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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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Ope	en to	Public	Înspec	tion

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	For the	2009 calend	dar year,	or tax year begini	ning Jul	1	, 2	009, a	nd endir	ı g Jun			, 2010		
В	Check if a	applicable	<u></u>	C Name of organiza	ation						D Emplo	yer ide	entification Num	ber	
	Addı	ress change	Please use IRS label	LIFESONG F	OR ORPHA	NS,	INC.	_			35-	<u> 190</u>	2841		
	Nam	ne change	or print or type	Number and stree	et (or PO box if	mail is n	ot delivered to stre	eet addr) Room/s	suite	E Teleph	one nu	umber		
	Initia	al return	See specific	202 NORTH	FORD STR	EET					(30	9)	747-355	6	
	Tern	nınatıon	instruc- tions.	City, town or cour	ntry		s	tate 2	IP code + 4	1					
	Ame	ended return	ĺ	GRIDLEY]	IL (61744		G Gross	receipt	s \$ 5,588	, 320	•
	Appl	lication pending	F Name a	and address of principa	l officer					H(a) is this	a group retu	rn for a	affiliates?	Yes	X No
			GARY R	INGGER 202 NORT	H FORD STREE	тGRI	DLEY	IL (61744	H(b) Are all				Yes	No
ī	Tax-e	exempt statu	$\overline{}$		(insert no)		4947(a)(1) o		527	IT NO,	attach a list	(see	instructions)		
J				ESONGFORORPH	·					H(c) Group	exemption n	umber	. ▶		
ĸ	Form o	of organization	X Corpora		Association	Other	>	L Yea	ar of Forma	tion 1993	3 M	State of	of legal domicile	IN	
Pa	rt I	Summa		····	-										
				ganization's mission	on or most sig	gnifica	nt activities	TO I	PROVID	E CHARI	TABLE A	SSI	STANCE T	O OR	PHANS
0	_ <u>_</u> z	AND TO ASS	SIST OTE	HER RELIGIOUS	AND CHAR	ITABL	E ORGANIZA	OITA	NS IN T	HE FULF	ILLMENT	COF	SIMILAR	PURP	OSES.
anc	_	CURRENTLY	LIFESO	ONG PROVIDES G	RANTS AND	LOANS	TO ASSIST	IN T	HE ADOP	TION OF	ORPHANS	S_BY	CHRISTIAL	I FAI	<u>IILIES</u>
Ę	_ <u></u>	AND COORD	INATES	THE SUPPORT	OF ORPHA	<u>NAGE</u>	EFFORTS I	N_AF	<u>RICA,</u>	<u>ASIA, C</u>	ENTRAL	_AM	ERICA ANI	D_EU	ROPE.
Š				if the organization				spose	ed of mor	e than 25°	% of its a	ssets	1		
æ				bers of the govern								3	6		
63				t voting members	_	ning bo	dy (Part VI, II	ne 1b))			4	6		
Activities & Governance				yees (Part V, line eers (estimate if r								5	120		
AG				ousiness revenue i		Looks	mn (C) ine 13	•				7			0.
	1	-		taxable income fi				=				7			<u> </u>
			<u> </u>	tanabio intollio il	101111 01111 55	<u> </u>				- Б	rior Year		Curre		
	8 C	Contributions	and gran	its (Part VIII, line	16)						1,547,2				214.
ЭĽе				ue (Part VIII, line						7	1,341,4	200		515	, 214.
Revenue	1	-		art VIII, column (A)		and 7d)			 	26,3	327		1.	349.
ď				II, column Allin								673			745.
_				nes 8through 1/1				line 1	12)	4	,578,				818.
				ounts paid (Partil)							,714,			_	931.
	14 B	Benefits paid	to or for	members (Part IX	column (A),	line 4)				•				
•				sation, employee				es 5-1	10)		447,	981		499	889.
386	16a P	Professional f	fundraisin	ng fees (Part IX, co	olumn (A). Im	ne 11e)	,								
Expenses	ı			nseş (Bart IX colu	1 - 1			284	,530.	, ,	{ _	1 3	·	,å 1	\$c
ũ				X, callumn (A)				201	, 550.		920,				
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				s Subtract line 18			11 (A), line 23)	,			, 495, (406.
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Net Assets or Fund Balancos	9A. T	otal assets ((Dort V. Iv	20.16)							ning of \ 3,030,8			of Ye	926.
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Signal Head	AF	true, correct a	is of perjury, and complete	I declare that I have ex Declaration of propage	camined this retur er (other than offic	n, includ cer) is ba	ing accompanying ased on all informa	schedu ation of	which prepa	tements, and arer has any i	to the best o	of my k	knowledge and t	etiet, ii	(IS
Sid	≥ in	•	Las.	. N) / s.						1	2 -	9	- 2-11	,	
He	re	Signature	of officer	y o m	XV	<u> </u>				Da	ite	- <i>L</i>			
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-5	<u> </u>			1				Dat	e	C	heck if	Т	Preparer's ident	ifying r	number
På	ĺd		,	// ~	1/	_		- [se		. 🗆	(see instructions	5)	
Pro	9-	Preparer's signature	> /	hall	///	(02	2/07/1		2-1-5-5	7			
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On	ıy	employed), address, and ZIP + 4		MONT	<u></u>		IL 61	568				(30	09) 267-	379	6
May	the IR	·		with the preparer s	hown above?	2 (500		.500			10110 110	_,_,	X Yes	Ť	No

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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 similar funds or 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_		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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	;	х
10	,	10_	_	Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 	- 3		
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	7		
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			: 1
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 	¥ 15 .	\$13.	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
_	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	79.5	82	"
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional [12 A X	12		v
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	X	X
	b Did the organization maintain an office, employees, or agents outside of the office States. b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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	Х	
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>x</u>

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Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 22 Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* 25b Schedule L, Part I Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV ŵ. instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 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 X 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 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 37 Х

BAA Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

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	To Jotatoments Regulating other into Finings and Tax Compilation							
		Sec. 12.	Yes	No				
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 12		* i	» \ ° .				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	÷ 5	,	ŧ				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	*				
2 a	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	, ^{2,2} ,	7	,				
2 t	of 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 <i>e-file</i> this return (see instructions)	\v•4 . ∑	,	18 1 3 3 3 4 4 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х				
t	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b						
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х					
t	If 'Yes,' enter the name of the foreign country See Foreign Countries	,		*				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		·	** *>				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х				
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с						
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х				
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).	***	, », ÷					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a 7b		Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х				
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	Jan.		, ign of				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>h</u>						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business budges at any time during the year?	** 8		* <u> </u>				
9	Sponsoring organizations maintaining donor advised funds.	-						
	Did the organization make any taxable distributions under section 4966?	9a						
	Did the organization make any distribution to a donor, donor advisor, or related person?	9ь						
	Section 501(c)(7) organizations. Enter	^						
	Initiation fees and capital contributions included on Part VIII, line 12	- ,		^.5				
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	3 60		*				
	Section 501(c)(12) organizations. Enter		`	33				
	Gross income from other members or shareholders			4				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	à	` .	^				
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							

