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## Form 990-PF

Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For ca	lenda	r year 2009, or ta	ax year beginning	, 2009	, and ending		,	
<b>G</b> Ch	eck a	all that apply:	Initial return Init	tial Return of a former p	oublic charity		Fi	nal return
			Amended return	Address	change Na	me i	change	
Use t	he		<del></del>		<u> </u>	TA	Employer identification n	umber
IRS la	bel.		HEALTH & RESEA	RCH CORPORATION	V	1	43-1475084	
Otherv		803 WOODMO				В	Telephone number (see th	ne instructions)
prin or typ		ST. LOUIS,	MO 63132 3518			1	(314) 997-60	79
See Spe	ecific					C	If exemption application	is pending, check here
Instruct	ions.					D	1 Foreign organizations, ch	· · ·
H C	heck	type of organiza	ation   Section 50	1(c)(3) exempt private f	oundation	1	2 Foreign organizations me	L
ſ			nonexempt charitable ti	rust X Other taxable	private foundation		here and attach computa	tion
I Fa		rket value of all asset		counting method X C		E	If private foundation stat	us was terminated
(1	from P	art II, column (c), lind	e 16)	Other (specify)		F	under section 507(b)(1)(a If the foundation is in a 6	
<b>►</b> \$	;	159	,519. (Part I	, column (d) must be or	n cash basis )	† <b>"</b>	under section 507(b)(1)(	
Part I	Α	nalysis of Re		T	·			
ناتبسينا	Ē	xpenses (The	total of amounts in	(a) Revenue and expenses per books	(b) Net investme	nt	(c) Adjusted net income	(d) Disbursements for charitable
	C	olumns (b), (c), a	and (d) may not neces-	Oxponede per seens	Į "Noonie		Miconic	purposes
	56	ariiy equai the ar see the instructio	mounts in column (a)					(cash basis only)
	<del>  1</del>		grants, etc, received (att sch)		the same of the sa	· ·	25.5	<del></del>
	2		oundn is <b>not</b> req to att Sch B	The state of the s	<u> </u>	<del>*******</del>	<del>() ''' ''' ''' ''' ''' ''' ''' ''' ''' '</del>	<del>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	3	Interest on sav	rings and temporary				<u> </u>	
	1	cash investmer	nts	3.		3.	3	· · · · · · · · · · · · · · · · · · ·
	4	Dividends and inter	rest from securities	6,600.	6,60	00.	6,600	
		a Gross rents b Net rental income					<del>†</del>	- himinging makentiningir m
_		or (loss)		<u> </u>		· · ·		
R E		<b>a</b> Net gain/(loss) from <b>b</b> Gross sales price fo	sale of assets not on line 10		<u> </u>			
E V E N	_	assets on line 6a				<u>```</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E	8	Net short-term	ome (from Part IV, line 2)	<u> </u>		<del></del> -		
ΰ	9	Income modific	. •		<del>mm/min/mmjunajimmi</del>	<del>uijiui</del>	8 NOV	
Ε	_	Gross sales less returns and	1			<u>~</u>		
1		returns and allowances				*		Water and the state of the stat
	į t	Less Cost of goods sold				\$	UG	
		Gross profit/(loss)	(att sch)		Individual designation of the second	<u>,                                    </u>		
	11	Other income (	attach schedule)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
								,
	12	Total. Add lines	s 1 through 11	6,603.	6,60	)3.	6,603	
	13	•	ficers, directors, trustees, etc	0.				<del></del>
	14	Other employee sala	•				<u> </u>	<u> </u>
	15		employee benefits					<del> </del>
A		Legal fees (attach s					<del></del>	ļ
W		Accounting fees (at						<del> </del>
N		Other prof fees (atta	ach sch)		ļ		<del> </del>	<del> </del>
O Î P S E T	17 18	Interest Taxes (attach schedule)(s	ee instr) See Stm 1	148.	<del> </del>	15.	<del> </del>	133.
RR	19	Depreciation (a	-	140.	<u> </u>	.5.	<del> </del>	133.
A A	13	sch) and deplet		338.	33	38.		***
k v V	20	Occupancy						
NG AND	21	Travel, confere	nces, and meetings					
A E	22	Printing and pu						
N X	23		s (attach schedule)	4.60		~		150
וַאַ וּ			See Statement 2	169.		.7.		152.
SE	24	Total operating	and administrative lines 13 through 23	655.	27	70.		285.
5	25		grants paid Part XV	9,750.		<u></u>		
:	26	-	and disbursements.		<u> </u>	•	<u> </u>	1
>		Add lines 24 an	nd 25	10,405.	37	0.	0.	10,035.
<b>o</b>	27	Subtract line 26			4.4		S. C.	
၁	а	Excess of rever	nue over expenses	_2 002				
3016		and disburseme		-3,802.	6,23			<del>} ````</del>
_			me (if negative, enter 0-)		6,23	3.	6,603	
200			e (if negative, enter -0-)				0,003.	Form <b>990-PF</b> (2009)

