

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

Open to Public Inspection

FOI Cal	gilua	r year 2017 or ta	x year beginning		, 2017	, and ending	т.	7	
							Α	Employer identification num	mber
			RESEARCH C	ORF	ORATION		_	<u>43-1475084</u>	
		DMOOR DRIVE					В	Telephone number (see ins	
ST.	LOU.	IS, MO 6313	32 3518					(314) 997- <u>60</u> °	/9
							c	If exemption application is	nanding check here
							՝	п ехетрион аррисации із	penung, check here
G Che	ck a	II that apply	Initial return	- 1	Initial return of a fori	mer public charity	n	1 Foreign organizations, chec	k here
<i>!</i>			Final return		Amended return			r roreign organizations, ence	, nord
		ľ	Address change	.	Name change	1		2 Foreign organizations meet	ing the 85% test, check 🚐
H Che	ol. to	pe of organization			1(c)(3) exempt private	foundation	7	here and attach computation	on 🔭
n Cile							1_	If any other favorable and about	
	_				trust X Other taxable		E	If private foundation status under section 507(b)(1)(A)	
		t value of all assets a	at end of year J		counting method. X C	ash Accrual		under section 30/(b)(1)(A)	, clicox hore
· · · · · · · · · · · · · · · · · · ·	n Part	II, column (c), line 16	b)		Other (specify)	<u> </u>	F	If the foundation is in a 60	-month termination
▶\$		147,	.258. (P	art I,	, column (d) must be or	n cash basis)	7	under section 507(b)(1)(B)	, check here
Part I	TA	nalysis of Re			(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
. 414.			total of amounts in		expenses per books	income	111	income	for charitable
	CC	lumns (b), (c), a	ind (d) may not ne	ces-	CAPCINSOS POI DOONS	111001110		111001110	purposes
	sa	irily equal the an	nounts in column (a)					(cash basis only)
	<u>(s</u>	ee instructions))							
]		i, etc., received (attach schedule					 	
	2	Check ► X if the foun	ndation is not required to attach	Sch B				<u>'</u>	
	_	Laterant .			_		7	_	
	3	Interest on savings and ter			7.		<u>7.</u>	7.	**,
	4	Dividends and interest from	n securities		7,480.	7,48	<u>30.</u>	7,480.	7, 34,4
		Gross rents							
		Net rental income or (loss)							
R		Net gain or (loss) from sal			-19,911.				
E	t	Gross sales price for assets on line 6a	^{'all} 151,95	52.					
Σ	7		me (from Part IV, line 2)		BECEN/ED	—	0.	 	
E N U	8	Net short-term capita	**	_	KELEIVED			785.	· -
ΰ	9	Income modifications				S		103.	
Ě	10 a	Gross sales less		2	NOV 3 0 2018				
~	100	returns and allowances		88	MON ON COLO	0%			***. **** -*
SCANNED	Ŀ	Less Cost of				正			
*		goods sold			OGDEN. UT	#T			
Ź		Gross profit or (loss) (atta	•		CODEIN, UT			<u> </u>	
Z	11	Other income (attach	schedule) .						ı
<u>(17)</u>									
U	12	Total. Add lines 1 t	through 11		-12,424.	7,48	37.	8,272.	
MAR	13	Compensation of offi	cers, directors, trustees,	etc -	0.				
A F	14	Other employee sala	aries and wages						
	15	Pension plans, empli	oyee benefits						
٠	16 =	Legal fees (attach sc	hedule)					-	
© DAD A		Accounting fees (atta	0 0	: 1	1,400.	1 /	40.	 	1,260.
6183 -z-s		Other professional fees (a	•	_	1,400.		₂ U .	 	1,200.
ž,	_	•	Hacif Scrip					 	
السخاب PS	17	Interest	e instrs) See Sti	ດ່າ	<u> </u>	ļ			
E T	18	Taxes (attach schedule)(se		ı Z	527.		53.	<u> </u>	474.
AA	19	Depreciation (attach			200		٠.		
		schedule) and deplet	.1011		906.	90)6.	ļ	
N V G E	20	Occupancy			<u></u> -				
_	21	Travel, conferences,	-						
A E N X D P	22	Printing and publicate							
	23	Other expenses (atta	-	_					
E N		S	ee Statement	t 3	1,843.	18	<u> 34.</u>		1,659.
E 75 E 5	24	Total operating and							
S		expenses. Add lines		VT7	4,676.	1,28	<u>33.</u>		3,393. 7,300.
	25	Contributions, gifts, grants	paid Part 2	ሉ ሃ	7,300.				7,300.
	26	Total expenses and	disbursements.						•
	-	Add lines 24 and 25			11,976.	1,28	33.	0.	10,693.
	27	Subtract line 26 from	line 12:			,	_	,	•
	a	Excess of revenue o	ver expenses			;		1	
		and disbursements						·	in it is a subject to the second
	b	Net investment inco	me (if negative, enter -0-	-)	, ;	6,20)4.		こうかな おかなるないないない よっ
		Advicted not income	o (if negative, enter -0.)		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			8 272	" well-all and a second