BAA Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Bo	ody and	Manag	ement	<u> </u>		_								
											- "-			`	res	No
1 8	Enter the	number of voting	members	of the go	verning	body				1 a	6			14/3		
i	Enter the	number of voting	members	that are i	ndepend	dent				1b	6			3	₩,	n 4
2	Did any o	fficer, director, tru rector, trustee or l	istee, or ke key emplo	ey employ yee?	yee have	e a family	y relatio	nship or a	business rel	lationsh	ip with a	any other	فسا	2	X	لمنگدن
3	Did the o	rganization delega s, directors or trust	ite control tees, or ke	over man	nagemer rees to a	nt duties o	customa ement c	arıly perfor ompany or	med by or u	nder the	e direct	supervisio	on	3		х
4	Did the o	rganization make a	any signifi			_								4	_	<u>X</u>
_		prior Form 990 wa					م ما الما الما	non of the		.'a aaaa	1 02		1	5		v
5 6		rganization becom organization have			•		ai divers	sion of the	organization	is asse	is'		-	6	_	<u>x</u>
_	Does the	organization have					ersons v	vho may el	ect one or m	nore me	embers o	of the			i	
i	governing Are any o	j body? lecisions of the go	vernina ho	ndv suhier	ct to and	nroval hv	membe	ers stockh	olders or oth	ner ners	sons?	•	-	7a 7b		_ <u>X</u>
	-	ŭ	•			•		·	•	•			\ <u>"</u>		7,78	
	the follow	•	nporaneou	isly docun	nent the	meeting	s held c	or written a	ctions under	taken d	luring th	e year by		 		
	-	rning body?											_	8a	X	
		nmittee with author	-		_	-	_							ВЬ	Х	
	organizat	ny officer, director ion's mailing addre	ess? If 'Ye	s,' provia	le the na	ames and	d addres	sses ın Sch	nedule O					9	х	
		· · · · · · · · · · · · · · · · · · ·	ns Secti	on B re	quests	s inform	nation	about po	olicies not	requi	red by	the Inte	ernal			
Reve	enue Code)												Τ,	, 	
10.	Dogo the	ornanian bassa	lanal abas			66-1 4-	2						[40	-	es	No_
		organization have			•									0 a	+	<u>X</u>
t	and bran	oes the organization ones the organization of	on have w ir operatio	ritten poli ons are co	icies and Insistent	d procedu t with tho	ures gov se of th	verning the e organiza	tion?	such c	hapters,	affiliates	1,	0 Ь	\Box	
		rganization provid						-		efore fi	ling the	form?	1		<u>X</u>	,
11 4	Describe	in Schedule O the	process,	if any, us	ed by th	e organız	zation to	review th	ıs Form 990				<u> </u>			30 × 1
		organization have						_					1:	2 a	<u>x</u>	
t	Are office to conflic	rs, directors or tru ts?	istees, and	d key emp	oloyees	required	to discle	ose annual	ly interests t	that cou	ıld give	rise	1:	2Ь	х	
•	Does the Schedule	organization regul O how this is don	larly and c e	onsistenti	ly monit	or and er	nforce c	ompliance	with the pol	icy? <i>If</i> '	'Yes,' de	scribe in	1:	2 c	х	
13	Does the	organization have	a written	whistleblo	wer pol	licy?							1:	3	X	
14	Does the	organization have	a written	documen	t retenti	on and de	estructio	on policy?					1.		X	
15	Did the p persons,	rocess for determine comparability data	ning comp a, and conf	ensation temporan	of the fo	ollowing p Ibstantiati	persons ion of th	include a ne delibera	review and a tion and dec	approva Ision?	l by inde	ependent				
ě	The organ	nization's CEO, Ex	ecutive Di	rector, or	top ma	nagemen	it officia	ıl					1:	5 a	x	
ŀ	Other offi	cers of key employ	yees of the	e organiza	ation								1	5 b	X	
	If 'Yes' to	line 15a or 15b, d	lescribe th	e process	s in Sch	edule O.	(See in	structions)				1.00		\$	
16 a	Did the o	ganization invest ing the year?	ın, contrıb	ute assets	s to, or	participat	te in a ji	oint ventur	e or sımılar	arrange	ment w	th a taxa	ble	் இ 6 a		_XX
t	ın joint ve	as the organization enture arrangement h respect to such	its under a	applicable	policy of federal	or proced tax law,	ure requ and tak	uiring the c sen steps to	organization o safeguard	to evalu the orga	uate its i anizatioi	participat n's exemp	ot j≟	Э. 6 b		
Sec		Disclosures	2			<u>. </u>										
		tates with which a	copy of th	ıs Form 9	990 is re	quired to	be filed	d ► See	States Form	990 Fi	led In					
18	Section 6	104 requires an or Indicate how you	rganizatior u make the	n to make ese availa	its Forr	ns 1023 (eck all th	or 1024	4 ıf applıca V	ble), 990, ar	nd 990-	T (501(c	(3)s only	y) avaılal	ole fo	r pul	olic
		website	_	er's webs		X		, request								
19	Describe statemen	in Schedule O whe ts available to the	 ether (and public	If so, how	w) the o	rganızatıc	on make	es its gove	rning docum	ents, co	onflict of	interest	policy, a	nd fir	nancı	al
20		name, physical ac	•	d telepho	ne numl	ber of the	e persor	n who poss	esses the bo	ooks an	d record	ls of the o	organızat	ion		
١	LIFES	NG FOR ORPH	<u>IANS</u>	202 NOF	≀ <u>TH</u> FOI	RD STRE	ET_G	RIDLEY		<u>Γ</u>	6 <u>1744</u>		(309)_74	7-3	<u>556</u>

BAA

Form 990 (2009)

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

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

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

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

Check this box if the organization did no	t compens	ate ar	ту сі	urrer	nt of	fficer,	direc	ctor, or trustee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours			_	_	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el trustere or director	mshluhomel kustee	Offi-ei	Key employee	High est coinge-isated employee	Fornel	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
GREG GRAMM								-		
DIRECTOR	1.00	Х	<u> </u>					0.	0.	0.
ROBERT HOERR										
DIRECTOR	1.00	Х						0.	0.	0.
JOEL CLOUSING										
DIRECTOR	1.00	Х						0.	0.	0.
TIMOTHY WALLEN										
DIRECTOR	1.00	Х	L					0.	0.	0.
GARY RINGGER										
PRESIDENT	15.00	Х		Х				0.	0.	0.
MARLA_RINGGER										
SECRETARY/TREASURER	15.00	X	<u>L</u>	Х				0.	0.	0.
N. ANDREW LEHMAN	.		l			1				
V-P OF OPERATIONS	40.00		<u>_</u> _	Х				89,890.	0.	4,030.
MARTHA_BAHLER			l							
CFO	40.00		<u> </u>	Х	_		_	43,967.	0.	0.
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Name and business address Description of Services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compensate	d indep	ende	ent c	ontr	acto	ors t	hat	received more tha	n \$100,000 of		
Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization						_					
2 Total number of independent contractors (including but not limited to those listed above) who received more than	Name and business address	c							(B)	of Services	(C)	on
	rvaine and business address	3							Description	J. OCIVICOS	Compensation	<u></u>
												
								_	<u> </u>		NACOTE SEE ALMENDO O ON SE	Aur C THA
	· · · · · · · · · · · · · · · · · · ·	out not t	ımıte	d to	tho	se I	ısted	i ab	ove) who received	more than		

rai	E VI	Statement of Re		· · · · ·		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
17. *	, , ,	k jir ku di te	\$ 1 ⁻⁶	5 -	, es *196 /c		revenue		512, 513, or 514
2 5	1 a	Federated campaigns		1 a			, <u>*</u> , .	or A he had	
A P	b	Membership dues		1 b		, , , , , , , , , , , , , , , , , , , ,	•		
S G AMC		Fundraising events		1 c	54,088.			- 15 - 26 °	
들		Related organizations		1 d	974,772.	1000 1 100	, to 1		8 - A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SES,	е	Government grants (contribution	ons)	1 e). 	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g		1.6	4 546 354		· · · · · · · · · · · · · · · · · · ·		1. 16 / 10 / 10 / 10 / 10
	_	similar amounts not included a Noncash contribus included in		1f \$	4,546,354.	A COMPANIE			\$ 30 A 1 . A 1
ANG	-	Total. Add lines 1a-1f	1115 10-11	٧		5,575,214.		· • · · · · · · · · · · · · · · · · · ·	March B. March
	•	Total: Add lines to 11			Business Code	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
NEN	2 a	·		[
Æ	b	·						_	
Ş	c		- -	L	·-·				 _
SER	d	 -	- -	L					
¥Α	e			_					
PROGRAM SERVICE REVENUE		All other program service	e revenue	e [~	""
-		Total. Add lines 2a-2f	-				,	\$ 8:	
	3	Investment income (incl other similar amounts)	uding divi	dends,	interest and	7,507.	0.	0.	7,507.
	4	•	of tay.ex	emnt h	and proceeds	7,307.			
	5			cript b	ona proceeds				
		Noyanics	(ı) R	eal	(II) Personal	And Anti-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Carlo Carlo	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	6 a	Gross Rents				*			* ***
ļ	t	Less rental expenses							
	(: Rental income or (loss)				<u> </u>	<u> </u>	<u> </u>	
	c	Net rental income or (lo	ss)		<u> </u>			1	* * * * * * * * * * * * * * * * * * *
	7 a	Gross amount from sales of	(ı) Seci	urities	(II) Other				
		assets other than inventory			2,842.	* * * * * * * * * * * * * * * * * * * *			
	t	Less cost or other basis			9,000.	5 Y 18. 11	* ** ** ** ** ** ** ** ** ** ** ** ** *	, www.	y , ,
		and sales expenses Gain or (loss)			-6,158.			,	
		Net gain or (loss)	<u> </u>		<u>-0,136.</u> ►	-6,158.	0.	0.	-6,158.
		-					/ Y	2º F.L. 1 1 %; ""	
<u>a</u>	8	Gross income from fund (not including \$	iraising ev 54, (988.					
OTHER REVEN		of contributions reported	on line	lc)		N 40.		in the second	
2		See Part IV, line 18		а	0.				
ͳ	ŀ	Less direct expenses		b	41,502.		* ***	· • • • • • • • • • • • • • • • • • • •	\$
0	(: Net income or (loss) fro	m fundra	ising ev	ents <u></u>	-41,502.	0.	0.	-41,502.
	98	Gross income from gam See Part IV, line 19	ning activi	ties.		· · · · · · · · · · · · · · · · · · ·		* ,	
		Less direct expenses		b		1			
		Net income or (loss) fro	m gamino	activiti	ies •				
	l	Gross sales of inventor	_				,		* .
	ŀ	and allowances		a		-	*	34	,
	ı	Less cost of goods sole		b	ton.		·		
	 	Net income or (loss) from Miscellaneous Rever		or inven	Business Code	1 .	 		
	112	MISCELLANEOUS REL		COME 9		2,757.	2,757.	0.	0.
	b								
									ļ
	(d All other revenue							ļ
		e Total. Add lines 11a-11	d		•	2,131.			
	_	Total revenue. See inst	ructions		<u> </u>	5,537,818.	2,757.	0.	-40,153.
BA	Δ.				TE	EA0109 02/12/10			Form 990 (2009)

