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## Form **990-PF**

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

OMB No 1545 0052

2010

Department of the Treasury Internal•Revenue Service

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

G Check all that apply Initial return Initial Return of a former public charity Amended return Address change Name change  A Employer identification	Final return
▲ Employer identification	
	number
LIFESTYLE HEALTH & RESEARCH CORPORATION  803 WOODMOOR DRIVE  43-1475084  B Telephone number (see	<del></del>
CM TOUTC NO CO100 0510	,
(014) 557	·
	n is pending, check here
H Check type of organization Section 501(c)(3) exempt private foundation 2 Foreign organizations is	neeting the 85% test, check _
Section 4947(a)(1) nonexempt charitable trust $X$ Other taxable private foundation here and attach compu	
Fair market value of all ascets at end of year Accounting method   X Cash   Accounting the foundation si	
(from Part II, column (c), line 16) under section 50/(b)(1	)(A), check here a 60-month termination
Part I column (d) must be on cash basis ) under section 507(b)(1	
Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net	(d) Disbursements
Expenses (The total of amounts in expenses per books income	for charitable
columns (b), (c) and (d) may not neces- sarily equal the amounts in column (a)	purposes (cash basis only)
(see the instructions))	(casir basis ority)
1 Contributions gifts grants etc received (att sch)	···
2 Ck X if the foundn is <b>not</b> req to att Sch B	
3 Interest on savings and temporary cash investments 2. 2.	2.
4 Dividends and interest from securities 5,865. 5,865. 5,865.	
5a Gross rents	
D Net rental income or (loss)	
R 6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	
V assets on line 6a	
F 7 Capital gain net income (from Part IV, line 2)  N 8 Net short-term capital gain	
U 9 Income modifications	
E 10 a Gross sales less returns and	
allowances b Less Cost of	
goods sold	
c Gross profit/(loss) (att sch)	
11 Other income (attach schedule) See Statement 1 6.	
See Statement 1         6.           12 Total. Add lines 1 through 11         5,873.         5,867.         5,867.	7
13 Compensation of officers directors, trustees etc 0.	7 •
14 Other employee salaries and wages	
15 Pension plans, employee benefits	
16 a Legal fees (attach schedule)  D	
M b Accounting tees (attach scri) See SC 2 909. 99.	890
c Other prof fees (attach sch)	
O I 17 Interest E T 18 Taxes (attach schedule) (seEuistic) C See (Stern 3 ] 125. 13.	112
Taxes (attach schedule)(septinstr.) CSEC/SER 3 125. 13.	114
N V 20 Occupance OCT	
Travel, donterences, and meetings 22 Printing and publications.  See Statement 4 155. 16.  Total operating and administrative expenses. Add lines 13 through 23 2,391. 1,250.  Contributions, gifts, grants paid Part XV 2,000.	
A E 22 Printing and publications de la company de la compa	
D P 23 Other expenses (enterprise pedule) 566 Statement 4 155. 16.	139
§ 24 Total operating and administrative	1 141
	1,141 2,000
	2,000
26 Total expenses and disbursements. Add lines 24 and 25 4, 391. 1, 250.	3,141
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements 1, 482.	, , , , , , , , , , , , , , , , , , ,
and disbursements 1,482.	
C Adjusted net income (if negative enter 0)  5,86	7.
BAA For Paperwork Reduction Act Notice, see the instructions.  TEEA0504L 07/23/10	Form <b>990-PF</b> (2010

