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

2016

Department 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-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For cal	endar year 2016 or tax year beginning	, 2016	and ending	
T T T T T	STYLE HEALTH & RESEARCH CORP			A Employer identification number 43-1475084
803 (	WOODMOOR DRIVE	ORALION	}	B Telephone number (see instructions)
ST.	LOUIS, MO 63132 3518			(314) 997-6079
				C If exemption application is pending, check here ►
C Cho	eck all that apply.   Initial return	Initial return of a form	nor public charity	· · · · · · ·
G Che	Final return	Amended return	ner public charty	D 1 Foreign organizations, check here
	Address change	Name change		2 Foreign organizations meeting the 85% test, check
H Che		(c)(3) exempt private f		here and attach computation
	Section 4947(a)(1) nonexempt charitable t			E If private foundation status was terminated under section 507(b)(1)(A), check here
	market value of all assets at end of year  n Part II, column (c), line 16)	counting method. X C		
\(\frac{1101}{5}\)	· ' ' ' '	Other (specify)  column (d) must be or		If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
	Analysis of Revenue and			<del></del>
[ 1, 1 to 1 to 1	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investmen income	t (c) Adjusted net (d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)			purposes (cash basis only)
	(see instructions).)			
	1 Contributions, gifts, grants, etc., received (attach schedule)			
	2 Check ► X if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments			
	4 Dividends and interest from securities . 5 a Gross rents	3,154.	3,15	4. 3,154.
	<b>b</b> Net rental income			
R	or (loss) .  6 a Net gain or (loss) from sale of assets not on line 10.			
E V	b Gross sales price for all assets on line 6a			
Ě	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	<u> </u>		
E N U	Net short-term capital gain     Income modifications			8 NOV 17 200
E	10 a Gross sales less returns and		10-10-10-10-10-10-10-10-10-10-10-10-10-1	
	allowances b Less Cost of			A C C C C C C C C C C C C C C C C C C C
	goods sold  C Gross profit or (loss) (attach schedule).			
446	11 Other income (attach schedule)			
S				
<u>&gt;</u>	12 Total. Add lines 1 through 11	3,154.	3,15	4. 3,154.
SCANNED	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.	-	
Ш	15 Pension plans, employee benefits		<del></del>	
_	16 a Legal fees (attach schedule)			
V0V	<b>b</b> Accounting fees (attach sch)			
- 1	<b>c</b> Other professional fees (attach sch).			
65 S	17 Interest 18 Taxes (attach schedule) (See Instrs) See Stm 1			
STRAT	18 Taxes (attach scheduleXsee instrs) うせ らて加 エ 19 Depreciation (attach	75.		7. 67.
0 1 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	schedule) and depletion	1,573.	1,57	3.
N V G E	20 Occupancy 21 Travel, conferences, and meetings	ļ		
	22 Printing and publications.			
A E N X D P	23 Other expenses (attach schedule)		<del></del>	
Ε	See Statement 2	210.	2	1. 189.
N S E S	24 Total operating and administrative expenses. Add lines 13 through 23	1,858.	1,60	1. 256.
5	25 Contributions, gifts, grants paid Part XV	3,000.		3,000.
	26 Total expenses and disbursements.			
	Add lines 24 and 25  27 Subtract line 26 from line 12:	4,858.	1,60	1. 0. 3,256.
	a Excess of revenue over expenses			
	and disbursements	-1,704.	Like Marini Line	
	D Net investment income (if negative, enter -0-)		1,55	3.154