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Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	i 			
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	356,103.	356,103.		w
2		2,279,980.	2,279,980.		
3	Grants and other assistance to governments, organizations, and individuals outside the				
4	U Š See Part IV, lines 15 and 16 Benefits paid to or for members	26,848.	26,848.		
5	Compensation of current officers, directors, trustees, and key employees	144,089.	39,279.	55,711.	49,099.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	333,223.	293,473.	31,174.	8,576.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,580.	2,871.	1,254.	2,455.
10	Payroll taxes	15,997.	6,814.	5,001.	4,182.
11 a	Fees for services (non-employees) Management				
Ł	D Legal	1,044.	0.	1,044.	0.
c	Accounting	14,093.	0.	14,093.	0.
c	d Lobbying				
e	Prof fundraising svcs See Part IV, In 17		Charles Was	Market Committee	
	Investment management fees .				
ç	Other	325.	0.	325.	0.
12	Advertising and promotion			-	
13	Office expenses	32,776.	24,131.	3,309.	5,336.
14	Information technology	21,630.	7,210.	7,210.	7,210.
15	Royalties				
16	Occupancy	131,449.	121,585.	4,932.	4,932.
17	Travel	312,592.	223,213.	40,590.	48,789.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest	9,847.	0.	9,847.	0.
	Payments to affiliates	"			
22	Depreciation, depletion, and amortization	126,461.	118,710.	3,876.	3,875.
23	•	120, 401.		3,070.	3,073.
	Other expenses Itemize expenses not covered above. (Expenses grouped together			************	A
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			````} * \$* /.	
а	MINISTRY SUPPLIES	558,674.	558,674.	0.	0.
	POSTAGE/SHIPPING	16,641.	6,022.	5,309.	5,310.
	: MARKETING/DEVELOPMENT	144,766.	0.	0.	144,766.
d	MISCELLANEOUS	9,294.	3,596.	5,698.	0.
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,542,412.	4,068,509.	189,373.	284,530.
	Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA				<u> </u>	Form 990 (2009)

			(A) Beginning of year		(B) End of year
П	1	Cash – non-interest-bearing	611,988.	1	119,875.
ı	2	Savings and temporary cash investments	128,908.	2	1,336,939.
Ì	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ŀ	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	
S	7	Notes and loans receivable, net		7	<u> </u>
A S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	64,024.	9	56,920.
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,583,857.		.***	30,920.
	b	Less accumulated depreciation 10b 287,793.	1,665,944.	10 c	2,296,064
		Investments – publicly-traded securities	<u> </u>	11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	559,957.	15	345,128.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,030,821.	16	4,154,926.
_	17	Accounts payable and accrued expenses	36,438.	17	41,644
	18	Grants payable	30,430.	18	, 0
	19	Deferred revenue		19	
ᅵ	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
╏		·		21	
A B I L	21 22	Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
Ī		of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0.	25	123,493.
	26	Total liabilities. Add lines 17 through 25	36,438.	26	165,137.
NET.		Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34.		# P	
A S	27	Unrestricted net assets	1,782,150.	27	2,109,405
Ĕ	28	Temporarily restricted net assets	1,212,233.	28	1,880,384
E S	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► and complete		. ·	13 . C. 15 14 13
		lines 30 through 34.		,	,
בשבם	30	Capital stock or trust principal, or current funds	Manager of the control of the contro	30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ķ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances.	2,994,383.	33	3,989,789.
Ĕ	34	Total liabilities and net assets/fund balances	3,030,821.	34	4,154,926.

TEEA0111 01/30/10

Rart XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	di s	1 1 1 1 1	- **
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			، ن
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	_2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	_ X_	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	\$		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	*	\$°, '\$	
X Separate basis Consolidated basis Both consolidated and separate basis	-	4. 18 2	4 8 Vac
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

nonexempt charitable trust.

OMB No 1545-0047 2009

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization LIFESONG FOR ORPHANS, INC. 35-1902841 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II Type III - Functionally integrated Type III - Other d l By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (v) Did you notify the organization in col (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (ii) FIN (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? rganization in col (i) listed in your Organization your support? governing document? Yes Yes No Yes No No ر در کور

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 LIFESONG FOR ORPHANS, INC. 35-1902841

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 35-1902841 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support	, · · · · · · · · · · · · · · · · · · ·	····				·			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	1,155,124.	1,859,769.	2,652,366.	4,568,962.	5,575,214.	15,811,435.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge									
4	Total. Add lines 1-through 3	1,155,124.	1,859,769.	2,652,366.	4,568,962.	5,575,214.	15,811,435.			
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, column (f)						380,716.			
6	Public support. Subtract line 5 from line 4						15,430,719.			
Sec	tion B. Total Support									
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	1,155,124.	1,859,769.	2,652,366.	4,568,962.	5,575,214.	15,811,435.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,865.	5,041.	1,895.	4,377.	7,507.	20,685.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
	Total support. Add lines 7 through 10	4 .	· **		32	,	15,832,120.			
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	2,757.			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as	a section 501(c)(3	³⁾ ► □			
	tion C. Computation of Pu			11 1 (0		14	97.46%			
14	Public support percentage for 20			e 11, column (t)		15	98.34%			
15	,					· · · · ·				
	33-1/3 support test — 2009. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization.			<u> </u>			
t	b 33-1/3 support test − 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a s-and-circumstanc	ind-circumstances es' test. The orga	test, check this tenization qualifies	as a publicly supp	e Explain in Part in orted organization	v now ►			
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	' test, check this t ation qualifies as	oox and stop here a publicly support	ted organization	v now the ►			
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check the	s box and see ins	tructions			
BAA	L				S	criedule A (Form :	990 or 990-EZ) 2009			

Schedule A (Form 990 or 990-EZ) 2009 LIFESONG FOR ORPHANS, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

	Alam A. Duklia Curmont						
_	tion A. Public Support		42.0005	()0007	(-p. 0000	(-) 2000	(O Tatal
Cale 1	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5]]		
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						<u> </u>
8	Public support (Subtract line		3.50			- 4.4.4.4. <u>-</u>	
	7c from line 6)	\$7.50 Miles & 4.60		1.25 23.		300	,
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u> </u>			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses		· · · · · · · · · · · · · · · · · · ·			 -	
_	acquired after June 30, 1975					·	
	Add lines 10a and 10b						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		31.4				
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12)				The state of the s		
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12)			1 1800	1 1	Supplies 7	3)
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, secon	1 1800	1 1	Supplies 7	33)
11 12 13 14 Sec	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and attion C. Computation of Pul	s for the organiza stop here blic Support P	tion's first, secon	d, third, fourth, or	1 1	section 501(c)(3	
11 12 13 14 Sec 15	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and etion C. Computation of Pul	s for the organiza stop here blic Support P 09 (line 8, column	ercentage (f) divided by lin	d, third, fourth, or	1 1	section 501(c)(3	%
11 12 13 14 Sec 15 16	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and extion C. Computation of Pul Public support percentage for 200 Public support percentage from 2	s for the organiza stop here blic Support P 09 (line 8, column 008 Schedule A,	ercentage (f) divided by lin Part III, line 15	d, third, fourth, or	1 1	section 501(c)(3	
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and action C. Computation of Pul Public support percentage from 2 Public support percentage from 2 Tion D. Computation of Inv	s for the organiza stop here blic Support P 09 (line 8, column 008 Schedule A, estment Incor	ercentage (f) divided by lin Part III, line 15 ne Percentag	d, third, fourth, or e 13, column (f))	fifth tax year as a	section 501(c)(3	% %
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and action C. Computation of Pul Public support percentage for 20c Public support percentage from 2 cition D. Computation of Inventores action D. Computation D. Computation of Inventores action D. Computation D. Computation of Inventores action D. Computation D. C	s for the organization here blic Support P 9 (line 8, column 008 Schedule A, estment Incor r 2009 (line 10c,	ercentage (f) divided by lin Part III, line 15 ne Percentag column (f) divided	d, third, fourth, or e 13, column (f)) e d by line 13, column	fifth tax year as a	section 501(c)(3	% %
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and extion C. Computation of Pul Public support percentage for 20c Public support percentage from 2 extion D. Computation of Inv Investment income percentage for Investment Income Investment Investment Investment Investment Income Investment Investment	s for the organization here blic Support P 09 (line 8, column 008 Schedule A, estment Incor r 2009 (line 10c, om 2008 Schedule	ercentage (f) divided by lin Part III, line 15 ne Percentag column (f) divided A, Part III, line	d, third, fourth, or e 13, column (f)) e d by line 13, column	fifth tax year as a	section 501(c)(3 15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and action C. Computation of Pul Public support percentage from 2 Public support percentage from 2 Investment income percentage for Investment income percentage from 133-1/3 support tests — 2009. If the more than 33-1/3%, check this box	s for the organization here Dic Support P Og (line 8, column Oo8 Schedule A, estment Incor r 2009 (line 10c, om 2008 Schedule e organization dic ox and stop here.	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided a A, Part III, line Inot check the both The organization	d, third, fourth, or e 13, column (f)) e d by line 13, column 17 ox on line 14, and qualifies as a pub	fifth tax year as a	section 501(c)(3 15 16 17 18 an 33-1/3%, and anization	% % % % line 17 is not ►
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and action C. Computation of Pul Public support percentage from 2 Public support percentage from 2 tion D. Computation of Invitroestment income percentage for Investment income percentage from 33-1/3 support tests — 2009. If the	s for the organization here Dic Support P O9 (line 8, column 008 Schedule A, estment Incor r 2009 (line 10c, om 2008 Schedule e organization dic x and stop here. e organization dic e organization dic e organization dic e organization dic	ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided A, Part III, line I not check the bo The organization I not check a box	d, third, fourth, or e 13, column (f)) e d by line 13, column 17 ox on line 14, and qualifies as a public on line 14 or 19a.	fifth tax year as a annual fifth tax year as a	15 16 17 18 20 33-1/3%, and anization 21 than 33-1/3%	% % % % line 17 is not

Schedule A	` (Form	990 or 9	990-EZ	2009	LI	FESONO	FOR	ORP	HANS,	INC	! .			35-	1902	841		Page 4
Part IV.	Sup Part	olemer II, line	n tal In 17a d	formator 17b;	tion.	Complete Part II	ete thi	s par 12. F	t to pr	rovide e any	the o	explanation additiona	ns rec	quired rmatic	by F	art II, li ee instri	ne 10 uctions	; S.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection (1998) Employer Identification number

35-1902841 LIFESONG FOR ORPHANS, INC.