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Par	t II i	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
	N.881	- <del></del>	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1					
	2	Savings and tempora	ary cash investments	8,484.	5,018.	5,018.
	3		<b></b>	<b>↓</b> . `.	1 18 18 18 18 18 18 18 18 18 18 18 18 18	
		Less allowance for o	doubtful accounts			
	4	Pledges receivable				
	1_	Less. allowance for o	doubtful accounts			
	5	Grants receivable				
	6	disqualified persons (attac	ers, directors, trustees, and other th schedule) (see the instructions)			
Δ	7	Other notes and loans rece			1 1 1 1 1	
ŝ		Less, allowance for o				ļ
A S E T	8	Inventories for sale of				
	9	Prepaid expenses ar				
S		a Investments – US. a obligations (attach so	chedule)	178,985.	178,985.	154,501.
	i	Investments – corporate s				
	·	: Investments — corporate b	onds (attach schedule)			
	11	Investments – land, equipment, basis	buildings, and			
		Less accumulated deprection (attach schedule)	<b>▶</b>			
	12	Investments - mortg	age loans			
	13	Investments - other	· ·			
	14	Land, buildings, and	equipment. basis 🟲 <u>3,780</u>	• * * * * * * * * * * * * * * * * * * *		101
		Less accumulated deprecial (attach schedule)	ation See Stmt 3 •3,274.	. 843.	506.	
	15 16	Total assets (to be co	be ► <u>See Statement 4</u>	)	1.	
		see instructions Also		188,312.	184,510.	159,519.
ī	17	Accounts payable and	d accrued expenses			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
A	18	Grants payable				
B	19	Deferred revenue				
L	20 21	Mortgages and other notes	ors, trustees, & other disqualified persons			
Ť	22	Other liabilities (describ		\		
Ė		Other habilities (describ		′		Salar Salar Salar
E S	23	Total liabilities (add I		0.	0.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		Foundations that folland complete lines 24	ow SFAS 117, check here Land 31.	_		
NF	24	Unrestricted				
N F E N T	25	Temporarily restricted	i			
D.	26	Permanently restricte			,,,	
A B S A L A		Foundations that do and complete lines 27	not follow SFAS 117, check here 🔀 🛚 🗡			
S A E L T A	27	Capital stock, trust pr	incipal, or current funds	188,312.	184,510.	
S N I	28	Paid-in or capital surplus,	or land, building, and equipment fund			11.
C O E R S	29	Retained earnings, accumul	ated income, endowment, or other funds.			
RS	30		nd balances (see the instructions).	188,312.	184,510.	3
	31	(see the instructions)	et assets/fund balances	188,312.	184,510.	3 3 4
art	m /		ges in Net Assets or Fund Balan		101,010.	
-					roo with	
7	end-c	net assets or fund bai of-year figure reported	ances at beginning of year — Part II, colu on prior year's return)	ama (a), ane 50 (must ag	ee with	188,312.
		amount from Part I, II			. 2	-3,802.
		ncreases not included in line			3	
4	Add I	ines 1, 2, and 3			4	184,510.
5	Decrea	ses not included in line 2 (it	emize)		5	
6	Total	net assets or fund bal	ances at end of year (line 4 minus line 5)	- Part II, column (b), Iir	e 30 <b>6</b>	184,510.