- i	21	Mortgages and other notes payable (attach schedule)
1	22	Other liabilities (describe
E	23	Total liabilities (add lines 17 through 22)
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.
NE	24	Unrestricted
N F E U T N	25	Temporarily restricted
D	26	Permanently restricted
A S B S A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

27 Capital stock, trust principal, or current funds

28 Paid-in or capital surplus, or land, bldg, and equipment fund

Total liabilities and net assets/fund balances

Mortgages and other notes navable (attach schedule)

167,839. 143,439. 167,839. 143,439. 167,839. 143,439.

0

0

Part III Analysis of Changes in Net Assets or Fund Balances

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	,	167,839.
2	Enter amount from Part I, line 27a	2	-24,400.
3	Other increases not included in line 2 (itemize).	3	21,1001
4	Add lines 1, 2, and 3	4	143,439.
5	Decreases 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	6	143,439.

► X

A N

29

(see instructions)

O E R S

		the kind(s) of property sold (for example ouse, or common stock, 200 shares	ole, real estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
_1	a See Statement 6					
	b `					
	C					
	d				<u> </u>	
	е					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
	a					
	b	 				
	<u>c</u>	 			· -	
	d	 				
	Complete and for accept about	Luna gain in column (b) and aurond	by the foundation on 19/21	(60		
	· · · · · · · · · · · · · · · · · · ·	ving gain in column (h) and owned (i) Adjusted basis	(k) Excess of col. (i)		(I) Gains (Col ain minus col (k), b	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		an -0-) or Losses (fr	
	a					
	<u>b</u>					
	<u> </u>					
	d					
	e		-			
2	Capital gain net income or (ne	et capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		-19,911.
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	i) and (6)			13,311.
	, ,	e 8, column (c) See instructions If	· · · · · · · · · · · · · · · · · · ·			785.
Pa		r Section 4940(e) for Reduce	od Tay on Net Investm		<u> </u>	765.
•	optional use by domestic private tection 4940(d)(2) applies, leave	oundations subject to the section 4940 this part blank	(a) tax on het investment inc	ome)	N/A	
Was	s the foundation liable for the se	ction 4942 tax on the distributable a	amount of any year in the b	ase period?	∏Yes	☐ No
lf 'Y	es, the foundation doesn't qual	ify under section 4940(e) Do not co	mplete this part.			
1	Enter the appropriate amount in					
	(2)	each column for each year, see the in		entries		
	(a) Base period years Calendar year (or tax year beginning in)	each column for each year, see the in (b) Adjusted qualifying distributions			(d) Distribution (col (b) divided	
	Base period years Calendar year (or tax year	(b)	structions before making any (c) Net value of		Distribution	
	Base periód years Calendar year (or tax year beginning in)	(b)	structions before making any (c) Net value of		Distribution	
	Base period years Calendar year (or tax year beginning in) 2016	(b)	structions before making any (c) Net value of		Distribution	
	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013	(b)	structions before making any (c) Net value of		Distribution	
	Base period years Calendar year (or tax year beginning in) 2016 2015 2014	(b)	structions before making any (c) Net value of		Distribution	
2	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012	(b)	structions before making any (c) Net value of		Distribution	
2 3	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d). Average distribution ratio for the	(b)	structions before making any (c) Net value of noncharitable-use ass	sets	Distribution	
	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d) Average distribution ratio for the number of years the foundatio	(b) Adjusted qualifying distributions 5-year base period — divide the total of	structions before making any (c) Net value of noncharitable-use ass on line 2 by 5 0, or by the 5 years.	sets2	Distribution	
3	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d) Average distribution ratio for the number of years the foundatio	(b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than	structions before making any (c) Net value of noncharitable-use ass on line 2 by 5 0, or by the 5 years.	sets 2	Distribution	
3	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d) Average distribution ratio for the number of years the foundatio	(b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than ritable-use assets for 2017 from Par	structions before making any (c) Net value of noncharitable-use ass on line 2 by 5 0, or by the 5 years.	2 3 4	Distribution	
3 4 5	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d). Average distribution ratio for the number of years the foundatio Enter the net value of nonchar Multiply line 4 by line 3 Enter 1% of net investment income.	(b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than ritable-use assets for 2017 from Par	structions before making any (c) Net value of noncharitable-use ass on line 2 by 5 0, or by the 5 years.	2 3 4 5	Distribution	
3 4 5 6 7	Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d). Average distribution ratio for the number of years the foundatio Enter the net value of nonchar Multiply line 4 by line 3 Enter 1% of net investment incompany and the second secon	(b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than ritable-use assets for 2017 from Paracome (1% of Part I, line 27b)	structions before making any (c) Net value of noncharitable-use ass on line 2 by 5 0, or by the 5 years.	2 3 4 5	Distribution	