Page 2

***	4 18	Balance Sheets	Attached schedules and amounts in the description	Beginning of year	End o	f year
Frat	4.35	Dalance Sheets	column should be for end of year amounts only (See instructions )	(a) Book Value	<b>(b)</b> Book Value	(c) Fair Market Value
	1	Cash - non interest	-bearing			
	2	Savings and tempor	ary cash investments	5,018.	3,308.	3,307.
	3	Accounts receivable	<b>-</b>		•	:
		Less allowance for	doubtful accounts -			
	4	Pledges receivable	<b>&gt;</b>			
	l	Less allowance for	doubtful accounts			
	5	Grants receivable				
	6		cers, directors, trustees, and other ch schedule) (see the instructions)			
	7	Other notes and loans rec	, ,			
A		Less allowance for				
A S S E T	8	Inventories for sale				
Ě	9	Prepaid expenses a				
S	i		and state government	178,985.	178,992.	160,244.
	۱,	Investments — corporate				
	1	Investments — corporate				
	1	Investments – land,	,			
	11	equipment basis		-		`
	1	Less accumulated deprec (attach schedule)	Tation -			
	12	Investments - morto	gage loans			
	13	Investments - other	(attach schedule)			
	l		equipment basis8,088.		3	
		Less accumulated deprec	lation	]		
	ŀ	(attach schedule)	See Stmt 5 ► <u>4,396.</u>	506.	3,692.	
		Other assets (descri		1.		
	16	Total assets (to be o	completed by all filers – o, see page 1, item I)	184,510.	185,992.	163,551.
<del></del>	17	Accounts payable ar		101,010.	200/3321	1
Ĩ	18	Grants payable	id accided experieds			
A B	19	Deferred revenue				•
Ţ	20		tors, trustees, & other disqualified persons			•
Ļ	21	·	s payable (attach schedule)			
Ţ	22	Other liabilities (descri				
F	~~	Other habitites (descri				
E S	23	Total liabilities (add		0.	0.	
		Foundations that fol and complete lines 2	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted				
ËÜ	25	Temporarily restricted	ed			
D	26	Permanently restrict	ed		·	
A S S A E T A		Foundations that do and complete lines 2	not follow SFAS 117, check here $ ightharpoonup$ 27 through 31.			
E L T A	27	Capital stock, trust r	orincipal, or current funds	184,510.	185,992.	
ŚÑ	28		, or land, building, and equipment fund			
C	29		ulated income, endowment, or other funds			
O E R S	30		und balances (see the instructions)	184,510.	185,992.	
	31	Total liabilities and i	net assets/fund balances		105 000	* -
rser	E 929 T	(see the instructions	·	184,510.	185,992.	
			nges in Net Assets or Fund Balanc			
1	Tota	I net assets or fund ba	alances at beginning of year - Part II, colur	mn (a), line 30 (must agre	e with	184,510.
_		• •	d on prior year's return)		2	1,482.
2		r amount from Part I,			3	1,402.
3		increases not included in li	ne z (nemize)		4	185,992.
4		lines 1, 2, and 3	(Hamilton)		5	100,002.
		ases not included in line 2 (	alances at end of year (line 4 minus line 5)	- Part II column (h) line		185,992.
10	1012	LUCK ASSETS OF BUILDING	CHAILLES OF ELICI OF VEGITABLE & HALLOS III (C. J.).		- 1 0	20010000

Form 990-PF (2010)

(a) List and des	cribe the kind(s) of property sold (e.g., rehouse, or common stock, 200 shares ML(	al estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day year)	(d) Date sold (month day year)
1a N/A					
b `					
С					
d					
e		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a					
b					
С					
d		·			
<u>e</u>					<del></del>
Complete only for assets sho	owing gain in column (h) and owned by the	ne foundation on 12/31/69		(i) Gains (Coli	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		gain minus column (F nan -0-) <b>or</b> Losses (fr	
a					
b					
С					
d					·
е					
2 Capital gain net income or (i	net capital loss) — If gain, also if (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5) ar	d (6)			
	ine 8, column (c) (see the instructions)	f (loss), enter -0-			
In Part I, line 8  Part V Qualification Unit	der Section 4940(e) for Reduced	I Tay on Not Investme	nt Income	L	
(For optional use by domestic prival If section 4940(d)(2) applies, leave	ate foundations subject to the section 494 e this part blank	10(a) tax on net investment	income )	N/A	
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable amou Lialify under section 4940(e). Do not comp	elete this part		Yes	☐ No
<del></del>	nt in each column for each year, see the i		ny entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (col	<b>(d)</b> Distribution umn (b) divided	
2009					
2008					
2007					
2006					
2005					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for	the 5-year base period – divide the total on has been in existence if less than 5 y		3		
,					
	aritable-use assets for 2010 from Part X,	mie 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	income (1% of Part I, line 27b)		6		<del></del>
7 Add lines 5 and 6			7		·
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater Part VI instructions	r than line 7, check the box in Part VI, lin	e 1b, and complete that par	t using a 1% ta	x rate See the	

