	column (f)						
6	Public Support. Subtract line 5 from line 4						16245896.
	ction B. Total Support	L			L	L	10243030.
	·· 	4 1 2004	# \ coos	4 > 0000	4 11 0007	4 1 0000	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	3060627.	3044521.	3360468.	3413523.	3366/57.	16245896.
8	Gross income from interest,				,		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,478.	1,828.	10,644.	5,887.	3,671.	24,508.
9	Net income from unrelated business						İ
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain		ļ				
	or loss from the sale of capital						
	assets (Explain in Part IV.)]				
11	Total support. Add lines 7 through 10						16270404.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	948,558.
13		•	•	 d fourth or fifth ta	av vear as a sectio		31070001
	organization, check this box and stor	•	, mot, 000011 4 , triii	a, (Oarti), Or (mili) to	za your as a soono	,, 00 ((0)(0)	▶[7]
Sec	ction C. Computation of Publ		rcentage			····	
	Public support percentage for 2008 (solumn (f)		14	99.85 %
14	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•	olumin (ij)		14	
15	Public support percentage from 2007			- h 40 h	44 00 4 000	15	
168	33 1/3% support test - 2008. If the c	_		•	14 IS 33 1/3% OF I	nore, check this bo	
	stop here. The organization qualifies		_				▶ 🗶
t	33 1/3% support test - 2007. If the c	-			line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	• •	• •	• •	•		. ▶∟
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
t	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances* test, ch	neck this box and	stop here. Explair	in Part IV how the	e
	organization meets the "facts-and-circ	cumstances* test	The organization of	ualifies as a public	cly supported orga	anization	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	if you checked the b	ox 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			İ			
include any "unusual grants.")		į				
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose			1	1		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						ĺ
iness under section 513			1	ļ		
4 Tax revenues levied for the organ-				 		
ization's benefit and either paid to						}
				 	 	
5 The value of services or facilities furnished by a governmental unit to		•	İ			i
the organization without charge		•				ļ
•						
6 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 Add lines 7a and 7b	ļ					
8 Public support (Subtract line 7c from line 6)	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Section B. Total Support				1		
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	ļ				 	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income		İ		İ		
(less section 511 taxes) from businesses	;]					
acquired after June 30, 1975	<u> </u>					
c Add lines 10a and 10b	<u></u>		<u></u>			
11 Net income from unrelated business	ş [
activities not included in line 10b, whether or not the business is	}	İ			<u> </u>	
regularly carned on				ļ		
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)			i i			
13 Total support (Add lines 9, 10c, 11, and 12)				T		
14 First five years. If the Form 990 is for	or the organization'	s first, second, thu	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation
check this box and stop here		- · · · · · · · · · · · · · · · · · · ·	o, 1001111, 01 111111	,	orroor(o)(o) organi	▶ □
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2008			column (fl)		15	%
16 Public support percentage from 200	-			•	16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from	,	•		•	18	%
19a 33 1/3% support tests - 2008. If th				e 15 is more than		
more than 33 1/3%, check this box						▶
b 33 1/3% support tests - 2007. If th		_		•		—
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat			-		-	
	a a.a not oncor a	~~~ OI III O 17, 13	CONTRACTOR OF THE CONTRACTOR L	THE POR MICE SECTION	ioti dottorio	

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.

2008
Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2008

	LIFESCAPE COMMUNIT			36-3303361
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advis	ed 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 h	eld in donor advise	ed funds
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor		• • • • •	used only
	for charitable purposes and not for the benefit of the donor	• •		
Pai				
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			orically important land area
	Protection of natural habitat			d historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in	the form of a cons	ervation easement on the last day
-	of the tax year.			-
	•			Held at the End of the Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements	••••		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •		2d
3	Number of conservation easements modified, transferred, re	•••	terminated by the	
	year ▶		•	
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe	_	ction, violations, an	d
	enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements	during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements du	unng the year 🕨 💲	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requireme	nts of section 170(n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its rev	enue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statemer	nts that describes t	he organization's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections of		easures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue	e statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in	furtherance of pub	lic 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 sta	tement and balanc	e sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherand	e of public service,	provide the following amounts relating to
	these items.			
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			. • \$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			. \$
b	Assets included in Form 990, Part X			> \$
		·		