TEEA0302L 07/06/09

, (a) List and descri	d Losses for Tax on Investmen ribe the kind(s) of property sold (e.g., re ouse, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	ouse, or dominar stock, 200 shares me		D — Donation	ļ	
1a N/A		· · · · · · · · · · · · · · · · · · ·			-
C	· · · · · · · · · · · · · · · · · · ·				
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sa		(h) Gain or (e) plus (f) m	
a					
b	- <del>- </del>				
<u>c</u>					
e	<del></del>				
	wing gain in column (h) and owned by t	he foundation on 12/31/69		(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (I han -0-) or Losses (fi	k), but not less
a					
b					
с					<u>.</u> .
d					
е				<del></del>	<del></del>
2 Capital gain net income or (ne	et capital loss)  If gain, also If (loss), enti	enter in Part I, line 7 er -0- in Part I, line 7	. 2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) ar				
	ne 8, column (c) (see the instructions).				
ın Part I, line 8		<u> </u>	3		
	er Section 4940(e) for Reduced te foundations subject to the section 494			N/A	<del></del>
	this part blank ction 4942 tax on the distributable amol alify under section 4940(e) Do not com	• • • • • • • • • • • • • • • • • • • •	period?	Yes	☐ No
1 Enter the appropriate amount	in each column for each year, see the	instructions before making a	ny entries.		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable use ass	ets (co	<b>(d)</b> Distribution lumn (b) divided	
2008					
2007					
2006					
2005				· · · · · · · · · · · · · · · · · · ·	<del></del>
2004		<del></del>		<del>Υ</del>	
2 Total of line 1, column (d)			2		
3 Average distribution ratio for t	he 5-year base period – divide the total on has been in existence if less than 5 y	on line 2 by 5, or by the	3		
·	ritable-use assets for 2009 from Part X,		4		
- Litter the flet value of fletional	made ase assets in 2003 non in array	11110			
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		<u> </u>
8 Enter qualifying distributions fi	<i>,</i>		8		
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI, lir	ne 1b, and complete that pa	rt using a 1% ta	ax rate See the	
RAA	······································			For	m 990-PF (2009

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Form 990-PF (2009) LIFESTYLE HEALTH & RESEARCH CORPORATION

	990-PF (2009) LIFESTYLE HEALTH & RESEARCH CORPORATION 43-1475		Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the ins	tructions)	
√1 a	Exempt operating foundations described in section 4940(d)(2), check here		
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)		
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,		125.
	check here and enter 1% of Part I, line 27b		
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	and the second	·
3	Add lines 1 and 2		125.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		125.
6	Credits/Payments:	<del></del>	123.
	2009 estimated tax pmts and 2008 overpayment credited to 2009		
	Exempt foreign organizations — tax withheld at source 6b	·	
	Tax paid with application for extension of time to file (Form 8868)  6c	1. 1. 1. 1.	
	Backup withholding erroneously withheld  6d		
		. ""	· 0.
, 8			<u> </u>
٥			130.
10	<u> </u>	<del></del>	130.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
Dod	Enter the amount of line 10 to be Credited to 2010 estimated tax  Refunded  11  VI-A Statements Regarding Activities		
1 441	TVIPA   Statements Regarding Activities	TOTAL CONTRACTOR	T
1 <b>a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		
	or distributed by the foundation in connection with the activities		`
	Did the foundation file <b>Form 1120-POL</b> for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	10	X
<b>.</b>	(1) On the foundation $\Rightarrow$ \$ 0. (2) On foundation managers $\Rightarrow$ \$	0.	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		
	foundation managers   \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities	2	X
_	·		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	j 3 j .	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
	If 'Yes,' attach the statement required by General Instruction T		-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		
	By language in the governing instrument, or		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		
_	with the state law remain in the governing instrument?	6	X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7 X	<del>,  </del>
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)  MO	- 11	*
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(3) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)?	5) <b>9</b>	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	'V   3	1 A
BAA	and addresses	10 Form 990 Pf	X X
DAM		Form 990-PF	· (ZUU <del>J</del> )

