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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

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

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRANSITIONAL LIVING SERVICES, INC		D Employer identification number 39-1258650
	Doing Business As		E Telephone number (414) 476-9631
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 14,520,340.
	1040 S 70TH ST		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53214-3174		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	F Name and address of principal officer ROBERT WEDEL 2020 W WELLS ST. MILWAUKEE, WI 53233		If "No," attach a list (see instructions)
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.TLSERVICES.ORG		H(c) Group exemption number ▶
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 1976	M State of legal domicile WI	

Part I Summary

1-Briefly describe the organization's mission or most significant activities: AID MENTAL HEALTH RECOVERY BY OFFERING HOUSING AND SUPPORTIVE SERVICES TO MENTALLY ILL ADULTS

2-Check this box 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)	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	258
6	Total number of volunteers (estimate if necessary)	7
7a	Total unrelated business revenue from Part VIII, column (A), lines 7a-7d	0
7b	Net unrelated business taxable income from Form 990-B	0

	Prior Year JT	Current Year
8	5,012,752	5,096,612
9	8,725,671	9,390,107
10	20,485	28,430
11	12,018	5,191
12	13,770,926	14,520,340
13	60,798	39,977
14	0	0
15	5,986,358	6,263,474
16a	0	0
16b	27	
17	8,211,402	8,649,797
18	14,258,558	14,953,248
19	487,632	432,908

	Beginning of Current Year	End of Year
20	4,884,821	0
21	5,163,585	0
22	-278,764	0

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		Date 9/29/14
	ROBERT WEDEL Type or print name and title	VP OF FINANCE

Paid Preparer Use Only	Print/Type preparer's name MICHELLE L WEBER	Preparer's signature 	Date 9/29/14	Check <input type="checkbox"/> if self-employed	PTIN P00556798
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558		Phone no 414-289-8200	
	Firm's address 100 E WISCONSIN AVE MILWAUKEE, WI 53202				

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

For Paperwork Reduction Act Notice, see the separate instructions.

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NO STATUTE UNIT
SCANNED JAN 26 2017
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