	990-PF (2017) LIFESTYLE HEALTH & RESEARCH CORPORATION		14/508		Page 4
	tVI 🔀 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940((e), or 4948 — see			
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1			一张说	231
	Date of ruling or determination letter. (attach copy of letter if necessary — see instruc	tions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V,		1		124.
	check here ► ☐ and enter 1% of Part I, line 27b		£ , 5		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b))			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		_		
	foundations only, others, enter -0-)		2		0.
3	Add lines 1 and 2		3		<u> 124.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	hers, enter -0-)	4		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		124.
6	Credits/Payments			· .	4
	2017 estimated tax pmts and 2016 overpayment credited to 2017		" "		
	Exempt foreign organizations — tax withheld at source 6b			7	
	Tax paid with application for extension of time to file (Form 8868) 6c	· ·			V 1
	Backup withholding erroneously withheld 6d				<u>, ''</u>
7	Total credits and payments Add lines 6a through 6d		7		0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach		8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed See Stateme	ent /	9		124.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		
וו	Elico dio all'oditi di lino i di de de della del	efunded •	11		
Par	VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it		Ye	
	participate or intervene in any political campaign?			1 a	<u> X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition			1 b	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any mater or distributed by the foundation in connection with the activities	rals published			
	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 during the	year:	_	-	1 '
	(1) On the foundation \$\\$ 0. (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	-S	<u> </u>		
Ç	foundation managers •\$ 0.	imposed on			
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		2	X
_	If 'Yes,' attach a detailed description of the activities.			-	+
2		unt articles			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy o	of the changes		3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If 'Yes,' attach the statement required by General Instruction T			, - '	1
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:			
	● By language in the governing instrument, or				'
	Ry state legislation that effectively amends the governing instrument so that no mandatory directive	ons that conflict			l1
	• By state legislation that effectively amends the governing instrument so that no mandatory direction with the state law remain in the governing instrument?	ons that commet		6	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 Pa	art XV		7 }	
8 a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns 🕨			17
	MO				
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		_	8b }	
	Is the foundation claiming status as a private operating foundation within the meaning of sector calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. I	ction 4942(j)(3) or If 'Yes.' complete	4942(j)(5 Part XIV		X
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule list			- -	
		uud meir names		1 1	1
10	and addresses	ang their names		10	X