Form 990-PF (2009) LIFESTYLE HEALTH & RESEARCH CORPORATION	43-147508	4	Page <b>5</b>
Part VII-A Statements Regarding Activities Continued			
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11	Х
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12	x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption	application?	13	X
Website address ► N/A			
14 The books are in care of ► LINDA M. REPA-ESCHEN Telephon		_997_	<u>6079</u>
Located at ► 803 WOODMOOR DRIVE, St. Louis MO ZIP +4	<ul> <li>_63132</li> </ul>		- <del></del> -
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	. 1	N/A	<b>►</b> [
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15		N/A
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>	
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes No
1a During the year did the foundation (either directly or indirectly):		1 .	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	]:·]	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		
(5) Transfer any income or assets to a disqualified person (or make any of either available	— <del>—</del>		.``
for the benefit or use of a disqualified person)?	Yes X No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the			` .
foundation agreed to make a grant to or to employ the official for a period after termination	□v ♥\		, , ,
of government service, if terminating within 90 days.)	Yes X No	·	
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons)?	1 b	N/A_
Organizations relying on a current notice regarding disaster assistance check here	▶ 🗌		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No		
If 'Yes,' list the years ► 20, 20, 20, 20			
	(=) (2)		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942( all years listed, answer 'No' and attach statement — see the instructions.)	a)(2) to	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere.		1 3 3
► 20,20,20			
3a Did the foundation hold more than a 2% direct or indirect interest in any business			
enterprise at any time during the year?	Yes X No		
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve	d		
by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to		1	````
determine if the foundation had excess business holdings in 2009 )		3b	N/A_
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a	Х
10.00			
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of		I	
the tax year beginning in 2009?		4 b	<u> </u>
BAA	F	orm <b>990</b>	-PF (2009)

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Part VII-B Statements Regarding Activit		m 4/20 May Be Red	uirea (continu	<u>ea)</u>	E 8
<ul><li>5a During the year did the foundation pay or incui</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>	•	n (section 4945(e))?	Yes	X No	
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	lic election (see section	4955), or to carry	Yes	X No	
(3) Provide a grant to an individual for travel,		ourposes?	Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instruc	ganization described ctions)	Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes	X No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons		5b N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	•		33 11/11
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsing the Yes,' attach the statement required by Regularity.	sibility for the grant?		N/A Yes	No	
6a Did the foundation, during the year, receive an on a personal benefit contract?			Yes	XNo	
<b>b</b> Did the foundation, during the year, pay premile If 'Yes' to 6b, file Form 8870	ums, directly or indirect	ily, on a personal benefi	t contract?		6b X
7a At any time during the tax year, was the found	lation a party to a prohit	bited tax shelter transac	tion? Yes	X No	**
<b>b</b> If yes, did the foundation receive any proceeds					76  N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees	, Foundation Mana	gers, Highly P	aid Emp	loyees,
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benet plans and deferr- compensation	fit oth	xpense account, ner allowances
See Statement 6					
		0.		0.	0.
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 – see inst	ructions). If none, e	enter 'NON	IE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions employee bene- plans and deferr compensation	fit otl ed	Expense account, her allowances
None					
~					
	,				
				_	
Total number of other employees paid over \$50,000 BAA	TEEA0306L (	07/06/09		►	0 orm <b>990-PF</b> (2009)

