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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KREIDER SERVICES INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 366 City or town, state or country, and ZIP + 4 DIXON, IL 61021 F Name and address of principal officer JEFF STAUTER P O BOX 366 DIXON, IL 61021	D Employer identification number 23-7417424 E Telephone number (815) 288-6691 G Gross receipts \$ 18,818,505 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW KREIDERSERVICES ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1974 M State of legal domicile IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities SERVICES FOR THE DEVELOPMENTALLY DISABLED				
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
3	Number of voting members of the governing body (Part VI, line 1a)	3		7	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		7	
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		727	
6	Total number of volunteers (estimate if necessary)	6		22	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	2,191,128		1,968,893	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,848,714		16,409,623	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,154		33,230	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	782,829		249,719	
		18,868,825		18,661,465	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,752,012		13,653,053	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,186,865		4,508,141	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,938,877		18,161,194		
19 Revenue less expenses Subtract line 18 from line 12	929,948		500,271		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
	21 Total liabilities (Part X, line 26)	16,081,400		17,011,065	
	22 Net assets or fund balances Subtract line 21 from line 20	3,657,719		4,086,118	
		12,423,681		12,924,947	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2014-02-05 Date			
	JEFF STAUTER EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name TODD M ETHERIDGE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00233050
	Firm's name \rightarrow CLIFTONLARSONALLEN LLP	Firm's EIN \rightarrow 41-0746749		Phone no (815) 284-2285	
	Firm's address \rightarrow 114 E EVERETT DIXON, IL 61021				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

INDIVIDUALS REACHING THEIR FULLEST POTENTIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 10,446,078 including grants of \$) (Revenue \$ 11,103,026)
RESIDENTIAL LIVING - KREIDER SERVICES HAS 24 GROUP HOMES LOCATED IN DIXON, ASHTON, AMBOY, FRANKLIN GROVE, STOCKTON, GALENA AND ROCK FALLS THESE SITES ARE HOME SWEET HOME TO 197 PEOPLE WITH VARYING DEGREES OF DISABILITY THREE HOMES ARE DESIGNED SPECIFICALLY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO ARE ALSO DEAF AND/OR BLIND ONE HOME WITH FOUR SINGLE BEDROOMS IS TAILORED TO ASSIST PEOPLE WITH AUTISM IN OTHER HOMES, WE SERVE PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO ARE MEDICALLY FRAGILE OR HAVE OTHER SPECIAL NEEDS DEPENDING ON THE SIZE OF HOME, THE CAPACITY RANGES FROM THREE TO SIXTEEN INDIVIDUALS PER HOUSEHOLD ALL HOMES HAVE 24-HOUR SUPERVISION WITH WELL-TRAINED STAFF IN COMPLIANCE WITH STATE OF ILLINOIS STANDARDS STAFF MEMBERS ASSIST AND GUIDE EACH PERSON TO LIVE AS INDEPENDENTLY AS POSSIBLE IN A COMFORTABLE COMMUNITY SETTING STAFF MEMBERS OFFER TRAINING TO INDIVIDUALS TO LEARN HOW TO TAKE CARE OF PHYSICAL NEEDS, DO PERSONAL GROOMING, COOK, DO HOUSEKEEPING CHORES, CLEAN LAUNDRY, AND SAFELY ACCESS THE COMMUNITY WE STRIVE NOT ONLY FOR COMMUNITY ACCESS, BUT FOR TRUE COMMUNITY INCLUSION AS WELL PEOPLE WITH DISABILITIES ATTEND THE CHURCH OF THEIR CHOICE, TAKE CLASSES, AND VOLUNTEER TO HELP WITH COMMUNITY ORGANIZATIONS