Form	990-	PF (2016) LIFESTYLE HEALTH & RESEARCH CORPO		43-14	
Par	EII	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	of year
	1	(See instructions )  Cash — non-interest-bearing	(a) Book value	(b) Book Value	(c) Fair Market Value
	2	Savings and temporary cash investments	3,249.	3,178.	3,178.
	3	Accounts receivable	5,245.	3,170.	3,178.
		Less, allowance for doubtful accounts		- mare in the factor of the fa	
	4	Pledges receivable .		3 . 2	1913 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	'	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N 1 1/45 73 W
A		Less: allowance for doubtful accounts ▶			
A S S E T	8	Inventories for sale or use			
Ę	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – U.S and state government obligations (attach schedule)			
	t	h investments — corporate stock (attach schedule)	162,748.	162,688.	142,892.
		c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment, basis			
		Less accumulated depreciation (attach schedule)			
		Investments – mortgage loans.			ļ — ——
	13	Investments – other (attach schedule)	, , , , , , , , , , , , , , , , , , ,		
	14	Land, buildings, and equipment: basis ►	2 546	1 072	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	15		3,546.	1,973.	1,973.
	16	Total assets (to be completed by all filers —			<del></del>
<u></u>		see the instructions Also, see page 1, item I)	169,543.	167,839.	148,043.
Ļ	17	Accounts payable and accrued expenses			
Á	18	Grants payable			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
В	19	Deferred revenue	ļ		
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
÷	21	Mortgages and other notes payable (attach schedule)	\		
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			-500 (G) (A)
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds	_169,543.	167,839.	
SN	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds			
O E R S	30	Total net assets or fund balances (see instructions)	169,543.	167,839.	
	31	Total liabilities and net assets/fund balances (see instructions)	169,543.	167,839.	
Par		Analysis of Changes in Net Assets or Fund Balance		1	Programme and the second secon
		I net assets or fund balances at beginning of year – Part II, coli		agree with	
'	end-	of-year figure reported on prior year's return).	anni (a), inic 30 (must c	1	169,543.
2	Ente	r amount from Part I, line 27a		2	-1,704.
3	Other	increases not included in line 2 (itemize).		3	
4	Add	lines 1, 2, and 3		4	167,839.
5	Decre	ases not included in line 2 (itemize).		5	