<u>Ka</u>	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe to Form 990, Part IV. line	er Similar Fund e 6.	s or Acco	unts Complete	: IT
		(a) Donor advised		(b) Fu	unds and other acc	ounts
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 don funds are the organization's property, subject t	or advisors in writing that the a to the organization's exclusive f	essets held in dono legal control?	advised	Yes	No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for tipurpose conferring impermissible private bene	he benefit of the donor or dono	g that grant funds r or advisor or for any	nay be other	Yes	No No
Ŗă	rtilli Conservation Easements Comple	ete if the organization an	swered 'Yes' to	Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all tha	at apply)		_	
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of	an historical	ly important land a	rea
	Protection of natural habitat	•	Preservation of			
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation	contribution in the	form of a co	onservation easem	ent on the
					Held at the End of	the Year
	a Total number of conservation easements			2a		
	b Total acreage restricted by conservation easen	nents		2b		
	c Number of conservation easements on a certific		n (a)	2c		
	d Number of conservation easements included in		(4)	2d		
	Number of conservation easements modified, t	• • • •	had or terminated		uzation during the	tav
•	year ►	ransierred, released, extinguis	neu, or terminateu,	by the organ	inzation during the	iux
4	Number of states where property subject to con	nservation easement is located	-			
5	Does the organization have a written policy regard enforcement of the conservation easemen	t it holds?			ons, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring during the year •			nts —		=
7	Amount of expenses incurred in monitoring, instituting the year ►	specting, and enforcing conser	vation easements	\$ _		_
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	n	Yes	☐ No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial st	n its revenue and ex atements that desc	opense state ribes the org	ment, and balance janization's accour	sheet, and iting for
Ŗa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or (, Part IV, line 8	Other Sim	ilar Assets	
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	ic exhibition, education, or rese	revenue statement earch in furtherance	and balance of public se	sheet works of artervice, provide, in F	, historical Part XIV,
1	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, to report in its reve ic exhibition, education, or rese	enue statement and earch in furtherance	balance she of public se	eet works of art, his ervice, provide the	storical following
	(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 ar amounts required to be reported under SFAS 1	t, historical treasures, or other 16 relating to these items:	similar assets for f	inancial gair	n, provide the follow	ving
	a Revenues included in Form 990, Part VIII, line				► \$	
	h Assets included in Form 990. Part X				►S	

Part III Organizations Maintaining 3 Using the organization's acquisition a items (check all that apply) a Public exhibition b Scholarly research c Preservation for future generation 4 Provide a description of the organization assets to be sold to raise funds rathe Part IV Escrow and Custodial Air 9, or reported an amount 1 a Is the organization an agent, trustee, included on Form 990, Part X? b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	ns tion's collections solicit or receive r than to be mai rrangements t on Form 990 custodian, or ot	d Loan of and explain how and explain how donations of art, natured as part of Complete if of D, Part X, line ther intermediary for the control of the contr	they further the organization answer	ation's exempt purpose other similar action? red 'Yes' to Form 9	e of its collected in	ction
a Public exhibition b Scholarly research c Preservation for future generation 4 Provide a description of the organization assets to be sold to raise funds rathe Part IV Escrow and Custodial Air 9, or reported an amount 1 a Is the organization an agent, trustee, included on Form 990, Part X? b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	ns tion's collections solicit or receive r than to be mai rrangements t on Form 990 custodian, or ot	d Loan of e Other and explain how e donations of art, intained as part of Complete if of O, Part X, line ther intermediary for the other street of	they further the organization's collecting anization answer	ation's exempt purpose other similar oction? red 'Yes' to Form 9	Yes 990, Part	No IV, line
b Scholarly research c Preservation for future generation 4 Provide a description of the organization assets to be sold to raise funds rathe Part IV Escrow and Custodial Ai 9, or reported an amount 1 a Is the organization an agent, trustee, included on Form 990, Part X? b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	solicit or receive r than to be mai rrangements t on Form 990 custodian, or ot	e Other and explain how e donations of art, ntained as part of Complete if o O, Part X, line ther intermediary f	they further the organizes historical treasures, or the organization's collecting anization answers 21.	other similar oction? red 'Yes' to Form services assets not	Yes 990, Part	IV, line
c Preservation for future generation 4 Provide a description of the organizate Part XIV 5 During the year, did the organization assets to be sold to raise funds rathe 9, or reported an amount 1 a Is the organization an agent, trustee, included on Form 990, Part X? b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	solicit or receive r than to be mai rrangements t on Form 990 custodian, or ot	and explain how donations of art, ntained as part of Complete if o D, Part X, line ther intermediary f	historical treasures, or the organization's collecting organization answer 21.	other similar oction? red 'Yes' to Form services assets not	Yes 990, Part	IV, line
Provide a description of the organization Part XIV During the year, did the organization assets to be sold to raise funds rathe Part IV Escrow and Custodial A 9, or reported an amount 1 a is the organization an agent, trustee, included on Form 990, Part X? b if 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	solicit or receive r than to be mai rrangements t on Form 990 custodian, or ot	donations of art, ntained as part of Complete if o D, Part X, line her intermediary f	historical treasures, or the organization's collecting organization answer 21.	other similar oction? red 'Yes' to Form services assets not	Yes 990, Part	IV, line
Part XIV 5 During the year, did the organization assets to be sold to raise funds rathe Part IV Escrow and Custodial Ai 9, or reported an amount 1 a is the organization an agent, trustee, included on Form 990, Part X? b if 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	solicit or receive r than to be mail rrangements t on Form 990 custodian, or ot	donations of art, ntained as part of Complete if o D, Part X, line her intermediary f	historical treasures, or the organization's collecting organization answer 21.	other similar oction? red 'Yes' to Form services assets not	Yes 990, Part	IV, line
assets to be sold to raise funds rathe Part IV Escrow and Custodial Ai 9, or reported an amount 1 a is the organization an agent, trustee, included on Form 990, Part X? b if 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	r than to be mail rrangements t on Form 990 custodian, or ot	ntained as part of Complete if o D, Part X, line her intermediary f	the organization's collection answer 21. or contributions or other	r assets not	990, Part	IV, line
9, or reported an amount 1 a Is the organization an agent, trustee, included on Form 990, Part X? b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance	custodian, or ot	D, Part X, line	21. for contributions or othe	r assets not	Yes	
included on Form 990, Part X? b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance		_				No
 b If 'Yes,' explain the arrangement in P c Beginning balance d Additions during the year e Distributions during the year f Ending balance 	art XIV and com	plete the following	g table		Amount	
 c Beginning balance d Additions during the year e Distributions during the year f Ending balance 		•			Amount	
d Additions during the yeare Distributions during the yearf Ending balance						
e Distributions during the yearf Ending balance				1c	_	
Distributions during the year Ending balance				1 d		
f Ending balance				1e		
· · ·				1f		
2a Did the organization include an amou	int on Form 990.	Part X. line 21?			Yes	No
b If 'Yes,' explain the arrangement in P						□
Part V Endowment Funds Comp		zation answere	ed 'Yes' to Form 99	0. Part IV. line 10) <u>.</u>	
	(a) Current year	(b) Prior year	·			years back
1 a Beginning of year balance	(a) carront your	(b) (not) date	1407 ,50	(a) Three years back	· (c) 1001	years back
b Contributions	·	-			7. 38 Y	
c Net Investment earnings, gains, and losses						
d Grants or scholarships					- 1 × 1	*,7
'					1 X	<u> </u>
Other expenditures for facilities and programs Administrative expenses					· ^ · · · · · · · · · · · · · · · · ·	* } ~
· —		 	1 1 1 1 1 1 1	- 54 - 345	4	<u> </u>
g End of year balance		<u> </u>		<u> </u>	10 + 15 + 40	* * * -
2 Provide the estimated percentage of t	-	ance held as				
a Board designated or quasi-endowmer	nt ►	 &				
b Permanent endowment ►	%					
c Term endowment	_%					
3a Are there endowment funds not in the organization by	possession of t	he organization th	nat are held and adminis	stered for the	Y	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related organ	nizations listed as	s required on Sch	edule R?		3b	
4 Describe in Part XIV the intended use					<u> </u>	
Part VI Investments—Land, Build	dings, and Ed	uipment. See	Form 990, Part X.	line 10.		
Description of investment	(a) Co	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Boo	k Value
1a Land			505,709.		5	05,709
b Buildings			1,454,329.	91,606.		62,723
c Leasehold improvements					=, -	
d Equipment			435,178.	193,113.	2	42,065
e Other			188,641.	3,074.		85,567
	must asual Farr	n 000 Port V and				
otal. Add lines 1a through 1e (Column (d)	must equal Forr	и ээи, нап х, сог	umm (b), ime TU(c))		dule D (Forr	96,064