4b (Code) (Expenses \$ 4,660,179 including grants of \$) (Revenue \$ 4,771,580)
WORKSHOP AND DAY TRAINING - IN A SHELTERED PRODUCTION WORKSHOP, INDIVIDUALS ARE ENCOURAGED TO LEARN APPROPRIATE WORK SKILLS, HABITS AND EXPECTATIONS FOR VOCATIONAL AND PERSONAL GROWTH PAID WORK OPPORTUNITIES ARE PROVIDED THROUGH SUBCONTRACTS OBTAINED FROM PRIVATE INDUSTRY WHILE EARNING WAGES FOR WORK, INDIVIDUALS WILL USE THIS PROGRAM AS A STEPPING STONE TO REACH THE ULTIMATE GOAL OF EMPLOYMENT IN THE COMMUNITY SUBCONTRACTS INCLUDE ASSEMBLY, SORTING, PACKAGING, FOOD PACKAGING AND LABELING, AND SPECIALTY ORDERS SECURE RECYCLING SERVICES PROVIDES EMPLOYMENT TO COMMUNITY AND CLIENTS IN THE DEMANUFACTURING OF CORPORATE AND PERSONAL ELECTRONICS AND SUBSEQUENT REDISTRIBUTION AND POTENTIAL RESALE

4c (Code) (Expenses \$ 1,264,209 including grants of \$) (Revenue \$ 517,781)
COMMUNITY SERVICE SYSTEMS INCLUDES SKILLS TRAINING - THE SKILL TRAINING PROGRAM PROVIDES SERVICES TO INDIVIDUALS IN AREAS OF DAILY LIVING SKILLS, LEISURE, AND COMMUNITY ACCESS WITH STAFF ASSISTANCE, INDIVIDUALS PARTICIPATE IN ACTIVITIES SUCH AS PRE-VOCATIONAL SKILLS, SWIMMING, EXERCISE CLASSES, BOWLING, HORSEBACK RIDING, AND DAILY LIFE SKILLS A WEEKLY COFFEE GROUP JOINS SENIOR CITIZENS FROM THE COMMUNITY STAFF TRAINS INDIVIDUALS ON PRE-VOCATIONAL AND DAILY LIFE SKILLS ADAPTIVE EQUIPMENT IS USED FOR DEVELOPING SPEECH, COMMUNICATION AND VOCATIONAL SKILLS EARLY INTERVENTION - THE EARLIEST EFFORTS CAN CHANGE A CHILD'S ABILITY FOR A LIFETIME OUR EARLY INTERVENTION PROGRAM IS GEARED FOR CHILDREN BIRTH TO THREE YEARS OF AGE EARLY INTERVENTION SERVICES ARE DESIGNED TO IMPROVE A CHILD'S GROWTH IN THE AREAS OF LANGUAGE, SPEECH, MOTOR COORDINATION, SELF-HELP SKILLS, AND SOCIAL DEVELOPMENT DEVELOPMENTAL THERAPY IS OFFERED IN THE CHILD'S HOME PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPY ARE AVAILABLE AS PART OF THE COMPREHENSIVE OVERALL EARLY INTERVENTION PROGRAM PARENTAL INVOLVEMENT IS AN INTEGRAL PART OF THE PROGRAM THIS APPROACH IS DESIGNED