	n 990-PF (2010) LIFESTYLE HEALTH & RESEARCH CORPORATION 43-147			F	age 4
Pa	tt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the II	nstructio	ons)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here   ■ and enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)	Ì			
ı	b Domestic foundations that meet the section 4940(e) requirements in Part V,				92.
	check here ▶ and enter 1% of Part I, line 27b				
(	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
3	Add lines 1 and 2				92.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				92.
6	Credits/Payments				
a	a 2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 490.				
t	Exempt foreign organizations — tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
c	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d				490.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid See Statement 6	T		1	100.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax 100. Refunded 11				0.
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Ĺ	1a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1b		Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	ı l			
	Did the foundation file Form 1120-POL for this year?	İ	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	-			
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$	0.	- [		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  • \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Ĺ	2		X
	If 'Yes,' attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	ŀ	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	r	4a		X
	of 'Yes,' has it filed a tax return on Form 990-T for this year?	-	4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If 'Yes,' attach the statement required by General Instruction T	r			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
_	By language in the governing instrument, or				
		į		-	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	<u> </u>	7	Χ	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	ſ		,,	
	MO	_			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		8ь	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes' complete Part	)(5) XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		Х
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Pal	R VII-A   Statements Regarding Activities (Continued)			<del></del>
71	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
14	Website address ► N/A  The books are in care of ► LINDA M. REPA-ESCHEN Telephone no ► (314)	 997	-607	<del>-</del>
	Located at ► 803 WOODMOOR DRIVE, St. Louis MO ZIP + 4 ► 63132-351	8		<u>-</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	N/A	. •	∐ N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country			
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 8	a During the year did the foundation (either directly or indirectly)			•
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			***********
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			
ŀ	a If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
ā	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			
	If 'Yes,' list the years ▶ 20, 20, 20			-
ŧ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions)	2b	N	Α
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  20, 20, 20, 20			
3 &	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
ŀ	of If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969. (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	3b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х
ЗАА	, Fr	orm <b>9</b> 9	W-PF	(2010)

Form 990-PF (2010) LIFESTYLE HEALTH				75084	Page	. 6
Part VII-B   Statements Regarding Activi		m 4720 May Be Re	quired (continued	)		_
5a During the year did the foundation pay or incu	•	4045())		7		
(1) Carry on propaganda, or otherwise attern	•		∐ Yes [X	No		
<ul><li>(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra</li><li>(3) Provide a grant to an individual for travel,</li></ul>	ation drive?		Yes X	No		
(4) Provide a grant to an organization other the		•	∐ Yes [X	No		
in section 509(a)(1), (2), or (3), or section (5) Provide for any purpose other than religion	4940(d)(2)? (see instru	ctions).	Yes	No		
educational purposes, or for the preventic	on of cruelty to children	or animals?	L	] No		
b If any answer is 'Yes' to 5a(1)-(5), did any of it described in Regulations section 53 4945 or in (see instructions)?			ons	5	b N/A	
Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶ [			
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respons	sibility for the grant?	•	N/A Yes	] No		
If 'Yes ' attach the statement required by Regi		<b>(</b> -)				
6a Did the foundation, during the year, receive ar on a personal benefit contract?	•		Yes ∠X	No		
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirect	tly, on a personal benef	t contract?	6	<u>ь</u> Х	_
7a At any time during the tax year, was the found	dation a party to a prohil	bited tax shelter transac	tion? Yes X	No		
<b>b</b> If yes, did the foundation receive any proceed				N/A 7	b	
Part VIII Information About Officers, D				Employ	ees,	_
and Contractors						_
1 List all officers, directors, trustees, foundation			T	(-) [		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account allowances	,
See Statement 7			3311731131131	-		_
		0.	0.		0	
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 see inst	ructions). If none, ente	r 'NONE.'		_
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		nse account, allowances	
None						_
						_
				ļ <u>-</u>		
Total number of other employees paid over \$50,000			<b>•</b>	ſ		0
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Form 990-PF (2010) LIFESTYLE HEALTH & RESEARCH CORPORATION 43-14  [Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	475084 Page 7
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Evennes
	Expenses
1 <u>N/A</u>	-
	-
2	_
	-
3	<u> </u>
	-
4	_
	-
Part IX-B   Summary of Program-Related Investments (see instructions)	
Describe the two largest program related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	-
	-
2	
	-
	<del></del>
All other program-related investments. See instructions  3	
·	-
	-