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5

6

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Parl	<u></u>	40(b), 4940(e), or 4948	– see	instru	ctions)		
1 a		N/A' on line 1				·	اعكدنا
	Date of ruling or determination letter: (attach copy of letter if necessary -	- see instructions)					
ь	Domestic foundations that meet the section 4940(e) requirements in Part V,		·	1	<del> </del>		<u>31.</u>
	check here   and enter 1% of Part I, line 27b			` · ·	·	1.4	¥
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I,	line 12, col (b)				<u> </u>	الدنيث
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						_
_	foundations only Others enter -0-).		}	2			0.
•	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ana anki. Othara antar	۸ \	3 4			31.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, ent	=	-0-)	5			0.
_	,	ler -0-		3	<del>, , , , , , , , , , , , , , , , , , , </del>	. 37, 22%	31.
	Credits/Payments. 2016 estimated tax pmts and 2015 overpayment credited to 2016	6 a	22	77.3	198 4		
	Exempt foreign organizations — tax withheld at source	6b	22.	- 1	112 1		
	Tax paid with application for extension of time to file (Form 8868)	6c	50.		3		
	Backup withholding erroneously withheld	6d	30.	. **	22.		* 5 1
	Total credits and payments. Add lines 6a through 6d	60		7	<u> </u>	······································	72
		220 is attached	-	8			<u>72.</u>
8 9		ZZV IS attached	•	9			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	_	10			<u>0.</u> 41.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	41. Refunded	<b>▶</b>	11			0.
	VII-A Statements Regarding Activities	41. Ketanaca		··			<u> </u>
					,	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or participate or intervene in any political campaign?	or local legislation or di	a it		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for polif (see Instructions for the definition)?	tical purposes			1 b		Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies or distributed by the foundation in connection with the activities.	of any materials publishe	ed		,	À	? <u>[</u> ]
С	Did the foundation file Form 1120-POL for this year? .				1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed				_		1
	(1) On the foundation ► \$ 0. (2) On foundation man Enter the reimbursement (if any) paid by the foundation during the year for political exp				0.		
	foundation managers \$ 0.	benditure tax imposed on			L id	1	2/24
	Has the foundation engaged in any activities that have not previously been repor	ted to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities.				, =	- 1	
3	Has the foundation made any changes, not previously reported to the IRS, in its govern of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a confor</i>	ning instrument, articles	105		3		<u></u>
	Did the foundation have unrelated business gross income of \$1,000 or more duri		,00		4 a	<del>                                     </del>	<u>X</u>
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?				4 b	N/	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
_	If 'Yes,' attach the statement required by General Instruction T.				\ <u> </u>	1 , 3	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) s	satisfied either:			1.36	3	: \$4 : \$4
	By language in the governing instrument, or						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mand with the state law remain in the governing instrument?</li> </ul>	datory directions that con	flict		6	37	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II,	col (c), and Part XV			7	Х	<del></del> -
	Enter the states to which the foundation reports or with which it is registered (se		<b>-</b>		A	<del> </del>	Sec 2 -
	MO	•	_		-   -5	1.24	x 3.1
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	eral			- 8b	X	
9	Is the foundation claiming status as a private operating foundation within the me	aning of section 4942(i	)(3) or	4942(1	)(5)	A	
	for calendar year 2016 or the taxable year beginning in 2016 (see instructions for	r Part XIV)? If 'Yes,' co	mplete	Part .	χίν 9	<u> </u>	<u>x</u> <i>U</i>
	Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a</i> and addresses	schedule listing their nai	mes		10		<u>X</u>
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**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incu				
(1) Carry on propaganda, or otherwise attemp			Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes	No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc , organ s) .	ization described	Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientifi n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	o qualify under the exce ding disaster assistance	ptions e	5b N/A
Organizations relying on a current notice rega	rdıng dısaster assıstan	ce check here	▶ [_	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No S
If 'Yes,' attach the statement required by Reg	ulations section 53.494	5-5(d).		
6a Did the foundation, during the year, receive at on a personal benefit contract?			∐Yes X	No Ch
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly of indirec	ctiy, on a personal bene	mi contract?	6b X
7a At any time during the tax year, was the found	dation a party to a prob	uhited tax shelter transa	action? Yes X	No Salas Cal
<b>b</b> If 'Yes,' did the foundation receive any proceed				1/A 7b
Part VIII Information About Officers, D			-	*/ <b>*</b> *   "
and Contractors	,,	, i oundation mana	gors, riigiiiy r ala e	inproyees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	tructions).	<del></del>
(a) Name and address	(b) Title, and average hours per week devoted to position	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
Tinio M. Dono Forbon	Dragidant		compensation	
Linda M. Repa-Eschen	President	0.	0.	0.
803 Woodmoor Drive St. Louis, MO 63132 3518	0			j.
Michael F. Avioli	Vice Preside	0.	0.	0.
144 West Lockwood Ave #100	0		)	0.
St. Louis, MO 63119				
Dexter W. Schraer	Secretary	0.	0.	0.
47 Marshall PLace	0	· ·	)	0.
Webster Groves, MO 63119				
Thomas M. Eschen	Director	0.	0.	0.
46 Hill Drive	0	1	)	
St. Louis, MO 63122		1		
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 - see instruction	ns). If none, enter 'NONE	<u>'</u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None		<del> </del>	Componsation	<del> </del>
	,			
		<del> </del>	<del> </del>	<del></del>
	<u></u>	<del> </del>	<u> </u>	
		1		
Total number of other employees paid over \$50,000	<u> </u>	L	<u> </u>	
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. Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.  A Average monthly fair market value of securities.	1 a	142,570.
Ŀ	Average of monthly cash balances	1 b	3,213.
•	Fair market value of all other assets (see instructions)	1 c	2,760.
(	Total (add lines 1a, b, and c)	1 d	148,543.
	Reduction claimed for blockage or other factors reported on lines 1a and	4	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	148,543.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,228.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	146,315.
6	Minimum investment return. Enter 5% of line 5	6	7,316.
Par	<b>tXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this part.)	ting fo	
1	Minimum investment return from Part X, line 6	1	7,316.
2 8	Tax on investment income for 2016 from Part VI, line 5	78.6	
Ł	Income tax for 2016 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2 c	31.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,285.
4	Recoveries of amounts treated as qualifying distributions	4	<del></del>
5	Add lines 3 and 4	5	7,285.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,285.
Pai	Qualifying Distributions (see Instructions)	[at removal]	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	3,256.
Ł	Program-related investments – total from Part IX-B	1 b	<del></del>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	_
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,256.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,256.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	