Part VII Investments-Other Securities See For	rm 990, Part X, lir	ne 12.	
(a) Description of security or category	(b) Book value	(c) Method of val Cost or end-of-year m	luation parket value
(including name of security) Financial derivatives		Cost of end-of-year fr	lainet value
Closely-held equity interests			
Other			
	 		
	<u> </u>		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)			
Part VIII Investments-Program Related (See F	orm 990, Part X,	line 13)	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
awada a sa	<u></u>	Cost or end-of-year n	narket value

Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)	uno 15\		
Part IX: Other Assets (See Form 990, Part X, I			(b) Book value
	cription		345,128.
ADOPTION COVENANT AGREEMENTS RECEIVABLE FROM TMG FOUNDATION (A RELA	AMED DADMY)		0.
RECEIVABLE FROM IMG FOUNDATION (A RELA	ATED PARTY)		
		<u>. </u>	
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B), line	15)		345,128.
Part X Other Liabilities (See Form 990, Part)			
(a) Description of Liability	(b) Amount		1000 TANK TANK
Federal Income Taxes	(D) / WHOLIN		
PAYABLE TO TMG FOUNDATION (A RELATED PART	Y) 123,4	93	
PATABLE TO THE POUNDATION (A REBATED TAKE	17 125, 1		
12	-		
	-		
		The state of the s	
	+		
	+-		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	123,4	93.	
	· · · · · · · · · · · · · · · · · · ·		

		-1902	841 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		F 535 010
1	Total revenue (Form 990, Part VIII,column (A), line 12)	-	5,537,818.
2	Total expenses (Form 990, Part IX, column (A), line 25)	\vdash	4,542,412.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-	995,406.
4	Net unrealized gains (losses) on investments	<u> </u>	·
5	Donated services and use of facilities	-	
6	Investment expenses		
7	Prior period adjustments	\vdash	
8	Other (Describe in Part XIV)	-	
9	Total adjustments (net) Add lines 4 through 8	<u> </u>	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		995,406.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	1	F F70 220
1	Total revenue, gains, and other support per audited financial statements	1	5,579,320.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments	25 37 197	
	Donated services and use of facilities	13. 11.	
	Recoveries of prior year grants 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	5,579,320.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
	Investments expenses not included on Form 990, Part VIII, line 7b	`.4	
	Other (Describe in Part XIV) 4b -41,502.		
	Add lines 4a and 4b	4c	-41,502.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,537,818.
	TEXILIS Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	4,583,914.
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Cother losses 2c		
	1 Other (Describe in Part XIV)		
	e Add lines 2a through 2d	_2e	4 502 014
-	Subtract line 2e from line 1	3	4,583,914.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
	a Investments expenses not included on Form 990, Part VIII, line 7b	1	
	Other (Describe in Part XIV) 4b -41,502.		44 500
	Add lines 4a and 4b	4c	-41,502.
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) **EXIV Supplemental Information	5	4,542,412.
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Ii 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part mation.	nes 1b a to provid	and 2b, Part V, de any additional
Pt.	XII Line 4b FUND-RAISING EVENT EXPENSES	. 	
<u>Pt</u>	XIII Line 4b FUND-RAISING EVENT EXPENSES		
<u>.Pt</u>	X ON JULY 1, 2009 LIFESONG ADOPTED THE RECOGNITION REQUIRE	MENTS	FOR UNCERTAIN
	INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACC	TTMUC	NG PRINCIPLES,
~	WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME	XAT :	BENEFITS ARE
	RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO	O_BE_1	<u> TAKEN IN A TAX</u>
-	RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSIT	ί <mark>ΟΝ</mark> ΜΙ	LL MORE-LIKELY
BAA	-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHOR TEEA3304 02/02/10		S. MANAGEMENT ale D (Form 990) 2009

Schedule D (Form 990) 200	9 LIFESONG FOR ORPHAN	IS, INC.	35-1902841	Page 5
Part XIV Supplemen	tal Information (continued)			
	HAS ANALYZED TAX POSIT	CIONS TAKEN AND BELIEVES	THAT INCOME TAX FILING POS	<u>SITIONS</u>
	_WILL_BE_SUSTAINED_UPC	ON_EXAMINATION_AND_DOES	NOT ANTICIPATE ANY ADJUS	STMENTS
	THAT WOULD RESULT IN A N	MATERIAL ADVERSE AFFECT C	NN LIFESONG'S FINANCIAL PO	SITION,
	ACTIVITIES OR CASH FLO	WS. ACCORDINGLY, LIFESON	NG HAS NOT RECORDED ANY RE	<u>SERVES,</u>
	OR RELATED ACCRUALS	FOR INTEREST AND PENAL	TIES FOR UNCERTAIN INCO	ME TAX
	POSITION AS OF JUNE 30	, 2010. LIFESONG IS SUB	JECT TO ROUTINE AUDITS BY	<u>TAXIN</u> G
	_JURISDICTIONS; HOWEVE	ER, THERE ARE CURRENTLY	NO AUDITS FOR AN TAX P	<u>ERIODS</u>
	IN PROGRESS. LIFESO	NG BELIEVES IT IS NO L	ONGER SUBJECT TO INCOME	<u> TAX</u> _
-	EXAMINATIONS FOR YEA	RS PRIOR TO 2006.		
				_ _
				
	-			
				
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Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public, Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

Rart I	General to Form	Information on 990, Part IV, III	Activities	Outside the	United States.	Complete	if the	organization	answered	'Yes'
										

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No
---	---	-------	----

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use (a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Russia	1	40	PROGRAM SERVICES	CARE OF ORPHANS	630,308
Sub-Saharan Africa	1	25	PROGRAM SERVICES	CARE OF ORPHANS	263,902
South Asia	1	70	PROGRAM SERVICES	CARE OF ORPHANS	202,350
<u>Middle East</u>	2	25	PROGRAM SERVICES	CARE OF ORPHANS	65,954
					
		, 			
					
				1 1 7 1 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
<u>Totals</u>	5	160		A Control of the Cont	1,162,514

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

Schedule F (Form 990) (2009)

Page 2

35-1902841

LIFESONG FOR ORPHANS, INC

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

						ı	70.000	AN Mothad
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	non-cash assistance	of valuation (book, FMV, appraisal, other)
*	*	Middle East	e East care of or phans	9,000.CASH	CASH		,	
4	.#* `							
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								`
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	,		•					
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A second	184							
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		₩ 4 4						
	*							
\$	*							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

BA BA

35-1902841

Page 3

Schedule F (Form 990) 2009 LIFESONG FOR ORPHANS, INC.

[Parklil] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

raitiv, ille 10. Ose Schedule		ם ממונוטוומו אף	שמחה וש ווככתכת.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INDIVIDUAL ASSISTANCE	Sub-Saharan Africa 1	1	1,648.	CASH			
	Russia	1	5,200.CASH	CASH			
	East	1	1,000.	CASH			
	Sub-Saharan Africa 1	1	10,000.	CASH			
ВАА			TEE A 2502 07/06/00			Schedule F	Schedule F (Form 990) 2009