Form **990-PF** (2010)

Total. Add lines 1 through 3

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see instructions)	iplete this part. Foreig	gn foundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, et a Average monthly fair market value of securities	tc, purposes	159,472.
<b>b</b> Average of monthly cash balances	1b	4,163.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	163,635.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	163,635.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,455.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part	V, line 4 5	161,180.
6 Minimum investment return. Enter 5% of line 5	6	8,059.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (	j)(5) private operatinç	foundations
	complete this part.)	
1 Minimum investment return from Part X, line 6	1	8,059.
2a Tax on investment income for 2010 from Part VI, line 5	92.	
b Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	92.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	7,967.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	7,967.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	line 1 7	7,967.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	3,141.
<b>b</b> Program-related investments — total from Part IX-B	<u>1b</u>	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, e	tc, purposes 2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and P.		3,141.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 1% of Part I, line 27b (see instructions)	nt income 5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,141.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years	calculating whether the for	undation

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Form **990-PF** (2010)

### Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7				7,967.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only		1	1,708.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2010		-		
<b>a</b> From 2005			`	_
<b>b</b> From 2006				3
<b>c</b> From 2007				`
<b>d</b> From 2008				
<b>e</b> From 2009				
f Total of lines 3a through e	0.		······································	·····
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$3,141.				
a Applied to 2009, but not more than line 2a			1,708.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0			
<b>d</b> Applied to 2010 distributable amount				1,433.
e Remaining amount distributed out of corpus	0,		······································	······································
5 Excess distributions carryover applied to 2010	0.	`		0.
(If an amount appears in column (d), the				
same amount must be shown in column (a) )				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		*
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from		_	0	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2011.				6,534.
7 Amounts treated as distributions out of				0,334.
corpus to satisfy requirements imposed				-
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
· ·	0.1			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	-		
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				•
,	0.			
10 Analysis of line 9				-
a Excess from 2006				
<b>b</b> Excess from 2007				
c Excess from 2008				-
d Excess from 2009		Ì		
e Excess from 2010				5 000 PC (2010)

Form 990-PF (2010) LIFESTYLE HEALTH				43-1475084	Page <b>10</b>
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or d is effective for 2010, enter the date of the r	ruling		· -		
b Check box to indicate whether the foundation		erating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1,000	
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	<b>(d)</b> 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
• Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets			ļ	<del> </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter				1	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization	: 				
(4) Gross investment income					<del></del>
Part XV Supplementary Information assets at any time during th	(Complete this	s part only if the	e organization h	iad \$5,000 or mo	re in
1 Information Regarding Foundation Manage	- <del>-</del>	instructions.)			
a List any managers of the foundation who had close of any tax year (but only if they have None	ave contributed mo	ore than 2% of the to than \$5,000) (See s	otal contributions rec section 507(d)(2))	ceived by the foundat	ion before the
h Lat any managers of the foundation who or	un 100/ or more of	f the steels of a gara	eration (er en equal	ly torgo portion of the	ownership of
b List any managers of the foundation who over a partnership or other entity) of which the following. None	oundation has a 10	O% or greater intere	oralion (or an equal st	ly large portion or the	ownership or
2 Information Regarding Contribution, Grant	Gift Loan Schol	archin etc Program			
Check here ▶ ☐ If the foundation only m requests for funds If the foundation makes	akes contributions	to preselected char	ritable organizations		
a The name, address, and telephone number	of the person to v	whom applications s	hould be addressed		
a me hame, address, and telephone hames.	or the person to	mom applications s	riodia do addressoa		
See Statement 8					
<b>b</b> The form in which applications should be so	ubmitted and infori	mation and material	s they should includ	e	
See Statement for Line 2a					
c Any submission deadlines					
See Statement for Line 2a					
d Any restrictions or limitations on awards, su	uch as by geograp	hical areas, charitat	ole fields, kinds of in	stitutions, or other fa	ctors
See Statement for Line 2a					
ВАА	TE	EA0310L 02/16/11		F	orm <b>990-PF</b> (2010)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager or contribution recipient Name and address (home or business) substantial contributor a Paid during the year Polycystic Kidney Disease Foun 2,000. none 501c 3 The Polycystic 9221 Ward Parkway, Suite 400 Kidney Foundation is Kansas City, MO 64114 the only organization, worldwide devoted to the mission of promoting research to find a cure for the disease and improve the care and treatment for those affected. 2,000. 3a **b** Approved for future payment 3b **Total** 