Pai	rt VII-A Sta	tements R	egarding	<u>Activities</u>	(continued	<u> </u>							
11	At any time du within the mea	ring the year ning of secti	r, did the fou on 512(b)(13	ndation, dir 3)? If 'Yes,'	ectly or indire attach schedu	ctly, own a contro lle See instructio	olled entity ons				11	Yes	No X
12	Did the foundati advisory privile	on make a di ges? If 'Yes	stribution to a ,' attach stat	donor advis ement See	ed fund over w instructions	hich the foundation	n or a disqualifie	ed person h	nad		12		Х
13	Did the founda	tion comply	with the publ	lic inspectio	n requirement	ts for its annual r	eturns and exe	emption ap	plica	tion?	13	Х	
	Website addres				<u> </u>		. -	- 					_
14	The books are							ephone no		(314)		<u>-607</u>	9
15	Located at ►					_MO PF in lieu of Form			<u>631</u>	32-351	<u>8</u> N/A		· — ·
13	•		•		_	during the year	1 1041 - Check	. nere	► -	15	147 41		∐ N/A
10			•			- •	tura ar athar aud	thanti avar	L_			Yes	No
10	bank, securitie	s, or other fi	nancial acco	unt in a fore	eign country?	erest in or a signa		monty over	а		16		Х
	enter the name	of the foreign	country >			nCEN Form 114.]
Par						Form 4720 Ma		red					
		-			-	s an exception a	pplies.					Yes	No
1 a	During the year,			-			_	_				.	- 1
	(1) Engage in	the sale or e	xchange, or	leasing of p	property with a	a disqualified per	son ⁷	L)	Yes	X No			l
	(2) Borrow mo disqualified	ney from, lei person?	nd money to	, or otherwis	se extend cred	dit to (or accept i	t from) a		Yes	X No]
	(3) Furnish god	ods, services	, or facilities	to (or acce	ept them from)) a disqualified pe	erson?		Yes	XNo		-	ļ
	(4) Pay compe	nsation to, c	or pay or rein	nburse the e	expenses of, a	a disqualified per	son?	\Box	Yes	X No	- 1	1	l
	(5) Transfer ar for the ben	ly income or efit or use of	assets to a f a disqualifie	disqualified ed person)?	person (or m	ake any of either	avaılable		Yes	X No			
	foundation a	igreed to mak	property to a se a grant to o of terminating	or to employ	the official for	xception. Check a period after term	'No' if the nination		Yes	XNo			
b	If any answer is Regulations se	s 'Yes' to 1a ction 53 4941	(1)—(6), did i I (d)-3 or in a	any of the a	acts fail to qua tice regarding	alıfy under the ex- disaster assistar	ceptions descri nce? See instru	ibed in ictions		ĺ	1 b	N] /A
	Organizations r	elying on a	current notic	e regarding	disaster assis	stance, check her	re		>				1
c	: Did the foundat that were not c	ion engage orrected befo	in a prior yea ore the first o	ar in any of day of the ta	the acts desc ax year begini	ribed in 1a, other ning in 2017?	r than excepted	d acts,			1 c		
2	Taxes on failur private operatir	e to distribut ig foundation	e income (se n defined in s	ection 4942) section 4942) (does not ap 2(j)(3) or 4942	ply for years the 2(j)(5)).	foundation was	s a					
а	and 6e, Part XI	for tax ye	ar(s) beginn	ing before 2	2017?	buted income (lin	nes 6d	X	Yes	No			
	If 'Yes,' list the	years ►	20 15 , 20	, 20 _	, 20			_		_		}	1
b	Are there any y (relating to inco all years listed,	rrect valuati	on of assets) to the yea	r's undistribut	pplying the provised income? (If appears)	sions of section pplying section	n 4942(a)(a 4942(a)(2	2) ?) to		2 b	X	
r	-					f the years listed	ın 2a. lıst the v	vears here		1			i
•	► 20 , 20			2 3 PI		,	, ,	,			ľ		1
3 a		ion hold moi	re than a 2%	direct or in	ndirect interest	t in any business		[7]	Yes	X No			
b	or disqualified j	oersons aftei sioner under	May 26, 190 section 494	69, (2) the la 3(c)(7)) to c	apse of the 5- hispose of hold	of (1) any purcha year period (or lo dings acquired by	onger period ap	dation oproved st. or			-		
	determine if the	foundation	had excess	business ho	oldings in 2017	7 (Use Schedule 7)	O, FUIII 4/20,	, 10			3 b	N	/A
4 a		ion invest di				er that would jeop					4 a		X
b	Did the foundat jeopardize its ch the tax year be	arıtable purpo	se that had r	t in a prior y not been rem	year (but after loved from jeop	December 31, 1 pardy before the fire	969) that could st day of	i			4 b		
BAA	<u> </u>	<u> </u>)-PF (2	

Form 990-PF (2017) LIFESTYLE HEALTH	RESEARCH CORP	ORATION	43-14	75084	F	age
Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)			
5 a During the year, did the foundation pay or incur a	=			F 4	Yes	No
(1) Carry on propaganda, or otherwise attempt			∐ Yes X	No '	, ,	, 4
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ilic election (see section ation drive?	1 4955), or to carry	Yes X	No .		
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	☐ Yes X	No i	,	· .
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc., organi	zation described	Yes X	No		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in 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 a described in the section 54 4945 or in a described in the	f the transactions fail to current notice regarding d	qualify under the exce disaster assistance?	ptions	<u>.</u> 5 b	N	/A
Organizations relying on a current notice rega	irding disaster assistanc	ce, check here	•		<u> </u>	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No		
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5–5(d)		·		
6 a Did the foundation, during the year, receive an on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	s Yes X	No		
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6ь		X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	dation a party to a prob	ibited tay shelter transs	action? Yes X	No	,	
b If 'Yes,' did the foundation receive any proceed			سبا لسبا	N/A 7b		
Part VIII Information About Officers, D				1/	L S.	
and Contractors	,,		jo. 0, j		-,	
1 List all officers, directors, trustees, and found	dation managers and th	neir compensation. See	instructions.			_
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other a		
Linda M. Repa-Eschen	President	0.	0.			0
803 Woodmoor Drive	0					
St. Louis, MO 63132 3518						
Michael F. Avioli 144 West Lockwood Ave #100 St. Louis, MO 63119	Vice Preside 0	0.	0.			0
Dexter W. Schraer	Secretary	0.	0.			0
47 Marshall PLace	0					Ū
Webster Groves, MO 63119						
Thomas M. Eschen	Director	0.	0.			0
46 Hill Drive	0					
St. Louis, MO 63122						
2 Compensation of five highest-paid employees (of	her than those included	on line 1 - see instruction		<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 other a	se acc Illowar	ount, ices
None						
				[
				}		
						