Complete this pa	art to provide the information required in Part I, line 2, and any additional information
Pt_I_Line_2	AN INDIVIDUAL AT EACH FOREIGN LOCATION PROVIDES A MONTHLY SPREADSHEET SHOWING FINANCIAL
-	ACTIVITY TO THE LIFESONG USA ACCOUNTING DEPARTMENT. THIS ACTIVITY IS RECONCILED WITH
	CASH ADVANCES MADE DURING THE MONTH. SUPPORTING DOCUMENTATION OVER A CERTAIN AMOUNT
~	IS REQUIRED TO BE FORWARDED TO THE USA OFFICE - SUPPORTING THE ACTIVITIES ON THE
~	SPREADSHEETS. TRANSLATIONS (AS NEEDED) OF SUPPORTING DOCUMENTATION IS OBTAINED
~	BY THE USA OFFICE. ANNUAL BUDGETS FOR EACH FOREIGN LOCATION ARE SET BY USA
~	MANAGEMENT AND APPROVED BY THE BOARD OF DIRECTORS OF LIFESONG FOR ORPHANS. ALL
~	FOREIGN ACTIVITY SPREADSHEETS (AND SUPPORTING DOCUMENTS) ARE MADE AVAILABLE
~ -	TO AN INDEPENDENT AUDITOR DURING LIFESONG'S ANNUAL FINANCIAL STATEMENT AUDIT.
~	AT_LEAST ANNUALLY, A VISION TEAM COMPRISED OF BOARD MEMBERS, MANAGEMENT AND
~- 	OTHER VOLUNTEERS VISITS EACH FOREIGN SITE. PROJECTS ARE INSPECTED AND PLANNING
~	FOR FUTURE EXPENDITURES IS DONE. THE VISION TEAMS REPORT THEIR FINDINGS
~	BACK TO THE BOARD OF DIRECTORS.
Pt I Line 3 Col (F) RUSSIA REGION - PROJECT LOCATION IS UKRAINE - INDIGENOUS PERSONNEL PROVIDE
~ 	CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL TRAINING, EDUCATION
~ ~ ~ ~ ~ ~	AND JOB-SKILL TRAINING. OPERATING EXPENDITURES INCLUDE SALARIES, SUPPLIES,
	TRAVEL COSTS, MISCELLANEOUS AND DEPRECIATION EXPENSES. IN ADDITION, THROUGH
	AN INDIGENOUS NON-PROFIT ORGANIZATION, LIFESONG OWNS ORPHANAGE PROPERTIES
	AND EQUIPMENT WITH A NET BOOK VALUE OF \$1,488,106. CAPITAL EXPENDITURES IN UKRAINE
	TOTALED \$449,119 DURING THE YEAR.
Pt I Line 3 Col (F) SUB-SAHARAN AFRICA REGION - PROJECT LOCATION IS ZAMBIA - INDIGENOUS PERSONNEL PROVIDE
-	CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL TRAINING, EDUCATION
	AND JOB-SKILL TRAINING. OPERATING EXPENDITURES INCLUDE SALARIES, SUPPLIES,
	TRAVEL COSTS, MISCELLANEOUS AND DEPRECIATION EXPENSES. IN ADDITION, THROUGH
	AN INDIGENOUS NGO ORGANIZATION, LIFESONG OWNS PROPERTIES AND EQUIPMENT
	WITH A NET BOOK VALUE OF \$253,931. CAPITAL EXPENDITURES IN ZAMBIA
	TOTALED \$94,335 DURING THE YEAR.
	See Schedule F - Part IV - Supplemental Information (Continuation Sheet)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public

ivame of the organization					Employer identifica	
LIFESONG FOR ORPHANS, INC	3.				35-190284	1
Fundraising Activities, Comp	lete if the organ	nization an	swered 'Ye	s' to Form 990, Part IV	, line 17	
Part Form 990EŽ filers are not req	uired to comple	te this par	<u>t</u>			
1 Indicate whether the organization is	aised funds thre	ough any o	of the follow	wing activities. Check a	II that apply	
Mail solicitations				Solicitation of non-		
				Solicitation of gove	-	
Internet and email solicitations	•			_	-	
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written or employees listed in Form 990, Par	or oral agreeme	nt with any	ındıvıdual	I (including officers, dire	ectors, trustees or key	
employees listed in Form 990, Par	t VII) or entity ii	n connecti	on with pro	ofessional fundraising se	ervices?	☐ Yes ☐ No
b If 'Yes,' list the ten highest paid in	dividuals or enti	ties (fundr	aisers) pur	rsuant to agreements ur	nder which the fundraise	er is to be
compensated at least \$5,000 by the	e organization	(,	u, p			
		T		·	(v) Amount paid to	
(i) Name of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)	, , ,	have custo	dy or control	from activity	fundraiser listed in	(or retained by)
	<u> </u>	of contr	ibutions?		col (ı)	organization
		Yes	No			
					İ	
			<u> </u>			<u> </u>
	ı					
	}		} }			
		 				
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			J			<u></u>
Total			•			
3 List all states in which the organization	ation is registere	ed or licen	sed to soli	cit funds or has been no	otified it is exempt from	registration
or licensing.	3				•	-
				-		
		- -				
				-		
		- -	-			
	-		_ 			
		- -				
			_			
						
			_ 			

Schedule G (Form 990 or 990 EZ) 2009 LIFESONG FOR ORPHANS, INC 35-1902841 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (d) Total Events (b) Event #2 (c) Other Events (a) Event #1 (Add col. (a) through col (c)) NONE COFFEE EVENT (event type) (total number) (event type) 54,088. 1 Gross receipts 54,088 2 Less Charitable contributions 54,088 54,088. 0. 3 Gross income (line 1 minus line 2) 0 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 41,502 41,502. 41,502. 10 Direct expense summary Add lines 4- through 9 in column (d) Net income summary Combine lines 3, column (d) and line 10 -41,502. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col. (a) through col. (c)) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue DIRECT 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes ક Yes Yes No 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1, column (d) and line 7 YES NO 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' explain .rg \$ 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

administer charitable gaming?

11

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

Schedule G (Form 990 or 990-EZ) 2009 LIFESONG FOR ORPHANS, INC.	35-19028	<u>41</u>		^age 3
			YES	NO
13 Indicate the percentage of gaming activity operated in		, 19		
a The organization's facility	13a %	_ <. >	3, 179	. 1
b An outside facility	13b %	┛** ′	r	* 3x
14 Enter the name and address of the person who prepares the organization's gaming/special even	ts books and records.		*	* 1
		<i>p</i> .	,	
Name •		43/4	,	4
		» ·:	*	3
Address -		* ,	* 4,	ca. 3/1
45. Do the control of the first of the control of t		15-		<u> </u>
15a Does the organization have a contact with a third party from whom the organization receives gar		15a	. 4, 2	(a)
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount	.~~		, A
of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party:		100	4	* . * * * * * * * * * * * * * * * * * *
the res, enter hame and address of the third party.		11/1/20	2	4
Name. ►		,, ,,,,,	**	1,200
Name. ▶			3	***
Address -		100	3	
***************************************		MO.	484	
16 Gaming manager information		** .	#	
			1 3	l. ì
Name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	د د ا	, ,
		.	4	S. 3
Gaming manager compensation \$		ا پرد	Sappe.	- 30 E
		.	<i>></i> . ~	
Description of services provided:				
		3.1	,	
☐ Director/officer ☐ Employee ☐ Independent contractor		'	39	**
17. Mandatani distributiona		- 1	y i	P. 3.
17 Mandatory distributions		100	\$ *	*
a Is the organization required under state law to make charitable distributions from the gaming pro state gaming license?	ceeds to retain the	17a		استند
b Enter the amount of distributions required under state law to be distributed to other exempt organ	nizations or spent in the		49° -	:.4
organization's own exempt activities during the tax year > \$	and the special article	ļ		2 \$*****
BAA TEEA3703 02/05/10	Schedule G (Form 9	90 or 99	90-EZ)	2009

SCHEDULE 1 (Form 990)

LIFESONG FOR ORPHANS, INC. Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attatch to Form 990.

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9
\mathbf{S}
2

OMB No 1545-0047

Employer identification number

35-1902841

X Yes No		1000 TO FORM
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	The state of the s

限aritili Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	ince to Governm by recipient that in Form 990) if add	ents and Organi received more the	Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	ed States. Complet his box if no one r	e if the organizat ecipient received	ion answered 'Ye more than \$5,00	es' to Form 00. Use ▼
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREE OF LIFE MISSIONS 2084 THOMPSON ROAD FENTON MI 48430	59-2547246	501(C)(3)	326,500.			,	ORPHAN CARE
NCF 11625_RAINWATER DR ALPHARETTA GA 30009	58-1493949	501(C)(3)	15,900.				ORPHAN CARE
CHRISTIAN ALLIANCE FOR OR 6723 WHITTIER AVE MCLEAN VA 22101	26-1492375	501(C)(3)	13,500.			-	ORPHAN CARE
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations					2

Schedule I (Form 990) 2009

TEEA3901 02/10/10

3 Enter total number of other organizations

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Schedule I (Form 990) 2009 LIFESONG FOR ORPHANS, INC.

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

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADOPTION ASSISTANCE GRANTS	366	2,276,787.			
MISC. ORPHAN CARE ASSISTANCE	2	3,396.			
Partival Supplemental Information. Complete this	Complete this part to pr	rovide the information required in Part I	ion required in Par	, line 2,	and any other additional information.
Pt_L_Line_2LIFESONG	<u>LIFESONG MANAGEMENT RESEARCH</u>	ED TREE	OE LIFE MISSIONS, UA	_NATIONAL_CHRISTIAN_C	CHARITABLE FOUNDATION, AND
Pt_I_Line_2CHRISTIA	CHRISTIAN ALLIANCE FOR ORPHANS	_(<u>AL</u> L_	ESTABLISHED, DOMESTI	DOMESTIC_501(C)(3) ORGANIZATIONS)	ZATIONS) BEFORE
Pt_L Line_2 PROVIDIN	PROVIDING RESOURCES TO THEM	TO ASSIST WITH	THEIR CHARITABLE	WORKS.	LIFESONG MANAGEMENT
Pt_L_Line_2BELIEVES	BELIEVES SUPPORTING THESE OR	RGANIZATIONS IS	IN_FURTHERANC	IN FURTHERANCE OF LIFESONG'S CHARITABLE MISSION	AARITABLE MISSION
Pt_L Line_2AND_DOES	AND DOES NOT BELIEVE FURTHER	R_MONITORING_OF	THESE ORGANIZ	. MONITORING OF THESE ORGANIZATIONS IS WARRANTED	<u>, , , , , , , , , , , , , , , , , , , </u>
PART_IIIADOPTION	ADOPTION ASSISTANCE GRANTS	LIFESONG_MANA	LIFESONG MANAGEMENT AND VOLUNTEERS	UNTEERS DO EXTENSIVE	IVE SCREENING
OF FAMIL	FAMILIES BEFORE APPROVING	ADOPTION.	ASSISTANCE GRANTS	<u>TO CHRISTIAN FAMII</u>	FAMILIESINFORMATION
SCRUTINI	SCRUTINIZED INCLUDES FINANCI	IAL POSITION OF	THE FAMILY AND OTHER	AVENUES	OF ASSISTANCE
AVAILABL	AVAILABLE (CHURCHES, ETC.).	 			
PART III MISC. OR	MISC. ORPHAN CARE ASSISTANCE - VARIOUS	E VARIOUS SMA	LL AMOUNTS WER	SMALL AMOUNTS WERE PROVIDED TO CAUSES,	SES, ALL
BAA	THE FURTHERANCE OF PROVIDING	CARE TO	ORPHANS.		Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Rublic Lispection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