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Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				7,285.
<ul><li>2 Undistributed income, if any, as of the end of 2016:</li><li>a Enter amount for 2015 only</li></ul>			3,983.	
<b>b</b> Total for prior years. 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2016	1 1 4 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
<b>a</b> From 2011 <b>b</b> From 2012	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
c From 2013				
<b>d</b> From 2014	,			
e From 2015			. * * * * * * * * * * * * * * * * * * *	
f Total of lines 3a through e	0.	, , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
4 Qualifying distributions for 2016 from Part			, 4	The state of the s
XII, line 4. ► \$ 3,256.			* , , , , ,	
a Applied to 2015, but not more than line 2a			3,256.	, 3 1
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>		0.	, , , , , , , , , , , , , , , , , , ,	
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2016 distributable amount	\$ ,5			0.
e Remaining amount distributed out of corpus	0.		,	
5 Excess distributions carryover applied to 2016	0.	, , , , , , , , , , , , , , , , , , , ,	*	<u>0.</u>
(If an amount appears in column (d), the same amount must be shown in column (a))	,	( *	• -,	
			,	7,5,7
6 Enter the net total of each column as		\$ 1 3 3	*	* * * * * * * * * * * * * * * * * * * *
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		4 4	
·	**			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions	, , , , , , , , , , , , , , , , , , , ,	0.		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions			727.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017.				7,285.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a .  10 Analysis of line 9.	0.	17 11 11 12 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	でものでは、 でものでは、 でものでは、 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でものできる。 でき。 できる。 できる。 できる。 できる。 で。 できる。	
a Excess from 2012	**			
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				12 (1887)
e Excess from 2016			是1995 A2001 人类	**/***********************************

Form 990-PF (2016) LIFESTYLE HEALTH			·	43-14750	
Part XIV Private Operating Founda					/ N/A
1 a If the foundation has received a ruling or det is effective for 2016, enter the date of the	ruling			/	1040()(5)
<b>b</b> Check box to indicate whether the foundate		erating foundation (		4942(j)(3) o.	r 4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	# > 0015	Prior 3 years	1 15 2012	(e) Total
investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	,(d) 2013	<del> </del>
<b>b</b> 85% of line 2a.				/	
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter:			X		
(1) Value of all assets		<del> /</del>	<b></b>	<del> </del>	ļ
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		//	ļ		
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter:					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income  Part XV Supplementary Information					
assets at any time during the Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they have None	gers: ve contributed more to ve contributed more	nan 2% of the total c than \$5,000) (See	section 507(d)(2))		
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which the None	n 10% or more of the e foundation has a 1	stock of a corporation  O% or greater inter	on (or an equally larg rest.	e portion of the owne	ership of
2 Information Regarding Contribution, Grant, Check here ☐ if the foundation only m requests for funds If the foundation makes g complete items 2a, b, c, and d a The name, address, and telephone number of	akes contributions to jifts, grants, etc (see	preselected charitab instructions) to indiv	viduals or organizatio	ns under other condi	
See Statement 4	<del></del>				
<b>b</b> The form in which applications should be	submitted and info	mation and materi	als they should incli	ude:	
See Statement for Line 2a					
c Any submission deadlines:					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of	institutions, or othe	r factors:
See Statement for Line 2a			<del></del>		
BAA	TE	EA0310L 12/16/16			Form <b>990-PF</b> (2016)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation show any relationship to Purpose of grant or contribution status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Polycystic Kidney Disease Foun None 501c3 The Polycystic 3,000. 9221 Ward Parkway, Suite 400 Kidney Foundation is Kansas City MO 64114 the only organization, worldwide devoted to the mission of promoting research to find a cure for the disease and improve the care and treatment for those affected. ► 3a 3,000. b Approved for future payment Total ▶ 3ь