]		
				ļ <u> </u>		
Total number of other employees paid over \$50,000	<u> </u>					0

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See ins (a) Name and address of each person paid more than \$50,000		(a) Composition
	(b) Type of service	(c) Compensation
None:		
,		
otal number of others receiving over \$50,000 for professional services		<u></u>
1 <u>N/A</u> 2		
4		
Part IX-B: Summary of Program-Related Investments (see instruct		
escribe the two largest program-related investments made by the foundation during the t	ax year on lines 1 and 2	Amount
1 <u>N/A</u>	·	
2		
All other program-related investments. See instructions		
otal Add lines 1 through 3		

43-1475084

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Form 990-PF (2017)

Form 990-PF (2017) LIFESTYLE HEALTH & RESEARCH CORPORATION

BAA

T &	see instructions.)		
1	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 -	140 150
		1 a	142,153.
	o Average of monthly cash balances .		3,978.
	Fair market value of all other assets (see instructions)	1c	1,521.
	Total (add lines 1a, b, and c)	1 d	147,652.
•	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.	2	0
	Acquisition indebtedness applicable to line 1 assets		0.
3	Subtract line 2 from line 1d	3	147,652.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,215.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	145,437.
6	Minimum investment return. Enter 5% of line 5	6	7,272.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operat and certain foreign organizations, check here ☐ and do not complete this part.)	ing foun	dations
1	Minimum investment return from Part X, line 6	1	7,272.
2 a	Tax on investment income for 2017 from Part VI, line 5		
ŀ	Income tax for 2017 (This does not include the tax from Part VI)		
(Add lines 2a and 2b	2 c	124.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,148.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	7,148.
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	7,148.
Par	t XII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	10,693.
t	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
	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	10,693.
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	10,693.
	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	
BAA		Fo	orm 990-PF (2017)

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7	•			7,148.
2 Undistributed income, if any, as of the end of 2017				,,110.
a Enter amount for 2016 only			7,285.	
b Total for prior years: 20 , 20 , 20	, ,,,, ,, , , , , , , , , , , , , , ,	0.		
3 Excess distributions carryover, if any, to 2017.				
a From 2012				
b From 2013				ı
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$10, 693.				
a Applied to 2016, but not more than line 2a			7,285.	
b Applied to undistributed income of prior years				
(Élection required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2017 distributable amount	<u> </u>			3,408.
e Remaining amount distributed out of corpus	0.			3) 1001
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a).)				
6 Enter the net total of each column as				•
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b 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		0		
amount — see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from			0	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2018				2 740
7 Amounts treated as distributions out of				3,740.
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 2012 not applied on line 5 or line 7 (see instructions)	0.			¥ *
· • • • • • • • • • • • • • • • • • • •				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.	,		\$ 1 K.
10 Analysis of line 9		,	*	A COMPANY OF THE SECOND
a Excess from 2013			, , ,	the way to be
b Excess from 2014	1	· · · · · · · · · · · · · · · · · · ·	•	10000000000000000000000000000000000000
c Excess from 2015		ry who a	<u>-</u>	
d Excess from 2016		-	:	
e Excess from 2017	•	· · · · · · · · · · · · · · · · · · ·	, > ,}	三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二