LIFESONG FOR ORPHANS, INC.	35-1902841
Pt_VI-B, Line 11A BOARD MEMBERS ARE PROVIDED A COPY OF FO	ORM 990 PRIOR TO FILING.
BOARD PRESIDENT AND CFO REVIEW DETAILS	OF 990 (PREPARED BY
THIRD-PARTY_ACCOUNTANT)_AND_APPROVE_FO	R FILING.
Pt_VI-A, Line 2 _ GARY_RINGGER, MARLA_RINGGER - FAMILY_R	ELATIONSHIP
Pt_VI-B, Line_12c_GOVERNANCE_POLICY_REQUIRES_AN_ANNUAL_CO	ONFLICT_STATEMENT_TO
BE FILED BY ALL BOARD MEMBERS AND EMPL	OYEES.
Pt VI-B, Line 15 BOARD MEMBERS ARE FAMILIAR WITH COMPEN	SATION RANGES IN
THE GEOGRAPHIC AREA OF CENTRAL IL. BO	ARD_MEMBERS_REVIEW
SUCH INFORMATION AND MAKE OFFERS TO EM	PLOYEES THEY
BELIEVE ARE COMPETITIVE AND REASONABLE	
Pt_VI-C, Line 19 DOCUMENTS ARE MADE AVAILABLE TO THE PUR	BLIC_UPON_REQUEST
SCH R, PART IITMG_FOUNDATION - GARY_RINGGER_IS_BOARD	PRESIDENT OF BOTH
TMG_FOUNDATION_AND_LIFESONG_FOR_ORPHANS	S
SCH R, PART II _ LIFESONG LEGACY FUND, INC TIM WALLER	N IS BOARD PRESIDENT
OF LIFESONG LEGACY FUND AND ALSO SERVE	S ON THE BOARD OF
LIFESONG FOR ORPHANS.	
SCHR, PART V, LINE 1 DURING THE YEAR, TMG FOUNDATION (TMG)	CONTRIBUTED \$974,772 TO LIFESONG.
LIFESONG OWED TMG \$123,493 AS OF 6/30/2	2010.
DURING THE YEAR, LIFESONG STAFF PROVIDE	ED SERVICES TO TMG AND LIFESONG
LEGACY FUND, INC. (LEGACY) INCLUDING AC	CCOUNTING, MANAGEMENT AND
FUND-RAISING_SERVICES. LIFESONG_STAFF	USES LIFESONG EQUIPMENT
(COMPUTERS, ETC.) IN PROVIDING THESE SI	ERVICES TO TMG AND LEGACY.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC

LIFESONG FOR ORPHANS,

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

OMB No 1545-0047

Employer identification number 35-1902841

(F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (E) End-of-year assets **Rand Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Total income (C) Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity **IRanilli**

(F)
Direct controlling
entity NONE NONE (f) Public charity status (if section 501(c)(3)) PUBLIC PUBLIC (**b)** Exempt Code section 501(C)(3) 501(C)(3) (C)
Legal domicile (state or foreign country) NAT CHAR FOUNDATION IL M SUPPORTING ORG. OF PROVIDE LOANS FOR ORPHAN ADOPTION (B) Primary activity 13400 BISHOP'S LANE, BROOKFIELD WI 53005 202 NORTH FORD STREET, GRIDLEY IL 61744 LIFESONG LEGACY FUND, INC. 20-3296626 (A) Name, address, and EIN of related organization TWG FOUNDATION 01-0750822

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Page 2

35-1902841

Schedule R (Form 990) 2009 LIFESONG FOR ORPHANS, INC.

General or managing partner? å Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related organizations treated as a partnership during the tax year.) Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? Ŷ Yes Share of total income Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) (D)
Direct
controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor d organizations	poration or Tr	ust (Complete or to to to the corporation or the corporation of the corporation or the	of the organizations of the contract of the co	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, stions treated as a corporation or trust during the tax year.)	es' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Direct Type of entity (C corp, S corp, country) (C corp, S corp, or trust)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
		•					
	•						
					_		
ВАА		TEEA5002 02/05/10	05/10			Schedule R (Form 990) (2009)	990) (2009)

Rart V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		_	Yes No	0
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:		```\	20	,
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×	<u>ا</u> ــا
b Gift, grant, or capital contribution to other organization(s)		1 b	×	اد
c Gift, grant, or capital contribution from other organization(s)		10	×	
d Loans or loan guarantees to or for other organization(s)		14	X	الدا
e Loans or Ioan guarantees by other organization(s)		1e	×,	-
f Sale of assets to other organization(s)		-	×	
g Purchase of assets from other organization(s)		19	X	اہا
h Exchange of assets		٦ ۲	×	ابا
i Lease of facilities, equipment, or other assets to other organization(s)			×	
i Lease of facilities, equipment, or other assets from other organization(s)		=	×	7
		7	×	1
I Performance of services or membership or fundraising solicitations by other organization(s)		-	×	
m Sharing of facilities, equipment, mailing lists, or other assets		1 E	×	- 1
n Sharing of paid employees		- L	×	- [:
o Keimbursement paid to other organization for expenses		0	×	ار
p Reimbursement paid by other organization for expenses			×	٦
			* *	. T
		<u>.</u>	< :	، ار
_		-	×	\neg
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	ction thresholds.			1
(A) Name of other organization type	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1)				1 1
(2)				
(3)				
(4)				
(5)				' l
(9)				
BAA TEEA5003 02/05/10	Schedule R (Form 990) (2009)	₹ (Form 9	90) (500	6

35-1902841

Schedule R (Form 990) 2009 LIFESONG FOR ORPHANS, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging
			Yes No		Yes No		Yes	No
							ļ— <u></u>	
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					<u>-</u>			
ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	(066 u	(2009)

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67 Identifying number 35-1902841

LIFESONG FOR ORPHANS, INC.

Busine	ess or activity to which this form relate	es							
For	m_990 / Form 990E	Z							
'Pài	Election To Exp Note: If you have an	ense Certain I	Property Under Secomplete Part V before	ction 179 you complete Part	t /				
1	Maximum amount See the						1	\$250,00	00.
2	Total cost of section 179 pr	operty placed in s	ervice (see instructions)			2		
3	Threshold cost of section 13						3	\$800,00	00.
4	Reduction in limitation Sub			•			4		
5	Dollar limitation for tax year separately, see instructions	r Subtract line 4 t	•		arried filing		5		
6	(a)	Description of property		(b) Cost (business i	use only)	(C) Elected cost			, ,
								, *	
						<u> </u>			Ĭŧ,
7	Listed property Enter the a	mount from line 2	9		7			, , , , , , , , , , , , , , , , , , ,	
8	Total elected cost of section		8						
9									
10	10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562								
11									
12	Section 179 expense deduc	tion Add lines 9	and 10, but do not enter	more than line 11	_		12		
13	Carryover of disallowed ded	duction to 2010 A	dd lines 9 and 10, less l	ine 12	▶ 13			b), , &, j	
Note	: Do not use Part II or Part I	II below for listed	property Instead, use F	Part V					
Par	া। Special Depreci	ation Allowan	ce and Other Depr	eciation (Do not	t include liste	d property) (S	ee ır	nstructions)	
	Special depreciation allowa tax year (see instructions)					uring the	14		
15	Property subject to section	168(f)(1) election				T-	15		
	Other depreciation (including					-	16		
	TIII MACRS Deprec		clude listed property) (See instructions)					
		(20 110111	Section		· -		-		
17	MACRS deductions for asse	ets placed in servi					17	107,81	<u> </u>
	If you are electing to group asset accounts, check here	any assets placed			r more gener	<u></u>			¥,700
	Section B	- Assets Placed	in Service During 2009	Tax Year Using th	ne General De	epreciation Sv	sten	1	<u></u>
	(a) Classification of property	(b) Month and	(C) Basis for depreciation (business/investment use	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction	-

Section	B - Assets Placed	in Service During 2009	Tax Year Using t	he General Dep	reciation System	n
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	* 52,500					
b 5-year property		34,871.	5 YR		SL	6,974.
c 7-year property		6,458.	7 YR		SL	923.
d 10-year property		11,368.	10 YR		SL	1,137.
e 15-year property						
f 20-year property	Charles Control	38,753.	20 YR		SL	1,938.
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
i Nonresidential real			39 yrs_	MM	S/L	
property	Various	455,428.	40 YR	MM	S/L	7,679.
Section C	- Assets Placed in	Service During 2009 T	ax Year Using the	Alternative De	epreciation Syste	em
20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	
Part IV Summary (See	instructions)	· · · · · · · · · · · · · · · · · · ·				
21 Listed property. Enter ar				_	21	
22 Total. Add amounts from line the appropriate lines of your re	12, lines 14 through 17, li turn Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	and line 21 Enter here ns	and on	22	126,461.
23 For assets shown above the portion of the basis a	and placed in service	e during the current year 263A costs	ar, enter	23	, ke	