Form 990-PF (2009) LIFESTYLE HEALTH & RESEARCH CORPORATION  Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid	
3 Five highest-paid independent contractors for professional services – (see instruct enter 'NONE.	ions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions	)	
Describe the two largest program-related investments made by the foundation during the t  1 N/A	ax year on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions		
February 1 March 2		
Total. Add lines 1 through 3  BAA	<u> </u>	0. Form <b>990-PF</b> (2009)

BAA

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Pa	Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreigi	n foundations,
`1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	151,483.
	<b>b</b> Average of monthly cash balances	1b	6,736.
	c Fair market value of all other assets (see instructions)	1c	
	d Total (add lines 1a, b, and c)	1 d	158,219.
	e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	158,219.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,373.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	155,846.
6	Minimum investment return. Enter 5% of line 5	6	7,792.
Pa	<b>PROOF OF STATE OF STREET OF STREET</b>		foundations
1		1 1	7,792.
	a Tax on investment income for 2009 from Part VI, line 5		
	b Income tax for 2009. (This does not include the tax from Part VI.)		
	c Add lines 2a and 2b	2c	125.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,667.
Δ	Recoveries of amounts treated as qualifying distributions	4	7,007.
5	Add lines 3 and 4	5	7,667.
6	Deduction from distributable amount (see instructions)	6	7,007.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,667.
			1,001.
Pa	rt XII Qualifying Distributions (see Instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	10,035.
ı	b Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	ું. 3a	
ŧ	b Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,035.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,035.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	er the f	oundation

Form **990-PF** (2009)

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				7,667.
2 Undistributed income, if any, as of the end of 2009			250	
a Enter amount for 2008 only		1 1 1 1 1 1 1 1 1	4,076.	3, 3
<b>b</b> Total for prior years 20, 20, 20	· · · · · · · · · · · · · · · · · · ·	0.		
3 Excess distributions carryover, if any, to 2009	1			
<b>a</b> From 2004	<b>→</b> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
<b>b</b> From 2005	<b>-</b> ∤, ``` `` ``	18. 18. 18.		, N. S.
<b>c</b> From 2006				
<b>d</b> From 2007	<b>⋣</b> ້ໍ່ ``			
e From 2008	→ · · · · · · · · · · · · · ·			
f Total of lines 3a through e	0.		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
4 Qualifying distributions for 2009 from Part	* .		3 3 3 3 3 3	
XII, line 4. ► \$10,035.		12 N N 1 1. 1		
a Applied to 2008, but not more than line 2a			4,076.	
<ul> <li>Applied to undistributed income of prior year (Election required – see instructions)</li> </ul>	S	0.		
<ul> <li>Treated as distributions out of corpus (Election required – see instructions)</li> </ul>	0.			
d Applied to 2009 distributable amount				5,959.
e Remaining amount distributed out of corpus	0.		11/1/11/11/11	11. 10.1
5 Excess distributions carryover applied to 2009	0.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
(If an amount appears in column (d), the same amount must be shown in column (a)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract tine 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				1,708.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.	1 3 3 3 3 3	35. 322		
a Excess from 2005			The state of	
<b>b</b> Excess from 2006		1 1/2/11/11		
c Excess from 2007		The state of the state of		
d Excess from 2008		11 11/1/11 11/11		
e Excess from 2009	13. 1. 11. 11.	1. 10 10 10		
BAA				F orm <b>990-PF</b> (2009)