Form 990-PF (2017) LIFESTYLE HEALTH				43-1475084	
Part XIV. Private Operating Founda					N/A
1 a If the foundation has received a ruling or det is effective for 2017, enter the date of the	ruling				10000000
b Check box to indicate whether the foundation		erating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	42.0015	Prior 3 years	40.0014	(e) Total
investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					•
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter				1	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					-
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplémentary Information assets at any time during the	(Complete this ie year – see in	part only if the structions.)	foundation had	l \$5,000 or more	in
1 Information Regarding Foundation Mana- a List any managers of the foundation who have close of any tax year (but only if they have None	e contributed more th	nan 2% of the total c than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation befo	re the
b List any managers of the foundation who owr a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporation 0% or greater inter	on (or an equally large est	e portion of the owners	hip of
2 Information Regarding Contribution, Grant, Check here ☐ If the foundation only marequests for funds If the foundation make 2a, b, c, and d See Instructions	akes contributions to	preselected charitable to individuals or or	ganizations under o	other conditions, com	
a The name, address, and telephone number o	r email address of th	e person to whom ap	optications should be	addressed:	
See Statement 8					
b The form in which applications should be	submitted and infor	mation and materia	als they should inclu	ide:	
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	hical areas, charita	ible fields, kinds of i	institutions, or other	factors:
See Statement for Line 2a					
BAA	TEI	EA0310L 09/14/17		Fo	orm 990-PF (2017)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See Statement 9				
•				
•				
	1			
				1
_				
·				
				_
•				•
				•
Total		l	<u> </u>	7,300
b Approved for future payment		T	<u></u>	7,300
2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			·	
				1
Total	L	<u> </u>	► 3b	

Enter gros	s amounts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Prog	gram service revenue.	Code		code		
a				 -		
b						
Ğ——				 		
d		 				
e				 -		
g Fees	and contracts from government agencies	 		_		
-	bership dues and assessments			 		<u> </u>
	st on savings and temporary cash investments			14		7.
	lends and interest from securities			14		7,480.
5 Net i	rental income or (loss) from real estate	- , -	, m, s.e. m , -4.5	-		:1
a Debt	-financed property					
b Not o	debt-financed property		<u></u>			
6 Net re	ental income or (loss) from personal property					
7 Othe	r investment income					
8 Gain d	or (loss) from sales of assets other than inventory					-19,911.
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					
	r revenue:		<u> </u>			<u>·</u> _
	urn of capital					
b				 		
<u>-</u>				ļ-—-		
d				 		
12 Cult		ļ		<u> </u>		
I Slibt	otal Add columns (b) (d) and (e)			- 1	I	10 404
	otal Add columns (b), (d), and (e)			<u> </u>	13	<u>-12,424.</u>
13 Tota	I. Add line 12, columns (b), (d), and (e)			<u> </u>	13	-12,424. -12,424.
13 Tota (See works	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate 	ons)	shment of Exemp		· · · · · · · · · · · · · · · · · · ·	
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See works Part XV	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate 	ons)		ot Purpo	oses	-12,424.
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons)		ot Purpo	oses	-12,424.

Part:XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Exempt Organ	nzations								_
d re	escribe elating	organization directed in section 501 (c to political organiz	c) of the Code (disable) of the Code (disable)	other than sec	tion 501(c)(3) or	ganizatio	ons) or in section	on 527,		Yes No	Ī
a T	ransfe	rs from the reporti	ng foundation to	a noncharita	ble exempt orga	nization	of				
•	I) Cas									a (1) X	_
	•	er assets			•				1 2	a (2) X	=
		ansactions									
•	•	es of assets to a n		. •						o(1) X	_
•	•	chases of assets fr			organization					o (2) X	
•	•	tal of facilities, eq	•	er assets						x (3) X	_
•	•	nbursement arrang			•					o (4) X	_
•	•	ns or loan guarant								(5) X	_
•	•	formance of servic		•	•					o (6) X	_
c S	haring	of facilities, equip	ment, mailing li	sts, other ass	ets, or paid emp	oyees				c X	_
d If	the ar	nswer to any of the is, other assets, or s isaction or sharing	above is 'Yes,'	complete the	following sched oundation If the f	ule Colu oundation	ımn (b) should alv ı received less thai	vays show to n fair market or services	the fair marke t value in	t value of	
(a) Line		(b) Amount involved			exempt organization		(d) Description of trar			arrangements	-
N/A	-	(b) Amount involved	- (c) manne		oxompe organización		(a) bossipaon or acr			, urangomento	-
117 11						-					_
											_
											_
			1					_		<u> </u>	_
											_
											_
											_
				·- <u>·</u> -							_
				<u> </u>							_
									<u> </u>		_
			 								_
		undation directly or i ed in section 501(c complete the follo	-	d with, or relate other than sec	ed to, one or more tion 501(c)(3)) o	tax-exer	mpt organizations on 527?			Yes X No	
		Name of organization		(b) T	ype of organizati	on	1 (0) Description	on of relations		
N/A		, , , , , , , , , , , , , , , , , , ,		(-)) po o o gamen		<u>\`</u>	,			-
11/ 11											-
									-		-
						_	1				-
								-			_
	Under p	penalties of perjury, I dec and complete Declarati	lare that I have exam	nined this return, in	ncluding accompanyin	g schedules	and statements, and t	o the best of m	y knowledge and l	oelief, it is true,	_
Sign	Conect,	and complete Declarati	On or preparer (other	(liair taxpayer) is	Jased On all Informati	or or willer	preparer rias arry know	vieuge		y the IRS discuss	7
Here	1	unda M	Kun Isl	My -	1/24/18	-	Drogidont		{ the	s return with the eparer shown below?	. [
	Signa	ature of officer or trustee	1490-00		Date		President Title		Se	e instructions.	ł
	Olgine	Print/Type preparer's r	name	Prepale	er's signature Q	1	Date		PTIN	X Yes No	
				17 h	mer Illido	Ma	11/2.1.2	Check	□"	0042050	
Paid		Thomas M. H		Thor			_ , _ ,			0043859	_
Prepa		Firm's name	Thomas M.		Assoc., P	<u> </u>		Firm's EIN	43-16209	140	-
Use O	nly	Firm's address	11430 Grav		6			Bhos	/21/1\ 0	40 7F01	
DAA.		<u> </u>	St. Louis,	MO 6312	0			Phone no	(314) 84		_
BAA									For	m 990-PF (2017)