	-AI Analysis of Income-Producing		ed business income	Evaludos	1 by costion 512 512 or 514	<del></del>
·	s amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	Related or exempt function income (See instructions)
1 Progr	ram service revenue			code		(000 110110110110)
a						ļ
b			· · · · · · · · · · · · · · · · · · ·			
c				ļ		
d				ļ	<u></u>	
е				<u> </u>		ļ
f		<u> </u>				· · · · · · · · · · · · · · · · · · ·
_	and contracts from government agencies			ļ <u>-</u>		
	bership dues and assessments			ļ		
	t on savings and temporary cash investments			14		
-	ends and interest from securities		a of the second of the second of the second	14	Der ein niem nahman V2 auch man	3,154.
	ental income or (loss) from real estate:	· 2 / 1/2 - 2 / 1/4	MARKET STORY	***	14 (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	AND MAKE AND AND
	financed property	<u> </u>		<u> </u>		
	ebt-financed property	ļ		<b>.</b>		
	ntal income or (loss) from personal property			<u> </u>		
	nvestment income			ļ		
	r (loss) from sales of assets other than inventory			<u> </u>		ļ
	ncome or (loss) from special events			L		<u> </u>
	s profit or (loss) from sales of inventory					
11 Other	revenue.	4 4		物场	870 678 73	Part Control 10 and
a <u>Ret</u>	urn of capital		<del></del>	<u> </u>		
b				ļ		
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				<b>}</b>		<u></u>
d						
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e	otal Add columns (b), (d), and (e)	3 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				3,154.
e Subto	. Add line 12, columns (b), (d), and (e)	<u> </u>		<b>67.8</b> 5	13	3,154. 3,154.
e Subto	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculat	ions )				
e Subto	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculat <b>B</b> Relationship of Activities to the	e Accompl		t Purpe	oses	3,154.
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e 12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculat <b>B</b> Relationship of Activities to the	e Accompl		t Purpe	oses	3,154.
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e Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculat <b>B</b> Relationship of Activities to the	e Accompl		t Purpe	oses	3,154.
e Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculat <b>B</b> Relationship of Activities to the	e Accompl		t Purpe	oses	3,154.
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e Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculat <b>B</b> Relationship of Activities to the	e Accompl		t Purpe	oses	3,154.

Yes No

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

de	escribed in section 501	(c) of the Code	y engage in any of the following w (other than section 501(c)(3) orga	ith any other organization	on 527,		Yes	No
	lating to political organ		to a nonaboritable example erann	tation of:				5.
-		ung louridation	to a noncharitable exempt organi	2411011 01.		1 - (1)	الكالثار	
•	) Cash					1 a (1)		<u>X</u>
•	) Other assets ther transactions:					1 a (2)	. 41.22	X
_		noncharitable c	evemnt organization			15(1)		
•	) Sales of assets to a		• •			1 b (1)		_X_
•			ritable exempt organization			1 b (2)		<u>X</u>
•	) Rental of facilities, e	• •	illel assets			1 b (3)	<del>  </del>	X
•	) Reimbursement arra	_				1 b (4)		_X_
•	Loans or loan guarar		rahin or fundraising collectorions			1 b (5)		X
• -	•		rship or fundraising solicitations			1 b (6)		<u>X</u>
<b>c</b> 51	naring or facilities, equi	pment, mailing	lists, other assets, or paid emplo	/ees		1 c		_ <u>X</u> _
<b>d</b> If the ar	the answer to any of the goods, other assets, or y transaction or sharin	ne above is 'Yes services given b ig arrangement	s,' complete the following schedul by the reporting foundation. If the fol , show in column (d) the value of	e Column (b) should alver also column (b) should alver also column (c) should alver also column (c) should alv	ways show the fair n fair market value ii or services receive	market valu ad	ue of	
(a) Line	no. (b) Amount involve	d (c) Nam	ne of noncharitable exempt organization	(d) Description of tran	nsfers, transactions, and	sharing arran	gements	S
N/A								
					- <u></u>			
					<del></del>			
				† <del></del>				
				<del> </del>				
	·			<del> </del>				
				<del> </del>	·			
				<del> </del>	<del></del>			
de	the foundation directly our scribed in section 501 ('Yes,' complete the following the complete the com	(c) of the Code	eted with, or related to, one or more to (other than section 501(c)(3)) or it	ax-exempt organizations a section 527?		Yes	X	<b>√</b> 0
	(a) Name of organi	zation	(b) Type of organization	1 (c	) Description of rel	ationship		
N/A					<del></del>	<del></del> -		
	· · ·							
					<del></del>			
					·			
$\overline{}$	Under penalties of perjury, I d	eclare that I have ex	amined this return, including accompanying s	chedules and statements, and to	o the best of my knowledge	ge and belief, if	l is true,	
Sign Here	shunda Mi	ition of preparer (oth	er than taxpayer) is based on all information	of which preparer has any known  President	vledge -	May the IF this return preparer s	with the	elow
	Signature of officer or truste	:e	Date	Title		_ (see instru X		No
	Print/Type preparer's	s name	Preparer's signature	Date	Check If	PTIN		لتند
Paid	Thomas M.	Busken	Thomas M. Buske	for 10-2-1	7 self-employed	P00043	ጸፍዓ	
Prepar		Thomas M			Firm's EIN - 43-1		<u> </u>	
Use O	I	11430 Gra			43-1	020940		
USE U	iny   ' in a address		s, MO 63126		Phone no (314	\ 042 7	/E01	
BAA		St. LOUIS	3, 140 03120		1 Frione 110 (314	842-7		016
						Form <b>990</b>	-PF (2	വല