Part XVI-A	Analysis	of Income	Dradusina	A ativitia a
Lail VAIN	Allaivsis	oi income	-Producina	Acuviues

Enter gross amounts unless otherwise indicated	Unrelated l	Unrelated business income		section 512, 513, or 514	(e)
•	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
1 Program service revenue			code		(505 1112 1116 116 116 116 116 116 116 116 1
a					
b		· · · · · · · · · · · · · · · · · · ·			
c			<b>_</b>		
d					
e					
f		···			
<b>g</b> Fees and contracts from government agencies			<b></b>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2.	
4 Dividends and interest from securities			14	5,865.	
5 Net rental income or (loss) from real estate			<u> </u>		
a Debt-financed property			<del> </del>		
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property		· · · · · · · · · · · · · · · · · · ·	ļ <u> </u>		
7 Other investment income			14	6.	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			<del> </del>		
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue					L
a	<del>                                     </del>				
b			<u> </u>		
c		<del></del>	<del>                                     </del>		
d					
e			ļ	F 070	
12 Subtotal Add columns (b), (d), and (e)			<u> </u>	5,873.	
13 Total. Add line 12, columns (b), (d), and (e)				13 _	5,873
See worksheet in line 13 instructions to verify calculation	ns)			<del> </del>	
art XVI-B Relationship of Activities to th	e Accomplish	ment of Exemp	t Purpose	s	

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

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

		·							
describe	ed in section 501(d	c) of the Code (or	ingage in any of the following ther than section 501(c)(3) o	g with any o rganizations	ther organization ) or in section 527	7,		Yes	No
9	to political organizes from the reports		a noncnaritable exempt org	anization of					
(1) Cas		ing roundation to	a nondification oxompt org	ar 112 a ti or i o r			1a (1)		X
(2) Oth	er assets						1a (2)		X
<b>b</b> Other tr	ansactions								
<b>(1)</b> Sale	es of assets to a n	noncharitable exe	empt organization				1b(1)		X
<b>(2)</b> Pur	chases of assets f	rom a noncharita	able exempt organization				1b(2)		X
(3) Ren	ntal of facilities, eq	uipment, or othe	r assets				1b (3)		X
<b>(4)</b> Ren	mbursement arran	gements					1b (4)		X
<b>(5)</b> Loa	ns or Ioan guarant	tees					1b (5)		X
(6) Per	formance of service	es or membersh	ip or fundraising solicitations	5			1 b (6)		X
<b>c</b> Sharing	of facilities, equip	ment, mailing lis	sts, other assets, or paid emp	oloyees			1 c		<u>X</u>
the good	ds, other assets, o	or services given	complete the following sche by the reporting foundation how in column (d) the value	If the found	lation received les	s than fair market	value in	of	
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt organization	1 (6	d) Description of trans	fers, transactions, and	sharing arran	gements	}
N/A						··			
								·	
			··						
					- <del></del>				
	<del></del>		·····		<del></del>	<del></del>			
					<del></del>				
				<del></del>	· · · · · · · · · · · · · · · · · · ·				
					<del></del>				
	····				····				
	undation directly o ed in section 501(c complete the follo		ated with, or related to, one the than section 501(c)(3)) c	or more tax- or in section	exempt organizat 527?	ions	Yes	X	No
	) Name of organiz	ation	(b) Type of organiz	ation	(c)	Description of rela	ationship		
N/A									
			<del></del>		<del> </del>				
	····				<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·			
Sign lere	and complète Déclarat	tion of preparer (other	Inned this return including accompanition than taxpayer or fiduciary) is based	on all information	on of which preparer ha	s any knowledge  President	-	it is trui	е,
Sig	nature of officer or this		Dra-mara	Dat		Title	DTIN		
	Print/Type preparer's		Preparer's signature	Burley.	Date	Check ifif	PTIN	.050	
Paid	Thomas M.		Thomas M. Bus	ren	1-1/14/11	self employed	P00043	859	·
Preparer	Firm's name		Busken & Assoc.,	rl		Firm's EIN ► 43-1	020940		
Jse Only	Firm's address	11430 Grav		<del></del>		. /214	\ O42 ·	7501	
	<u> </u>	St. Louis,	MO 63126	<del></del>		Phone no (314	842-		
BAA							Form 99	U-PF (	2010)