Partive Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A all of Section B and Section C if applicable

	Columnis	(a) urrough (c)	or Section A,	all of Se	cuon B, a	iliu Sec	uon C n	аррі	icable					_	
		n A – Deprecia				ution: S		_					omobiles	_	
	(a) ye of property (list	(b) Date placed	(c) Business/ investment	(d Cosi	(d) (e) (f) Cost or Basis for depreciation other basis (business/investment period			ery 1	'Yes,' is the evidence write (g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179		
	vehicles first)	in service	use percentage	other	Dasis		use only)	Herit	perio		nvention	de	uuction		cost
25	Special depreci used more than	iation allowance i 50% in a quali	for qualified fied business	listed pro use (see	perty plac	ced in s ons)	service (durıng	the tax	year and	25_			i	
26	Property used r	more than 50%	in a qualified	business	use.					 -					
												-			
27	Property used 5	0% or less in a	qualified bus	iness use											
			ļ					_						_ 20	9 45
			 					_							
28	Add amounts in	column (h), lin	es 25 through	27. Ente	r here an	d on lir	ne 21. p	age 1			28	28			
		•	-		e and on line 7, page 1						29				
				_	B – Info		_				-				
	iplete this sectior our employees, fi														cles
10 90	our cripioyees, ii	13t dilawer the t	questions in o		(a)			T	(c)		(d)			r-	
30	Total business/	investment mile	s driven	Vehicle 1			(b) Vehicle 2 V		/ehicle 3	1	nicle 4	· · · · · · · · · · · · · · · · · · ·		(f) Vehicle 6	
	during the year (do not include commuting miles)														
	Total commuting m	J	•					<u> </u>							
32	Total other pers miles driven	sonal (noncomm	nuting)												
33	Total miles driv lines 30 through	en during the yen 32	ear Add										_		
				Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?							_		ļ. <u>.</u>				
	Was the vehicle than 5% owner	or related perso	on?			··· -			-						
36	ls another vehic personal use?	cle available for]
		Section	C – Question	s for Em	ployers V	Vho Pro	ovide Ve	hicle	s for Us	e by Their	Employe	ees			
Ansv	wer these question owners or related	ons to determine I persons (see ii	e if you meet a nstructions)	an except	ion to cor	mpletin	g Section	n B f	or vehic	les used b	y employ	ees who	o are no	t more t	nan
37	Do you maintain by your employe		y statement ti	nat prohib	oits all pei	rsonal (use of v	ehicle	es, inclu	ding comn	nuting,			Yes	No
38	Do you maintair employees? See	n a written policy e the instruction	y statement this for vehicles	nat prohib used by	its persoi corporate	nal use e officer	of vehics, direc	cles,	except of	ommuting r more ow	, by your ners				
39	Do you treat all	use of vehicles	by employees	s as perso	onal use?	•									
40	Do you provide vehicles, and re	more than five vetain the informa	vehicles to yo ation received	ur employ	yees, obta	ain info	rmation	from	your en	nployees a	bout the	use of t	he		
41	Do you meet the Note: If your an													7978 V	p + 6 / 1
Pai	t:VI∵ Amorti	zation													
	Desc	(a) cription of costs		Date ar	(b) mortization egins		(C) Amortizab amount	le		(d) Code section	Amor per	(e) rtization riod or entage	, f	(f) Amortization or this yea	n r
42	Amortization of	costs that begin	ns durina voui	r 2009 tax	year (se	e instri	uctions)		_!						
					\ · · -										
	_ 			<u> </u>											
43		f costs that bega	-		•	ro to sa	anort					43			
_44	TOTAL AND SMC	ounts in column	U). See the II	isituction	s for whe	ie w re	port					1 44	<u> </u>		

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

CURRENTLY, LIFESONG PROVIDES GRANTS AND LOANS TO ASSIST IN THE ADOPTION OF ORPHANS BY CHRISTIAN FAMILIES AND COORDINATES THE SUPPORT OF ORPHANAGE EFFORTS IN AFRICA, ASIA, CENTRAL AMERICA AND EUROPE.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	DONATIONS MADE TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION (NCF)
Expenses _	15,900.	(A 501(C)(3) ORGANIZATION) TO SUPPORT THE MISSION OF THAT
Grants Of	15,900.	ORGANIZATION.
Revenue	0.	

Form 990, Page 5, Line 4b Foreign Countries

Ukraíne Zambia

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
JOEL CLOUSING	1209 N. CREEKSIDE DR.	WHEATON	<u>IL</u>	60137
GREG GRAMM	5544 E. SHEENA DR.	SCOTTSDALE	<u>AZ</u>	85254
ROBERT HOERR	206 SURREY LANE	EAST PEORIA	IL	61611
TIMOTHY WALLEN	16550 PRAIRIE COURT	BROOKFIELD	WI	53005

Form 990, Page 6, Line 17 States Form 990 Filed In

Illinois Indiana

Schedule F (Form 990) - Part IV - Supplemental Information (continued)
Schedule F - Part IV - Supplemental Information (Continuation Sheet)

Part IV | Supplemental Information

Pt I Line 3 Col (F)	SOUTH ASIA REGION - PROJECT LOCATION IS INDIA - INDIGENOUS PERSONNEL PROVIDE
	CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL TRAINING, EDUCATION
' 	AND JOB-SKILL TRAINING OPERATING EXPENDITURES INCLUDE SALARIES, SUPPLIES,
	MISCELLANEOUS AND DEPRECIATION EXPENSES. IN ADDITION, THROUGH AN INDIGENOUS
	NON-PROFIT ORGANIZATION, LIFESONG OWNS PROPERTIES AND EQUIPMENT

Continued

Schedule F (Form 990) - Part IV - Supplemental Information (continued) Schedule F - Part IV - Supplemental Information (Continuation Sheet)

PartiV: Supplemental Information

	WITH A NET BOOK VALUE OF \$375,716. CAPITAL EXPENDITURES IN INDIA
	TOTALED \$41,567 DURING THE YEAR.
Pt I Line 3 Col (F)	MIDDLE EAST AND NORTH AFRICA REGION - PROJECT LOCATIONS INCLUDE LIBERIA AND ETHIOPIA -
	INDIGENOUS PERSONNEL PROVIDE CARE TO ORPHANS INCLUDING HUMANITARIAN AID, BIBLICAL
	TRAINING, EDUCATION AND JOB-SKILL TRAINING. OPERATING EXPENDITURES INCLUDE
	SALARIES, SUPPLIES, TRAVEL COSTS, MISCELLANEOUS AND DEPRECIATION EXPENSES. IN
	ADDITION, THROUGH INDIGENOUS NGO ORGANIZATIONS, LIFESONG OWNS PROPERTIES
	AND EQUIPMENT WITH NET BOOK VALUES OF \$170,579 IN ETHIOPIA AND \$7,732 IN LIBERIA.
	CAPITAL EXPENDITURES DURING THE YEAR TOTALED \$171,671 IN ETHIOPIA AND \$8,890
	IN LIBERIA.
Part III Col (C)	SUB-SAHARAN AFRICA REGION - ZAMBIA - \$1,648 GIVEN DURING THE YEAR TO A CHARITABLE
	CAUSE KNOWN AS "HELP WILLIAM WALK."
Part III Col (C)	RUSSIA REGION - UKRAINE - \$5,200 IN ASSISTANCE WAS PROVIDED TO HELP A LOCAL FOSTER
	FAMILY PURCHASE A VEHICLE LIFESONG STAFF ASSISTED AND ADMINISTERED THE TRANSACTION
Part III Col (C)	MIDDLE EAST REGION - PAKISTAN - WHILE NOT A REGULAR AREA OF LIFESONG OPERATION,
	DURING THE YEAR \$1,000 IN ASSISTANCE WAS PROVIDED TO AN INDIVIDUAL TO FURTHER
	THE CAUSE OF ORPHAN CARE.
Part III Col (C)	SUB-SAHARAN AFRICA REGION - ZAMBIA - \$10,000 WAS PROVIDED TO RIVENDALE ENTERPRISES.
	THIS ORGANIZATION HAS PARTNERED WITH LIFESONG-ZAMBIA FOR THE PURPOSE OF INVESTING IN
	VARIOUS AGRICULTURAL ACTIVITIES WITH THE GOAL OF PROVIDING LONG-TERM EMPLOYMENT
	OPPORTUNITIES FOR ORPHANS AND POOR INDIVIDUALS IN THE SURROUNDING COMMUNITY.
PT II LINE 1	MIDDLE EAST AND NORTH AFRICA REGION - ETHIOPIA - \$9,000 WAS PROVIDED TO
	ZIWAY MESERETE KRISTOS CHURCH, ADDIS ABABA, ETHIOPIA. THIS CHURCH IS
	A PARTNER WITH LIFESONG-ETHIOPIA IN PROVIDING CARE TO ORPHANS.