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

		PE COMMUNI							Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures,	or Oth	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's accession and other	r records, check any	of the following th	nat are a signi	ficant use	e of its coll	ection ite	ms (check	. all
	that apply).								
а	Public exhibition	c		change progr					
ь	Scholarly research	e	Other					· · · · · · · · · · · · · · · · · · ·	
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizat	ion's exe	mpt purpo	se in Pari	XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?				Yes	□ No
Par	t IV Trust, Escrow and Custodia	l Arrangements	Complete if orga	nization answ	ered "Ye	s" to Form	990, Par	t IV, line 9	, or
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other a	ssets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
			-				-	Amount	
С	Beginning balance					1c			
ď	Additions during the year				• •	1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	==	217	•				Yes	No
b	If "Yes," explain the arrangement in Part XIV				••	• ••			
Par	t V Endowment Funds. Complete	f organization answe	ered "Yes" to Form	990, Part IV,	line 10.				
		(a) Current year	(b) Pnor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
c	Investment earnings or losses								
d	Grants or scholarships						-		
e	Other expenditures for facilities			1					
•	and programs								
f	Administrative expenses			 					
a	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as.						
	Board designated or quasi-endowment		%						
	Permanent endowment >	%							
		<u></u> /°							
	Are there endowment funds not in the posse		ation that are hold	and administr	arad for t	he organiz	ation		
- Ou	by:	oodon or the organiz	anon mar are nea	ano administr	cica ioi i	ine organiz	ation	Г	es No
	(i) unrelated organizations							3a(i)	65 100
	(ii) related organizations					•		3a(ii)	
h	If "Yes" to 3a(ii), are the related organization	 e lietad se raquirad (n Schedule P2		••	• •		3b	
<i>A</i>	Describe in Part XIV the intended uses of the						•	[30]	
Par	t VI Investments - Land, Building			n Part Y line	10				
	Description of investment	(a) Cost or o		st or other)opropietio		(d) Book	
	Description of investment	basis (investi	, , ,	s (other)	(C) L	epreciatio)	"	(a) Book	value
1a	Land			<u> </u>		· · · ·			
	Buildings								
	Leasehold improvements	<u> </u>				·			
	Equipment	1,421,	696.		1	098,5	55.	323	,141.
	Other				 /-			<u> </u>	<u>, * * + •</u>
	. Add lines 1a-1e (Column (d) should equal Fe	orm 990. Part X. coli	umn (B). line 10(c))					323	,141.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 LIFESCAPE CO Part VII Investments - Other Securities. See	OMMUNITY SERV	ICES, INC.	36-3303361 Page 3
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation [.] nd-of-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
CHARITABLE LEAD TRUST	310,864.	COST	
		·	
	210 054		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. Se	310,864.		
			ethod of valuation:
(a) Description of investment type	(b) Book value		nd-of-year market value
		·	
Total (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a) [Description		(b) Book value
· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		
			
Total. (Column (b) should equal Form 990, Part X, col (B) lin			
Part X Other Liabilities. See Form 990, Part X, I	ine 25	(h) Amount	
		(b) Amount	
Pederal income taxes DUE TO AFFILIATE		135,851.	
ACCRUED PAYROLL		152,559.	
Total. (Column (b) should equal Form 990, Part X, col (B) lin		288,410.	
In Part XIV, provide the text of the footnote to the organizat	ion's financial statements	that reports the organization	on's liability for uncertain tax positions

	edule D (Form 990) 2008 LIFESCAPE COMMUNITY SERVICES, INC.			<u> 3303361</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial S	tatements	<u> </u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		3,536	,846.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		3,527	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			,900.
4	Net unrealized gains (losses) on investments	. 4			, , , , , , , , , , , , , , , , , , , ,
				_16	,606.
5	Donated services and use of facilities	5		-10	, 000.
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			,606.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10			,706.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Re	venue per	r Return		
1	Total revenue, gains, and other support per audited financial statements		1	3,545	,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• •	"		
a					
b	Donated services and use of facilities 2b	9,00	<u></u>		
-		9,00	<u>~-</u>		
C.	Recoveries of prior year grants		\dashv \mid		
d	Other (Describe in Part XIV)			•	000
е	Add lines 2a through 2d		<u>2e</u>		,000.
3	Subtract line 2e from line 1		3	3,536	<u>,846.</u>
4	Amounts 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				
b	Other (Describe in Part XIV)				
С	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	3,536	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Ex	xpenses n		<u> </u>	70101
	Total expenses and losses per audited financial statements			3,553	552
1		•	· '- 	<u> </u>	, ,,,,,,,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	25 60	ا ا ـ		
а	Donated services and use of facilities	25,60	6.		
ь	Prior year adjustments 2b				
С	Losses reported on Form 990, Part IX, line 25				
ď	Other (Describe in Part XIV)				
е	Add lines 2a through 2d		2e	25	,606.
3	Subtract line 2e from line 1		3	3,527	,946.
4	Amounts 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				
h	Other (Describe in Part XIV)		_		
•			-		Λ
	Add lines 4a and 4b	•	4c	2 527	0.
5_	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	3,527	,940.
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, line	s 1b and 2	b; Part V, line	4; Part
X, Pa	art XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b				
				<u> </u>	
					