Form 990-PF (2009) LIFESTYLE HEALTH Part XIV Private Operating Foundati			VII-A question	43-1475084	4 Page 10 N/A
1a If the foundation has received a ruling or d is effective for 2009, enter the date of the r	etermination letter				14/11
<b>b</b> Check box to indicate whether the foundation	on is a private ope	rating foundation des	scribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	· · · · · · · · · · · · · · · · · · ·	!	L		
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					<u> </u>
c 'Support' alternative test – enter:				1	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	organization h	ad \$5,000 or mo	ore in
assets at any time during th  Information Regarding Foundation Manage		istructions.)	<del></del>	<del></del>	
a List any managers of the foundation who h close of any tax year (but only if they have	ave contributed mo	ore than 2% of the to han \$5,000). (See se	tal contributions red ection 507(d)(2) )	ceived by the founda	ition before the
None					
<b>b</b> List any managers of the foundation who of a partnership or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corpo % or greater interes	oration (or an equal t	ly large portion of the	e ownership of
None					
2 Information Regarding Contribution, Grant Check here In the foundation only makes requests for funds If the foundation makes	akes contributions	to preselected charif	table organizations		
complete items 2a, b, c, and d <b>a</b> The name, address, and telephone number	r of the person to w	thom applications sh	aculd be addressed		
a the hame, address, and telephone humber	of the person to w	mom applications sin	iouid be addressed		
See Statement 7					
<b>b</b> The form in which applications should be s	ubmitted and inform	nation and materials	they should includ	e.	
See Statement for Line 2a					
c Any submission deadlines					
See Statement for Line 2a					
d Any restrictions or limitations on awards, si	uch as by geograph	nical areas, charitabl	e fields, kinds of in	stitutions, or other fa	actors
See Statement for Line 2a					
					000 PF (0000)

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3 Grants and Contributions Paid During the Y	ear or Approved for Futu	re Payment	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	oonangano.	
Name and address (home or business)  a Paid during the year  See Statement 8	substantial contributor	recipient		
			ŀ	
Total	· <del></del>	<del></del> -	► 3a	9,750.
b Approved for future payment  Total			► 3b	

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue.	<u> </u>		code		(see the instructions)
a			+		
b		<del></del> -	<del>  </del>		
<u> </u>			+		
<u> </u>			<del> </del>		
e	<del></del>		+		<del></del>
g Fees and contracts from government agencies			<del> </del>	<del></del>	
2 Membership dues and assessments			<del>                                     </del>		
3 Interest on savings and temporary cash investments			14	3.	
4 Dividends and interest from securities			14	6,600.	
5 Net rental income or (loss) from real estate	7.5				
a Debt-financed property					
<b>b</b> Not debt-financed property			<del>                                     </del>		
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c		· · · · · · · · · · · · · · · · · · ·			
d					
e					
12 Subtotal Add columns (b), (d), and (e)		·	23	6,603.	
13 Total. Add line 12, columns (b), (d), and (e)				13	6,603
(See worksheet in the instructions for line 13 to verify ca	alculations)			··	
Part XVI-B Relationship of Activities to th	e Accomplis	hment of Exemi	ot Purpose	s	
	_ <del></del>				
Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ncome is reported	l in column (e) of Pa	art XVI-A cont	ributed importantly to	the
	purposes (outer	than by providing to			
N/A			<del> </del>		