2017	Federal Statements					
Client 3	LIFESTYLE HEALTH & RESEARCH CORPORATION					
11/21/18		03:21PM				
Statement 1 Form 990-PF, Part I, Line 1 Accounting Fees	6b					
ACCOUNTING FEES		(d) aritable urposes 1,260. 1,260.				
Statement 2 Form 990-PF, Part I, Line 18 Taxes	8					
Taxes and Licenses		(d) aritable urposes 474. 474.				
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses	3 ·					
INVESTMENT FEE RETURN OF CAPITAL		(d) naritable Purposes 1,611. 48. 1,659.				
Statement 4 Form 990-PF, Part II, Line 1 Land, Buildings, and Equip	ement	. Marshot				
Category		r Market Value				
Machinery and Equipmen	nt \$ 8,019. \$ 6,952. \$ 1,067. \$ Total \$ 8,019. \$ 6,952. \$ 1,067.	1,067. 1,067.				

2017	Federal Sta	tements		Page 2
Client 3	LIFESTYLE HEALTH & RESI	EARCH CORPORATIO	N	43-1475084
11/21/18				03 21PM
Statement 5 Form 990-P Other Asse	F, Part II, Line 15			
		Book		r Market Value
Rounding		<u> </u>	1	value
Rounding		Total \$	1. \$	0.
			<u> —</u>	
Statement 6 Form 990-P Capital Gair	; F, Part IV, Line 1 ns and Losses for Tax on Investment Income	•		
T+	(a) Passarintian	(b) How	(c) Date	(d) Date
	(a) Description AB INTERMEDIATE BOND A	<u>Acquired</u> Purchased	<u>Acquired</u> 12/21/1992	Sold 3/14/2017
	30 AB INTERMEDIATE BOND A BLKRK GVT BOND PRTFL A	Purchased	6/18/2010	3/16/2017
	60 BLKRK GVT BOND PRTFL A	Purchased Purchased	11/27/1992 11/27/1992	3/14/2017 3/16/2017
5 4649	DEL LTD TRM DIVERS INC A	Purchased	9/22/1992	3/14/2017
	IE OAKMARK FUND INV CL IE OAKMARK FUND INV CL	Purchased Purchased	3/14/2017 3/14/2017	10/09/2017 10/17/2017
8 14 C	AKMARK INTL FD CL INV	Purchased	3/14/2017	10/09/2017
	AKMARK INTL FD CL INV	Purchased	3/14/2017	10/17/2017
	W TOTAL RETURN BOND I LMBIA SM CAP VAL I Z	Purchased Purchased	3/14/2017 3/14/2017	10/17/2017 10/09/2017
12 2 CC	LMBIA SM CAP VAL I Z	Purchased	3/14/2017	10/17/2017
	ONEER STRAT INCO CL Y PMRGN LGCP GRTH FD I	Purchased Purchased	3/14/2017 3/14/2017	10/17/2017 10/09/2017
	MRGN LGCP GRTH FD I	Purchased	3/14/2017	10/03/2017
	ULLEN HIGH DIV EQTY I	Purchased	3/14/2017	10/09/2017
	CULLEN HIGH DIV EQTY I PPEN INTL GROWTH FD Y	Purchased Purchased	3/14/2017 3/14/2017	10/17/2017 10/09/2017
19 8 OP	PEN INTL GROWTH FD Y	Purchased	3/14/2017	10/17/2017
	GLE SMALL CAP GROWTH I	Purchased	3/14/2017	10/09/2017
	GLE SMALL CAP GROWTH I SAYLES BOND FD I CL	Purchased Purchased	3/14/2017 3/14/2017	10/17/2017 10/17/2017
23 4 TH	E OAKMARK FUND INV CL	Purchased	3/14/2017	12/18/2017
	KMARK INTL FD CL INV CW TOTAL RETURN BOND I	Purchased Purchased	3/14/2017 3/14/2017	12/18/2017 12/18/2017
	RDNTL SHT TRM CORP BD Z	Purchased	3/14/2017	12/18/2017
	PIONEER STRAT INCO CL Y	Purchased	3/14/2017	12/18/2017
	MRGN LGCP GRTH FD I ULLEN HIGH DIV EQTY I	Purchased Purchased	3/14/2017 3/14/2017	12/18/2017 12/18/2017
30 2 OP	PEN INTL GROWTH FD Y	Purchased	3/14/2017	12/18/2017
	RILLON EGL SML CP GRTH FD I	Purchased	3/14/2017	12/18/2017
	SAYLES BOND FD I CL MPLTN GLBL BD FD ADV CL	Purchased Purchased	3/14/2017 3/14/2017	12/18/2017 12/18/2017