2010		Federal Sta	tements			Page 2
Client 3	LIFESTYL	E HEALTH & RESI	EARCH COF	RPORATION		43-1475084
9/16/11 Statement 5 Form 990-PF, Part II, Land, Buildings, and						03 28PN
Catego	ry	Basıs	Accum. Deprec		ook F	aır Market Value
Machinery and Equ	lipment Total	\$ 8,088. \$ 8,088.	\$ 4,3 \$ 4,3	396. 396. \$	3,692. \$ 3,692. \$	0.
Statement 6 Form 990-PF, Part VI Overpayment	, Line 10					
Overpayment					\$ Total <u>\$</u>	398. -294 -4 100.
Statement 7	<del></del>	· · · · · · · · · · · · · · · · · · ·				
Form 990-PF, Part VI List of Officers, Dire	ctors, Trustees, a	Title a Average I	and Hours	Compen-	Contri- bution to	Account/
Form 990-PF, Part VI	Address chen	Title a	and Hours	Compen- sation 0.	bution to EBP & DC	
Form 990-PF, Part VI List of Officers, Direct  Name and Linda M. Repa-Esc 803 Woodmoor Driv	Address chen 7e 132 3518	Title a Average I <u>Per Week D</u> President	and Hours evoted \$	sation	bution to EBP & DC	Account/ Other
Name and Linda M. Repa-Esc 803 Woodmoor Driv St. Louis, MO 631 Michael F. Avioli 144 West Lockwood	Address then 7e 132 3518 Ave #100 119	Title a Average I Per Week D President 0  Vice Presid	and Hours evoted \$	sation 0.	bution to EBP & DC \$ 0.	Account/Other \$ 0.
Name and Linda M. Repa-Esc 803 Woodmoor Driv St. Louis, MO 633 Michael F. Aviola 144 West Lockwood St. Louis, MO 631 Dexter W. Schraen 995 Glenmoor Driv	Address chen ve 132 3518 Ave #100 119 core 122 Forest Drive	Title a Average I Per Week D President 0  Vice Presid	and Hours evoted \$	<u>sation</u> 0.	bution to EBP & DC \$ 0.	Account/Other \$ 0.
Name and Linda M. Repa-Esc 803 Woodmoor Driv St. Louis, MO 633 Michael F. Avioli 144 West Lockwood St. Louis, MO 633 Dexter W. Schraer 995 Glenmoor Driv St. Louis, MO 633 Melanie Williams 16635 Evergreemn	Address The Address The Address The Address The Ave #100 The Ave #22 The Ave T	Title a Average Ner Week Der W	and Hours evoted \$	sation 0. 0.	\$ 0.	Account/Other \$ 0.  0.

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2010	Federal Statements	Page 1
Client 3	LIFESTYLE HEALTH & RESEARCH CORPORATION	43-1475084
9/16/11 Statement 1 Form 990-PF, Part I, Line Other Income		03 28PM
Other Investment Inc	(a) (b) Net Revenue Investment per Books Income  come  \$ 6. Total \$ 6.\$ 0.5	(c) Adjusted Net Income
Statement 2 Form 990-PF, Part I, Line Accounting Fees		
Accounting Fee	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income  \$ 989. \$ 99. Total \$ 989. \$ 99. \$ 0.	\$ 890.
Statement 3 Form 990-PF, Part I, Line Taxes	18	
Federal Income Tax	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$       125.       \$       13.       \$       0.         Total       \$       125.       \$       13.       \$       0.	\$ 112.
Statement 4 Form 990-PF, Part I, Line Other Expenses	23	
Investment Fee	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 150.       \$ 15.         5.       1.         Total       \$ 155.       \$ 0.	\$ 135. 4.