2016	Federal Statements	Page 1
Client 3	LIFESTYLE HEALTH & RESEARCH CORPORATION	43-147508
10/02/17		12 22P
Statement 1 Form 990-PF, Part I, Taxes	Line 18	
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	
Taxes and Licens	tes. Total $\frac{\$}{\$}$ $\frac{75}{75}$ $\frac{\$}{\$}$ $\frac{7}{7}$ $\frac{\$}{\$}$ $\frac{0}{\$}$	\$ 67. \$ 67.
Statement 2 Form 990-PF, Part I, Other Expenses	Line 23	
INVESTMENT FEE RETURN OF CAPITA		(d) Charitable Purposes \$ 135. 54. \$ 189.
Statement 3 Form 990-PF, Part II, Land, Buildings, and	d Equipment	Fair Market
Categor Furniture and Fi Machinery and Eq	xtures \$ 0.\$ 0.\$	Value 1,973. 0. 1,973.
Statement 4 Form 990-PF, Part X Application Submiss	V, Line 2a-d sion Information	
Name of Grant Pr Name: Care Of: Street Address: City, State, Zip Telephone:	LIFESTYLE & HEALTH RESEARCH CORPORATION C/O LINDA REPA-ESCHEN 803 WOODMOOR DRIVE	
E-Mail Address: Form and Content  Submission Deadl	SPECIFIC AIMS PROPOSED PROJECT PERIOD AND SUMMA OUTCOMES MEASURES TO EVALUATE ACHEIVEMENT OF AI BUDGET	ARY OF
Restrictions on		OFIT

12/31/16		20	116 Fe	dera	l Boo	ik Dep	2016 Federal Book Depreciation Schedule	on Sc	hedu	<u>e</u>		!	ļ į	Page_T
Client 3		0	LIFES	TYLE!	4EALT!	H & RES	LIFESTYLE HEALTH & RESEARCH CORPORATION	ORPOF	ATION				-	43-1475084
10/02/17 No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Speciał Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr Basis	Prior Denr.	Method	Life Rate	12.22PM Lurrent Deor.
990/990-PF												1		
Machinery and Equipment														
1 COMPUTER & PRINTER 2 COMPUTER	6/03/10		4,308	~						4,308	3,730	200DB HY 200DB HY	7 .08930 5 .32000	385
Total Machinery and Equipment			8,019			0	0	0	0	8,019	4,472			1,573
Total Depreciation		. "	8,019	. "		0	0	0	0	8,019	4,472			1,573
Grand Total Depreciation		"	8,019	"		0	0	0	0	8,019	4,472			1,573

4.4.4