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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

PROJECT LIFELINE

Number and street (or P O box, if mail is not delivered to street address)

465 LAKESIDE TERRACE

D Employer identification number

36-3983576

E Telephone number

(847) 835-4655

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►I Website: ► WWW.PROJECTLIFELINE.NETJ Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 176,018.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

1	Contributions, gifts, grants, and similar amounts received	1	175,400.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	18.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events	6d	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	600.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	176,018.
10	Grants and similar amounts paid (list in Schedule O)	10	150,553.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,000.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	79.
17	Total expenses. Add lines 10 through 16	17	152,632.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,386.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26,089.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	49,475.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year		(B) End of year	
		26,089.	22	49,475.	0
22	Cash, savings, and investments	ATTACHMENT 4			
23	Land and buildings		0	23	0
24	Other assets (describe in Schedule O)		0	24	0
25	Total assets		26,089.	25	49,475.
26	Total liabilities (describe in Schedule O)		0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		26,089.	27	49,475.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose? ATTACHMENT 5

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28 ATTACHMENT 6

(Grants \$ 150,553.) If this amount includes foreign grants, check here ▶ 28a 150,553.

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

31 Other program services (describe in Schedule O)

If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40e	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► IL,		
42 a The organization's books are in care of ► SUSAN GOLDSCHMIDT Telephone no ► 847-835-4655 Located at ► 465 LAKESIDE TERRACE, GLENCOE, IL ZIP + 4 ► 60022		
b 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)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year.		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

51 f Total number of other employees paid over \$100,000 ►
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. . . ►

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

► Yes No

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	<p>▶ <i>Susan Goldschmidt</i> Signature of officer</p> <p>▶ SUSAN GOLDSCHMIDT PRESIDENT Type or print name and title</p>	<p><i>May 9, 2014</i> Date</p>
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Paid Preparer Use Only	Print/Type preparer's name <i>Philip C. Ravid</i>	Preparer's signature <i>Philip C. Ravid</i>	Date MAY 05 2014	Check <input type="checkbox"/> if self-employed	PTIN P00582792
	Firm's name ► JESSER RAVID JASON BASSO FARBER LLP	Firm's EIN ► 46-2353353			
	Firm's address ► 150 N. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60606-1659	Phone no 312-782-4710			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-FZ (2013)

Public Charity Status and Public Support

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PROJECT LIFELINE

Employer identification number
36-3983576

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)	X	
11g(ii)	X	
11g(iii)	X	

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Grfts, grants, contributions, and membership fees received (Do not include any "unusual grants")	110,025.	147,400.	143,500.	139,900.	175,400.	716,225.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	110,025.	147,400.	143,500.	139,900.	175,400.	716,225.
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)						576,388.
6 Public support. Subtract line 5 from line 4						139,837.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	110,025.	147,400.	143,500.	139,900.	175,400.	716,225.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57.	38.	43.	626.	618.	1,382.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						717,607.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 2013 (line 6, column (f) divided by line 11, column (f))	14	19.49%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	14.88%
16a 33 1/3% support test - 2013. 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 ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. 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 ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2013. 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 ► <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test - 2012. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2013. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2012. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. 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)

SCHEDULE A, PART II, LINE 17A

PROJECT LIFELINE MEETS FACTS AND CIRCUMSTANCES TEST IN REGULATION

1.170A-9T(F)(3), TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION.

- ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR

SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, COMMUNITY OR OTHER PUBLIC
CHARITIES.

- THE GOVERNING BODY OF THE ORGANIZATION REPRESENTS BROAD PUBLIC
INTERESTS. IT IS COMPRISED OF PUBLIC OFFICIALS AND COMMUNITY LEADERS WITH
SPECIAL KNOWLEDGE AND EXPERTISE IN THE FIELD OF EDUCATION.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

Name of the organization

PROJECT LIFE

PROJECT LIFELINE

Employer identification number

36-3983576

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Part I

Fundraising Activities. Complete if the organization answers "Yes" to Part I, Line 1. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants
 b Internet and email solicitations f Solicitation of government grants
 c Phone solicitations g Special fundraising events
 d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2013

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts			
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)			
	4 Cash prizes			
	5 Noncash prizes			
Direct Expenses	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary Add lines 4 through 9 in column (d)			►
	11 Net income summary Subtract line 10 from line 3, column (d)			►

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7 Direct expense summary Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain _____

Schedule G (Form 990 or 990-EZ) 2013

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

PROJECT LIFELINE

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
36-3983576

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	18.
TOTAL	18.

ATTACHMENT 1

FORM 990EZ, PART I - OTHER REVENUE

RETURNED GRANT CHECK	600.
TOTALS	600.

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

P.O.BOX RENT	54.
FILING FEES	25.
TOTAL	79.

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	26,089.	49,475.
TOTALS	26,089.	49,475.

ATTACHMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE SCHOLARSHIPS AND EDUCATIONAL ASSISTANCE TO YOUNG MEN AND
WOMEN WHO HAVE BECOME INVOLVED IN THE JUVENILE JUSTICE SYSTEM OF COOK
COUNTY.