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12/31/10		Ñ	010 Fe	dera	l Boc	ok Dep	2010 Federal Book Depreciation Schedule	ion S	Shedul	υ				Page 1
Client 3			LIFES	TYLE!	HEALTI	H & RES	LIFESTYLE HEALTH & RESEARCH CORPORATION	CORPO	RATION					43-1475084
9/16/11 No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr	Method	Mellind Life Rate	1
Form 990/990-PF  Machinery and Equipment														
1 COMPUTER 2 COMPUTER & PRINTER	5/21/04 6/03/10	·	3,781	o 1				i		3,781	3,274	200DB HY 200DB HY	7 08930 7 14290	30 507
Total Machinery and Equipment			8,089	<del>ن</del> ق	0	0	0	0	0	680'8	3,274			1,122
Total Depreciation		"	80'8	. "   ©#		0	0	0	0	8,089	3,274			1,122
Grand Total Depreciation			8,089	<sub>။</sub>	0	0	0	0	0	8,089	3,274			1,122

2010

### **Federal Statements**

Page 3

Client 3

### LIFESTYLE HEALTH & RESEARCH CORPORATION

43-1475084

03 28PM

9/16/11

Statement 8 Form 990-PF, Part XV, Line 2a-d **Application Submission Information** 

Name of Grant Program:

Name: Care Of:

LIFESTYLE & HEALTH RESEARCH CORPORATION C/O LINDA REPA-ESCHEN 803 WOODMOOR DRIVE ST LOUIS, MO 63131

Street Address:

City, State, Zip Code: Telephone:

314-997-6079

Form and Content:

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

BUDGET

Submission Deadlines:

NONE

Restrictions on Awards:

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

ENTITIES

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		► File a sep	parate appli	cation for each return.	- 1		
• If you are	e filing for an A	Automatic 3-Month Extension, com	plete only P	art I and check this box			► X
•	•			complete only Part II (on page 2 of this	form)		نت
				atic 3-month extension on a previously fil		rm 8868	
corporation request an e Associated V	equired to file xtension of tin Vith Certain Pe	Form 990 T), or an additional (not ne to file any of the forms listed in F	automatic): Part I or Par ust be sent I	a 3-month automatic extension of time t 3-month extension of time. You can elect It II with the exception of Form 8870, Info to the IRS in paper format (see instruction Charities & Nonprofits	tronica	ally file Form	8868 to
Part I A	utomatic 3	Month Extension of Time.	Only subr	mit original (no copies needed).			
				month extension — check this box and co	omplet	te Part I only	▶ □
	porations (incl			d trusts must use Form 7004 to request	-	_	
	Name of exempt	organization			Empl	loyer identification	n number
Type or							
print	LIFESTYL	E HEALTH & RESEARCH CO	DRPORATI	ION	43-	-1475084	
File by the due date for							
filing your return See		MOOR DRIVE					
instructions							
<del></del>	ST. LOUI	S, MO 63132 3518					
Enter the Re	turn code for t	he return that this application is for	(file a sepa	rate application for each return)			04
Application Is For			Return Code	Application Is For			Return Code
Form 990			01	Form 990-T (corporation)			07
Form 990-BL			02	Form 1041-A			08
Form 990-EZ			03	Form 4720			09
Form 990-PF			04	Form 5227			10
Form 990-T (	section 401(a)	or 408(a) trust)	05	Form 6069			11
Form 990 T (	trust other tha	n above)	06	Form 8870			12
Telephone  If the org  If this is for check this the extendard  I requesionate with the extendard in the ext	No. ►_(314) anization does or a Group Re s box ► sion is for st an automati 8/15 ension is for to calendar year tax year begin	c 3-month (6 months for a corporat, 20 11 , to file the exempt organization's return for 20 10 or aning , 20, 20	FAX No ness in the digit Group fathis box non required anization re	United States, check this box  Exemption Number (GEN) If  If and attach a list with the names and to file Form 990-T) extension of time turn for the organization named above.			•
3a If this a	pplication is fo	or Form 990-BL, 990-PF, 990-T, 472 See instructions	0, or 6069,	enter the tentative tax, less any	3a	s	125.
<b>b</b> If this a	pplication is fo		9, enter an	y refundable credits and estimated tax redit	3b		0.
c Balance EFTPS	e due. Subtrac (Electronic Fe	t line 3b from line 3a Include your i deral Tax Payment System). See in	payment with	th this form, if required, by using	36	\$	125.

**BAA** For Paperwork Reduction Act Notice, see Instructions.

payment instructions

Form **8868** (Rev. 1-2011)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for