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)
N/A	

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		<u></u>	<del></del>					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N
de	d the organization escribed in section lating to political of	501(c) of the Code	ly engage in any of the fo e (other than section 501)	ollowing with c)(3) organiz	any other organizat ations) or in section	ion i 527,		Yes	No :
		•	n to a noncharitable exem	pt organizat	ion of		` ,	· .	į
	) Cash			. •			1 a (1)		X_
(2)	Other assets						1 a (2)		Χ
<b>b</b> Ot	her transactions								•
			exempt organization				1 b (1)		X
(2)	Purchases of as	sets from a nonch	arıtable exempt organızat	ion			1 b (2)		X
	Rental of facilitie		ther assets.				1b (3)		X
• •	Reimbursement	•					1b (4)		X
	Loans or loan gu						1b (5)		X
٠,			ership or fundraising solic	- · · · · ·			1b (6)		X
<b>c</b> 5n	naring of facilities,	equipment, mailing	glists, other assets, or pa	aid employee	? <b>S</b> . ,		1c	ـــــا	X
<b>d</b> If the	the answer to any e goods, other ass	of the above is 'Ye ets, or services givering arrangemen	es,' complete the following ven by the reporting found t, show in column (d) the	g schedule. ( dation. If the	Column <b>(b)</b> should a foundation received	Iways show the fair if less than fair marking	market value et value in	e of	
(a) Line			ime of noncharitable exempt org			transfers, transactions, ar		gement	 S
N/A	\	(5) (1)	onompt org		(=) bosoniprion of	i dineactione, ui	g unu		<u></u>
			·						
			·						
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	<del></del>			~ <del>~~~</del>					
			ffiliated with, or related to (other than section 501(	one or more)(3)) or in se	re tax-exempt organ ection 527?	ızatıons	Yes	X	No
b  f '	Yes, complete the		<del></del>	<del></del>	<del></del>				
N/A	(a) Name of org	ganization	(b) Type of o	rganization		(c) Description of re	elationship		
N/A	<del> </del>	<del> </del>							
		<del></del>			<del></del>				
	· · · · · · · · · · · · · · · · · · ·			<del></del>					
Under p	enalties of perjury, I decla	re that I have examined the	us return, including accompanying or fiduciary) is based on all infori	schedules and sta	tements, and to the best of	my knowledge and belief, it i	s true, correct, a	nd	
comple	te Declaration of prepar	er (other than taxpayer	or fiduciary) is based on all infor	nation of which	preparer has any knowled	ge			
	/ als //	1 Kann 9	die		11-12-20	γλ ( <b>Δ</b> Υ	L		
- 1	una!	1.11-11-12	uin,			TICBIUCH	<u>. C</u>		
:  s	ignature of officer or tru	Siee V	<del></del>		Date Date	Title	eparer's Identify		her
Paid	Preparer's	1 homes M	· Busken			Check if (Si	e Signature in	the inst	iz)
Pre-	signature		usken	<del></del>	11-8-10	employed P	00043859	<del>}</del>	
parer' Use	S Firm's name (or yours if self		usken & Assoc.,	PC		EIN ► 43-1	520940		
Only	employed), address, and	11430 Grave							
	ZIP code	St. Louis,	MO 63126			Phone no ► (3	14) 842		
BAA							Form <b>99</b>	0-PF	(2009)

2009	Federal Statements	Page 1
Client 3 LIFES	STYLE HEALTH & RESEARCH CORPORATION	43-1475084
11/08/10		01 24PM
Statement 1 Form 990-PF, Part I, Line 18 Taxes		
Federal Income Tax	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 128. \$ 13.	(d) Charitable Purposes 115.
State Registration	Total $\frac{20.}{\$}$ $\frac{20.}{148.}$ $\frac{2.}{\$}$ $\frac{5}{15.}$ $\frac{5}{\$}$ $\frac{0.}{\$}$	18.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Investment Fee Postage Rounding	(a)       (b)       Net       (c)         Expenses per Books       Investment Income       Adjusted Net Income         \$ 150.       \$ 15.       \$ 2.         18.       2.         1.       \$ 17.       \$ 0.         \$ 15.       \$ 2.         1 5 169.       \$ 17.       \$ 0.	(d) Charitable Purposes 135. 16. 1. 152.
Statement 3 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment		
Category	Accum. Book H Basis Deprec. Value	Fair Market Value
Machinery and Equipment	\$ 3,780. \$ 3,274. \$ 506. \$ \$ 1,274. \$ 506. \$	0. 0.
Statement 4 Form 990-PF, Part II, Line 15 Other Assets		
	Fa Book Value Total \$ 0.\$	ir Market Value 0.