TO TEACH PARENTS HOW TO INCORPORATE THESE SKILLS INTO THEIR CHILD'S DAILY ROUTINES OUR PLAY GROUP, BRIGHT BEGINNINGS, IS PROVIDED TO ANY CHILD AGES 2-4 THIS SOCIAL GROUP HELPS DEVELOP SOCIALIZATION, LANGUAGE AND INTEGRATION SKILLS CREATIVE EMPLOYMENT - CREATIVE EMPLOYMENT SERVICES (CES) WORKS TO MEET THE LABOR NEEDS OF BUSINESSES WHILE ASSISTING INDIVIDUALS WITH DISABILITIES TO OBTAIN AND MAINTAIN EMPLOYMENT CES PROVIDES ON-GOING SERVICES TO INDIVIDUALS REGARDLESS OF THEIR DISABILITY CES GOES BEYOND STANDARD EMPLOYMENT PLACEMENT THE CES EMPLOYMENT SPECIALIST IS TRAINED TO HELP A PERSON BECOME EMPLOYED IN THE COMMUNITY, ACTING AS CONSULTANTS TO EMPLOYERS IN HELPING THEM TO HIRE CAPABLE PEOPLE STAFF WILL REPRESENT THE SKILLS AND UNIQUE POSITIVE TRAITS OF EACH PERSON LOOKING FOR A COMMUNITY JOB THE EMPLOYMENT SPECIALIST WILL TALK ABOUT WHAT SUPPORTS EACH PERSON WILL NEED TO SUCCEED ON THE JOB, AND HOW TO HELP THE EMPLOYER PROVIDE THOSE SUPPORTS CES STAFF MAINTAINS AN ONGOING RELATIONSHIP WITH THE EMPLOYERS TO INSURE NEWLY HIRED INDIVIDUALS MEET PERFORMANCE AND PRODUCTIVITY EXPECTATIONS OUR GOAL IS TO FIND A GOOD JOB MATCH FOR BOTH EMPLOYER AND POTENTIAL EMPLOYEE RESPITE - KREIDER SERVICES, INC PROVIDES RESPITE SERVICES TO INDIVIDUALS (BOTH CHILDREN AND ADULTS) WHO HAVE A DIAGNOSED DEVELOPMENTAL DISABILITY AND RESIDE IN LEE, WHITESIDE, OR CARROLL COUNTIES THE PURPOSE OF RESPITE IS TO PROVIDE TEMPORARY RELIEF TO FAMILIES THE SERVICES ARE AVAILABLE TO INDIVIDUALS THAT MEET THE ESTABLISHED CRITERIA ON EITHER A PLANNED OR EMERGENCY BASIS RESPITE SERVICES ARE PRIMARILY AVAILABLE IN THE FAMILY'S HOME RESIDENTIAL RESPITE SERVICES ARE ALSO AVAILABLE THROUGH KREIDER SERVICES' RESIDENTIAL RESPITE HOME THIS FEATURE OF OUR RESPITE PROGRAM IS DESIGNED TO ALLOW A PERSON WITH DISABILITIES WHO NORMALLY LIVES AT HOME TO STAY IN THE RESPITE HOME FOR A FEW DAYS OR WEEKS THIS SERVICE IS AVAILABLE FOR INDIVIDUALS 18 YEARS OR OLDER WHO HAVE A DEVELOPMENTAL DISABILITY AND NEED A SHORT-TERM RESIDENTIAL STAY