ATTACHMENT 5

Name of the organization

PROJECT LIFELINE

Employer identification number

36-3983576

ATTACHMENT 6FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

THE GOAL OF THE ORGANIZATION IS TO PROVIDE SCHOLARSHIPS AND EDUCATIONAL ASSISTANCE TO YOUTHS REFERRED BY THE CIRCUIT COURT OF COOK COUNTY, JUVENILE DIVISION. DURING THE YEAR 2013, FIFTY FIVE STUDENTS RECEIVED FINANCIAL ASSISTANCE, MENTORING AND GUIDANCE.

Project Lifeline 2013

1/1/2013 through 12/31/2013

	Books	Computer	Computer	Student Housing	Tuition	Tutoring	OVERALL
			Hardware & Software				TOTAL
STUDENTS							
Allen,Nicholas	-	-	-	-	2,500 00	-	2,500 00
Anderson,Shahun	-	-	-	-	2,500 00	-	2,500.00
Benard,Derrell	114 00	-	-	510 00	-	-	624 00
Brown,Damion	105 00	-	-	-	5,000 00	-	5,105 00
Cannon,Dorian	523 21	-	-	-	1,357 00	-	1,880 21
Carrera,Ana Karen	100 00	-	-	-	614.00	-	714 00
Carthans,Danielle	-	-	-	-	4,240 69	-	4,240 69
Castaneda,Etienne	-	-	-	4,950 00	-	-	4,950 00
Catchings,Andre	-	-	-	-	-	-	-
Cruz,Natacha	363 29	-	435 98	1,903 22	-	-	2,702.49
De La Rosa,Andres	717 60	-	-	-	3,600 00	-	4,317 60
Diaz,Daniel	724 99	-	-	-	-	-	724 99
Edwards,Demetrius	-	-	-	-	2,989 90	-	2,989 90
Ford,Lakesha	935 86	-	-	-	3,266 00	-	4,201 86
Garrettson,Nathaniel	138 00	-	-	-	-	-	138 00
Gooch,Karetta	44 99	-	-	3,060 00	2,127 21	-	5,232 20
Gordon,Stephen	-	-	-	-	5,819 34	-	5,819 34
Gutierrez,Jonathon	3,240 91	-	-	-	1,250 00	-	4,490 91
Harris,Danielle	-	359 67	-	-	-	-	359 67
Humphrey,Nathaniel	-	-	-	3,870 00	-	-	3,870 00
Ibarra,Ivan	685 88	-	-	-	1,551 00	-	2,236 88
Jadrawi,Hosam	-	-	-	-	4,000 00	-	4,000 00
Johnson,Natasha	283 99	-	-	-	1,201 59	-	1,485 58
Johnson,Quiniqua	493 77	-	-	-	2,140 00	-	2,633 77
Jones,Brandon	198 50	-	-	2,400 00	1,117 96	-	3,716 46
Ladha,Koreem	1,463 50	-	-	-	4,471 45	-	5,934 95
Maldonado,Osvaldo	796 07	-	-	-	998 00	912 50	2,706 57
Mays,Brittany	359 68	-	-	-	-	-	359 68
McDonald,Julia	897 44	-	-	-	4,549 00	-	5,446 44
Merlos,Sergio	149 25	-	-	-	436 00	-	585 25
Morales,Mireya	-	-	-	-	1,815 00	-	1,815 00
Norvell,Sergio	-	-	-	-	3,073 78	-	3,073 78
Norwood,Rasheka	51 71	-	-	-	4,303 41	-	4,355 12
Powell,Deja	-	-	457 78	-	-	-	457 78
Quinn,Sarah	113 79	-	-	3,170 00	2,590 00	-	5,873 79
Ramirez,Eym	-	-	-	-	-	-	-
Rangel,Edward	-	-	-	-	2,018 54	-	2,018 54
Richardson,December	382 25	-	-	1,500 00	100.00	-	1,982.25
Rivera,Misael	-	-	-	-	4,654 74	-	4,654 74
Roberts,Morgan	486 00	-	-	-	4,861.00	-	5,347 00
Sanders,Jermaine	-	-	-	-	2,700 00	-	2,700 00
Sanders,Kurnisha	-	-	-	-	2,500 00	-	2,500 00
Santiago,Alejla	425 25	32 69	457 78	-	-	-	915 72
Sosa,Eduardo	911 90	-	108.99	-	-	-	1,020 89
Thomas,Arrisa	-	-	-	2,300 00	200 00	-	2,500 00
Tobar,Ariel	412 77	-	-	-	2,833 00	-	3,245 77
Vandeveer,Gavin	-	-	-	-	532 00	-	532 00
Vanifatev,Alexander	166 95	-	-	-	4,800 00	-	4,966.95
Ward,Jameisha	-	-	-	3,300.00	-	-	3,300 00
Webb,Benae	839 74	-	-	350 00	751 58	-	1,941.32
Williams,Lanell	-	-	-	988 00	-	-	988 00
Williams,Regina	74 71	-	-	250 00	1,001 00	-	1,325 71
Williams,Reginald	706 07	-	435 98	-	1,971 50	-	3,113 55
Wysinger,Brittany	-	-	-	-	3,116 46	-	3,116 46
Zambrano,Jessica	-	-	-	-	2,342 00	-	2,342 00
16,907.07		392.36	1,896.51	28,551.22	101,893.15	912.50	150,552.81