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2009

### **Federal Statements**

Page 2

Client 3

LIFESTYLE HEALTH & RESEARCH CORPORATION

43-1475084

11/08/10

01:24PM

Statement 6 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	 Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Linda M. Repa-Eschen 803 Woodmoor Drive St. Louis, MO 63132 3518	President 0	\$ 0.	\$ 0.	\$ 0.
Michael F. Avioli 144 West Lockwood Ave #100 St. Louis, MO 63119	Vice President 0	0.	0.	0.
Dexter W. Schraer 995 Glenmoor Drive St. Louis, MO 63122	Secretary 0	0.	0.	0.
Melanie Williams 16635 Evergreemn Forest Drive Ballwin, MO 63011	Director 0	0.	0.	0.
Thomas M. Eschen 46 Hill Drive St. Louis, MO 63122	Director 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

### Statement 7 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

LIFESTYLE & HEALTH RESEARCH CORPORATION

Care Of:

C/O LINDA REPA-ESCHEN

Street Address:

803 WOODMOOR DRIVE ST LOUIS, MO 63131

City, State, Zip Code: Telephone:

314-997-6079

Form and Content:

ABSTRACT OR SUMMARY OF PROJECT, SUMMARY OF GOALS AND OR SPECIFIC AIMS PROPOSED PROJECT PERIOD AND SUMMARY OF OUTCOMES MEASURES TO EVALUATE ACHEIVEMENT OF AIMS/GOALS.

BUDGET

Submission Deadlines:

NONE

Restrictions on Awards:

NOT TO EXCEED \$9,000, RESTRICTED TO NOT-FOR PROFIT ENTITIES

Statement 8 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year    Name and Address	009	Federal Sta	tements		Page 3
Statement 8 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year    Name and Address   Donee Relationship   Status   Grant   Amount	ient 3 LIFES	TYLE HEALTH & RESI	EARCH CORF	PORATION	43-1475084
Name and Address None Relationship Status Grant The Wellness Community 1058 Old Des Peres Road St. Louis, MO 63131  None Solid Des Peres Road St. Louis, MO 63131  None Solid Des Peres Road St. Louis, MO 63131  None Solid Des Peres Road St. Louis, MO 63131  None Solid Des Peres Road St. Louis, MO 63131  None Solid Des Peres Road St. Louis, MO 63131  None Solid Des Peres Road Solid Des	Statement 8 Form 990-PF, Part XV, Line 3a				01:24PN
Community® (TWC) is an international non-profit organization dedicated to providing emotional support, education and hope for people affected by cancer.  Polycystic Kidney Disease none 501c 3 The Polycystic Xidney 9221 Ward Parkway, Suite 400 Kansas City, MO 64114  Foundation is the only organization, worldwide devoted to the mission of promoting research to find a cure for the disease and improve the care and treatment for those affected.	Name and Address		ation	Purpose of Grant	Amount
Foun 9221 Ward Parkway, Suite Foundation is the only the only organization, worldwide devoted to the mission of promoting research to find a cure for the disease and improve the care and treatment for those affected.	1058 Old Des Peres Road	None	501c3	Community® (TWC) is an international non-profit organization dedicated to providing emotional support, education and hope for people affected by	<b>7,750</b> .
Total <u>\$ 9,750</u>	Foun 9221 Ward Parkway, Suite 400	none	501c 3	Kidney Foundation is the only organization, worldwide devoted to the mission of promoting research to find a cure for the disease and improve the care and treatment for those	2,000.
				Total	9,750

12/31/09		Ñ	309 Fe	dera	Boo	k Dep	2009 Federal Book Depreciation Schedule	ion Sc	hedu	Ð				Page 1
Client 3			LIFES	TYLE P	FALTE	8 RESI	LIFESTYLE HEALTH & RESEARCH CORPORATION	CORPO	RATION					43-1475084
11/08/10 No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pet	Cur 179 Banus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life, Rate	01·24PM Current Depr.
Form 990/990-PF														
Machinery and Equipment														
1 COMPUTER	5/21/04		3,781	'						3,781	2,937	200DB HY	7 08920	937
Total Machinery and Equipment			3,781	-	0	0	0	0	0	3,781	2,937			337
Total Depreciation			3,781	. "	0	0	0	0	0	3,781	2,937			337
Grand Total Depreciation			3,781	-	0	0	0	0	0	3,781	2,937			337