(Code) (Expenses \$ 142,995 including grants of \$) (Revenue \$ 110,257)

4d Other program services (Describe in Schedule O)
(Expenses \$ 142,995 including grants of \$) (Revenue \$ 110,257)

4e Total program service expenses 16,513,461

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b 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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 38		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 727		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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 holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
ED ROLLER P O BOX 366 DIXON, IL (815) 288-6691

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• 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, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYL EBENS DIRECTOR	1 00	X					0	0	0	
(2) MIKE HICKEY DIRECTOR	1 00	X					0	0	0	
(3) FRANK STRANSKY RESIGNED SEPT 2012, DIRECTOR	1 00	X					0	0	0	
(4) JIM MARSHALL DIRECTOR	1 00	X					0	0	0	
(5) STEPHANIE ROE QUINTON DIRECTOR	1 00	X					0	0	0	
(6) DR RICHARD PILLER PRESIDENT	1 00 2 00			X			0	0	0	
(7) DR VERNON BRICKLEY VICE PRESIDENT	1 00			X			0	0	0	
(8) DON VOCK SEC/TREAS	1 00			X			0	0	0	
(9) ED ROLLER CFO	42 00 3 00			X			90,982	0	15,956	
(10) JEFF STAUTER EXECUTIVE DIRECTOR	42 00 3 00			X			121,672	0	13,179	
(11) ARLAN MCCLAIN DIRECTOR EMERITUS	45 00 2 00					X	133,907	0	17,310	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 13,711					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d 559,674					
	e Government grants (contributions) 1e 1,219,874					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 175,634					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,968,893			
Program Service Revenue	2a FEES FORS SERVICES	Business Code 711120	15,144,430	15,144,430		
	b RECYCLING INCOME	900099	745,644	745,644		
	c SHELTER WORKSHOP	624310	265,445	265,445		
	d PRODUCTION INCOME	900099	143,847	143,847		
	e HUD RENTAL INCOME	624100	110,257	110,257		
	f All other program service revenue					
	g Total. Add lines 2a-2f		16,409,623			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,230		30,230	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	269,196			
		(ii) Personal				
		b Less rental expenses	157,040			
		c Rental income or (loss)	112,156			
	d Net rental income or (loss)		112,156		112,156	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		3,000		
		b Less cost or other basis and sales expenses		0		
		c Gain or (loss)		3,000		
	d Net gain or (loss)		3,000		3,000	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME	900099	93,021	93,021			
b CAFETERIA & VENDING MACHINES	900099	44,542		44,542		
c						
d All other revenue						
e Total. Add lines 11a-11d		137,563				
12 Total revenue. See Instructions		18,661,465	16,502,644	0	189,928	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	241,789		241,789	
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.	9,783,402	8,950,473	832,929	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	74,801	60,370	14,431	
9	Other employee benefits.	2,746,833	2,580,860	165,973	
10	Payroll taxes.	806,228	719,997	86,231	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	21,256	1,139	20,117	
c	Accounting.	52,740	3,665	49,075	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	317,853	304,710	13,143	
12	Advertising and promotion.				
13	Office expenses.	795,505	720,319	75,186	
14	Information technology.	3,818		3,818	
15	Royalties.				
16	Occupancy.	1,123,812	1,079,480	44,332	
17	Travel.	462,026	452,039	9,987	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	701,417	693,667	7,750	
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROVIDER TAX	407,912	407,912		
b	PRODUCTION SUPPLIES	221,984	221,984		
c	FOSTER CARE AND RESPITE	69,109	69,109		
d					
e	All other expenses	330,709	247,737	82,972	
25	Total functional expenses. Add lines 1 through 24e.	18,161,194	16,513,461	1,647,733	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	662,412	1	196,442
	2 Savings and temporary cash investments	3,933,243	2	5,151,577
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,354,243	4	3,012,187
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	9,993
	9 Prepaid expenses and deferred charges	102,008	9	137,334
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 17,049,858		
	b Less accumulated depreciation	10b 9,163,209	7,191,743	10c 7,886,649
	11 Investments—publicly traded securities	3,404	11	3,506
	12 Investments—other securities See Part IV, line 11	452,751	12	454,079
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	381,596	15	159,298
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,081,400	16	17,011,065	
Liabilities	17 Accounts payable and accrued expenses	1,316,048	17	1,663,578
	18 Grants payable		18	
	19 Deferred revenue	93,888	19	122,574
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	164,394	21	157,442
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,083,389	25	2,142,524
	26 Total liabilities. Add lines 17 through 25	3,657,719	26	4,086,118
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,112,087	27	12,729,003
	28 Temporarily restricted net assets	311,594	28	195,944
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,423,681	33	12,924,947	
34 Total liabilities and net assets/fund balances	16,081,400	34	17,011,065	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,661,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,161,194
3	Revenue less expenses Subtract line 2 from line 1	3	500,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,423,681
5	Net unrealized gains (losses) on investments	5	995
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,924,947

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b 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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KREIDER SERVICES INC

Employer identification number
23-7417424

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)

- 1 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 a 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 name, city, and state _____
- 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)**.
- 7 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)
- 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e 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 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,445,477	1,521,712	1,076,717	2,191,128	1,968,893	8,203,927
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,445,477	1,521,712	1,076,717	2,191,128	1,968,893	8,203,927
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)						
6 Public support. Subtract line 5 from line 4						8,203,927

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,445,477	1,521,712	1,076,717	2,191,128	1,968,893	8,203,927
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	198,896	249,143	393,978	259,264	299,426	1,400,707
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						9,604,634

12 Gross receipts from related activities, etc (see instructions)	12	81,854,055
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>		

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	85.420 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	84.810 %

- 16a 33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2011.** 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
- 17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization KREIDER SERVICES INC

Employer identification number

23-7417424

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and two yes/no questions about donor advisement and grant fund usage.