2017

Federal Statements

Page 3

Client 3

LIFESTYLE HEALTH & RESEARCH CORPORATION

43-1475084

11/21/18

03:21PM

Statement 6 (continued) Form 990-PF, Part IV, Line 1 Capital Gains and Losses for Tax on Investment Income

Th om	(e) Gross	(f) Deprec.	(g) Cost	(h) Gain	(i) FMV	(j) Adj. Bas.	(k) Excess	(1) Gain (Loss)
<u>Item</u> _	<u>Sales</u> 587.	Allowed	<u>Basis</u> 530.	<u>(Loss)</u> 57.	12/31/69	12/31/69	<u>(i)-(j)</u>	(Loss) \$ 57.
7	404.		339.	65.				5 57. 65.
o a	377.		315.	62.				62.
8 9 10	60.		59.	1				1.
11	47.		45.	1. 2.				2.
12	95.		90.	5.				2. 5.
13	76.		74.	2.				2.
14	413.		351.	62.				62.
15	373.		316.	57.				57.
16	213.		200.	13.				13.
17	447.		418.	29.				29.
18	340.		290.	50.				50.
19	343.		290.	53.				53.
20	129.		118.	11.				11.
21	193.		178.	15.				15.
22	414.		400.	14.				14.
23	337.		303.	34. 8.				34. 8.
24 25	56. 708.		48. 696.	12.				12.
26	451.		451.	0.				0.
27	1,080.		1,060.	20.				20.
28	308.		281.	27.				27.
29	996.		910.	86.				86.
30	87.		73.	14.				14.
31	268.		237.	31.				31.
32	303.		303.	0.				0.
33	323.		323.	0.				0.
							Total	\$ -19,911.

Statement 7 Form 990-PF, Part VI, Penalty and Interest Balance Due

Tax Due Late Payment Penalty Late Interest

\$ 124. 4. 130. Total \$

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

Name of Grant Program:

Name: Care Of:

LIFESTYLE & HEALTH RESEARCH CORPORATION C/O LINDA REPA-ESCHEN

Street Address: City, State, Zip Code:

803 WOODMOOR DRIVE ST LOUIS, MO 63131

Telephone: E-Mail Address: 314-997-6079

2017

Federal Statements

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LIFESTYLE HEALTH & RESEARCH CORPORATION

43-1475084

11/21/18

03 21PM

7,300.

Total \$

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

Form and Content:

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

BUDGET

Submission Deadlines:

NONE

Restrictions on Awards:

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

Statement 9 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount	
The Cancer Support Community 1058 Old Des Peres Road St. Louis MO 63131	None	501c3	The Cancer Support Community is a non-profit organization dedicated to providing emotional support, education and hope for people affected by cancer.	\$	4,800.
Polycystic Kidney Disease Foun 9221 Ward Parkway, Suite 400 Kansas City MO 64114	None	501c3	The Polycystic Kidney Foundation is the only organization, worldwide devoted to the mission of promoting research to find a cure for the disease and improve the care and treatment for those affected.	,	2,500.