		·			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

► 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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 36-3303361 LIFESCAPE COMMUNITY SERVICES FORM 990, PART VI, SECTION A, LINE 10: THE FORM IS DISTRIBUTED DURING ONE OF THE BOARD MEETINGS FOR A FULL BOARD REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN A FORM THAT STATES THAT THEY DO NOT HAVE ANY CONFLICT OF INTEREST WITH THE LISTED AGENCIES. FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD MEMBERS, WHO ARE ALL INDEPENDENT. SALARIES OF ALL OTHER EMPLOYEES ARE DETERMINED BY JOB DESCRIPTIONS AND SALARY RANGES. THE BOARD APPROVES THE FINAL BUDGET WITH THE TOTAL SALARY AMOUNT. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE LOCATED IN THE EXECUTIVE DIRECTOR'S OFFICE AND CAN BE REVIEWED UPON REQUEST. FORM 990, PART XI, LINE 2C EXPLANATION: THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT AND SELECTS THE INDEPENDENT AUDITOR. THIS PROCEDURE HAS BEEN THE SAME IN PRIOR YEARS.

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 2008 36-3303361 entity Œ End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ Œ Total income Exempt Code section 501(C)(3) 0 0 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▼ See separate instructions. ILLINOIS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LIFESCAPE COMMUNITY SERVICES, INC. TO PROVIDE FOOD SERVICE FOR DISADVANTAGED AND ELDERLY THE POOR, ECONOMICALLY Primary activity Primary activity <u>@</u> 8 Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities COMMUNITY KITCHEN, INC. - 36-3722028 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization ROCKFORD IL 61101 705 KILBURN AVENUE Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part 1

INC
SERVICES,
COMMUNITY
LIFESCAPE
Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

						-		-		-
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		(F) Share of total income	(G) Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 27 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable as a Cor		or Trust							
(A) Name, address, and EIN of related organization	Z c	g.	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)		(F) Share of total income	(G) Share of Peend-of-year or assets	(H) Percentage ownership
								_		

Schedule R (Form 990) 2008

832162 12-23-08

Page 3

Part V Transactions With Related Organizations

			•
Note. Complete line 1 if any entity is listed in Parts II, III, or N			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		:	1a X
b Gift, grant, or capital contribution to other organization(s)	:	•	1b X
c Grft, grant, or capital contribution from other organization(s)			1c X
			pt ×
e Loans or loan guarantees by other organization(s)	. :	:	1e X
f Sale of assets to other organization(s)	:		¥
g Purchase of assets from other organization(s)	:		1g X
h Exchange of assets		:	1h X
i Lease of facilities, equipment, or other assets to other organization(s)		:	i=
			>
Lease of lacinities, equipment, of other assets from our eligible for after accompanies.		:	4
		:	-
m Sharing of facilities, equipment, mailing lists, or other assets			
n Sharing of paid employees		: :	rt X
			:
o Reimbursement paid to other organization for expenses			ot X
p Reimbursement paid by other organization for expenses			T ot
		٠	19 X
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	no covered relationships and trai	nsaction thresholds	4
**			(
(A) Name of other organization(s)		(B) Transaction	(C) Amount involved
		type (a-r)	
(1) COMMUNITY KITCHEN		Ð	108,000.
WHITH WITH WITH		þ	שבר נונ
(z) COMPONITI ALLCHEM		L.	
(6)			
(4)			
(5)			
(9)	:		
832163 12-23-08		Schec	Schedule R (Form 990) 2008

36-3303361

Page 4

Schedule R (Form 990) 2008 LIFESCAPE COMMUNITY SERVICES, INC.

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)	(8)	9	Q	(9)	(1)	(6)	Ξ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share	Dispropor-	Code V-LIBI	
of entity		(state or foreign	section 501(c)(3) organizations?		tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	· 1
	1						
			-				
							-
							- ,
							-
				,			
			-	!			
				-			_

Schedule R (Form 990) 2008