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

Form with multiple questions (1-9) about conservation easements, including purpose, acreage, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2a, 2b) about reporting collections of art and historical treasures, including revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	164,394
1d Additions during the year	
1e Distributions during the year	6,952
1f Ending balance	157,442

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,036,346		1,036,346
b Buildings		9,920,067	4,822,639	5,097,428
c Leasehold improvements		1,381,121	857,756	523,365
d Equipment		4,598,497	3,482,814	1,115,683
e Other		113,827		113,827
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,886,649

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	18,819,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	995	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	995
3	Subtract line 2e from line 1		3	18,818,505
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-157,040	
c	Add lines 4a and 4b		4c	-157,040
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	18,661,465

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	18,318,234
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	157,040	
e	Add lines 2a through 2d		2e	157,040
3	Subtract line 2e from line 1		3	18,161,194
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	18,161,194

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	KREIDER SERVICES INC ASSUMES A FIDUCIARY RELATIONSHIP WITH CERTAIN CLIENTS WHO CANNOT MANAGE THEIR OWN FINANCES CLIENT SUPPORT FUNDS ARE RECEIVED FROM PRIVATE AND GOVERNMENTAL SOURCES, INCLUDING THE SOCIAL SECURITY ADMINISTRATION AND VETERANS ADMINISTRATION THESE FUNDS ARE USED PRIMARILY TO OFFSET CLIENTS OUT-OF-HOME PLACEMENT AND LIVING COSTS THESE FUNDS ARE HELD IN A SEPARATE ACCOUNT AND ARE RECORDED AS ASSET AND LIABILITY ON KREIDER SERVICES INC 'S BALANCE SHEET
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES UNDER THE AUTHORITATIVE GUIDANCE ISSUED BY FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") THE ORGANIZATION USES A THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION TO ACCOUNT FOR UNCERTAINTY INCOME TAXES MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS NOT BEEN MET THIS GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THE ORGANIZATION CONDUCTS BUSINESS SOLELY IN THE U S AND, AS A RESULT, FILES FEDERAL AND ILLINOIS TAX RETURNS IN THE NORMAL COURSE OF BUSINESS THE ORGANIZATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES THE ORGANIZATION'S TAX RETURNS FOR YEARS SUBSEQUENT TO 2009 ARE OPEN, BY STATUTE, FOR REVIEW BY AUTHORITIES HOWEVER, AT PRESENT, THERE ARE NO ONGOING INCOME TAX AUDITS OR UNRESOLVED DISPUTES WITH THE TAX AUTHORITIES THAT THE ORGANIZATION CURRENTLY FILES OR HAS FILED WITH
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
KREIDER SERVICES INC

Employer identification number

23-7417424

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ARLAN MCCLAIN DIRECTOR EMERITUS	(i)	133,907	0	0	4,131	13,179	151,217	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
KREIDER SERVICES INC

Employer identification number

23-7417424

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	<p>ARLAN MCCLAIN IS DIRECTOR EMERITUS AND AN EMPLOYEE OF KREIDER SERVICES, INC HE IS ON THE BOARD OF DIRECTORS FOR JO DAVIESS RESIDENTIAL SERVICES, INC HE ALSO IS THE VOLUNTARY FUNDRAISER COORDINATOR FOR THE KREIDER SERVICES FOUNDATION, INC BOTH OF THESE ENTITIES ARE RELATED TO KREIDER SERVICES, INC THEREFORE, ARLAN MCCLAIN HAS BUSINESS RELATIONSHIPS WITH ALL THE BOARD OF DIRECTORS OF THESE ENTITIES JEFF STAUTER IS AN OFFICER AND EMPLOYEE OF KREIDER SERVICE, INC HE ALSO SERVICES ON THE BOARD OF DIRECTORS FOR JO DAVIESS RESIDENTIAL SERVICES, INC AND IS SECRETARY OF THE BOARD FOR KREIDER SERVICES FOUNDATION, INC BOTH OF THESE ENTITES ARE RELATED TO KREIDER SERVICES, INC THEREFORE, JEFF STAUTER HAS BUSINESS RELATIONSHIPS WITH ALL THE BOARD OF DIRECTORS OF THESE ENTITIES RICHARD PILLER IS THE PRESIDENT OF THE BOARD OF DIRECTORS FOR KREIDER SERVICES, INC HE IS ALSO THE PRESIDENT OF THE BOARD OF DIRECTORS FOR KREIDER SERVICES FOUNDATION, INC AND JO DAVIESS RESIDENTIAL SERVICES, INC BOTH OF THESE ENTITES ARE RELATED TO KREIDER SERVICES, INC THEREFORE, RICHARD PILLER HAS BUSINESS RELATIONSHIPS WITH ALL THE BOARD OF DIRECTORS OF THESE ENTITIES MIKE HICKEY IS ON THE BOARD OF DIRECTORS FOR KREIDER SERVICES, INC HE IS ALSO VICE PRESIDENT OF THE BOARD OF DIRECTORS FOR KREIDER SERVICES FOUNDATION, INC WHICH IS A RELATED ENTITY OF KREIDER SERVICES, INC THEREFORE MIKE HICKEY HAS BUSINESS RELATIONSHIPS WITH ALL THE BOARD OF DIRECTORS OF BOTH OF THESE ENTITIES ED ROLLER IS CONSIDERED AN OFFICER FOR KREIDER SERVICES, INC AND KREIDER SERVICES FOUNDATION, INC AS HE IS THE CFO FOR BOTH ENTITIES HE ALSO SERVES AS DIRECTOR AND CEO FOR JO DAVIESS RESIDENTIAL SERVICES, INC</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE RETURN PREPARER SUBMITS A COPY OF FORM 990 TO THE CONTROLLER. THE CONTROLLER PRINTS OUT THREE COPIES OF THE RETURN. THE CEO, BOARD PRESIDENT, AND THE CONTROLLER REVIEW THE RETURN AND IF THEY AGREE THEY LET THE RETURN PREPARER KNOW THAT THE RETURN IS READY TO BE PROCESSED AND SIGNED BY THE CEO.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST ARE INVESTIGATED BY APPOINTED MEMBERS OF THE GOVERNANCE COMMITTEE ON AN ONGOING BASIS. IF IT IS DETERMINED THAT AN INDIVIDUAL FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL INFORM THE INDIVIDUAL OF SUCH A BELIEF AND AFFORD HIM AN OPPORTUNITY TO EXPLAIN. AFTER SAID EXPLANATION, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION AS DEEMED NECESSARY. THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD ANNUALLY AND UPDATED AS NEEDED.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ALL WAGE/SALARY RANGES ARE RESEARCHED AND COMPARED TO SELECTED COMPENSATION SURVEY DATA TO DETERMINE REQUIRED MARKET ADJUSTMENTS. POSITION DESCRIPTIONS MUST BE MAINTAINED ON A CURRENT BASIS AND WILL BE USED AS A BASIS OF COMPARISON TO MARKET DATA. ADDITIONAL COMPARISONS WILL BE CONDUCTED ANY TIME THE MARKETPLACE INDICATES PRESSURE ON KEY POSITIONS. OVERALL MARKET ADJUSTMENTS ARE EFFECTIVE THE FIRST FULL PAY OF JULY OF EACH YEAR, WITH ADDITIONAL ADJUSTMENTS MADE AS CONDITIONS SO WARRANT. COMPENSATION FOR THE CORPORATION'S EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN WRITING TO THE BUSINESS OFFICE

Identifier	Return Reference	Explanation
RESPONSIBILITY FOR OVERSIGHT OF FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2C	THE ORGANIZATION MAINTAINS AN INDEPENDENT AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS THIS COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
KREIDER SERVICES INC

Employer identification number

23-7417424

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JO DAVIESS RESIDENTIAL SERVICES INC 521 SOUTH WEST STREET GALENA, IL 61036 36-3526646	PROVIDE LOW INCOME HOUSING TO DEVELOPMENTALLY DISABLED ADULTS	IL	501(C)(3)	LINE 7	N/A		No
(2) THE ARC OF LEE COUNTY - LCAH PO BOX 366 DIXON, IL 61021 51-0156572	PROMOTE SERVICES TO DEVELOPMENTALLY DISABLED	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
(3) KREIDER SERVICES FOUNDATION PO BOX 366 DIXON, IL 61021 36-3403379	PROMOTE SERVICES TO DEVELOPMENTALLY DISABLED	IL	501(C)(3)	LINE 11A, I	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARC OF LEE COUNTY	K	301,235	FMV
(2) KREIDER SERVICES FOUNDATION INC	E	2,139,817	FMV
(3) KREIDER SERVICES FOUNDATION INC	C	530,166	FMV

Software ID:
Software Version:
EIN: 23-7417424
Name: KREIDER SERVICES INC

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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