

**Return of Organization Exempt From Income Tax**  
 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](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** Jul 1 , 2016, **and ending** Jun 30 , 2017

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:                    | <b>C</b> Name of organization <u>LIFESONG FOR ORPHANS, INC.</u>  | <b>D</b> Employer identification number   |
| <input type="checkbox"/> Address change          | Doing business as  | <u>35-1902841</u>   |
| <input type="checkbox"/> Name change             | Number and street (or P.O. box if mail is not delivered to street address) Room/suite  | <b>E</b> Telephone number   |
| <input type="checkbox"/> Initial return          | <u>202 NORTH FORD STREET</u>   | <u>(309) 747-3556</u>   |
| <input type="checkbox"/> Final return/terminated | City or town, state or province, country, and ZIP or foreign postal code   | <b>G</b> Gross receipts \$ <u>19,683,754.</u>   |
| <input type="checkbox"/> Amended return          | <u>GRIDLEY IL 61744</u>  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
| <input type="checkbox"/> Application pending     | <b>F</b> Name and address of principal officer:  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'No,' attach a list. (see instructions) |
| <b>I</b> Tax-exempt status                       | <u>X</u> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527              | <b>H(c)</b> Group exemption number ▶  |
| <b>J</b> Website: ▶                              | <u>WWW.LIFESONGFORORPHANS.ORG</u>  |   |
| <b>K</b> Form of organization:                   | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | <b>L</b> Year of formation: <u>1993</u> <b>M</b> State of legal domicile: <u>IN</u>   |

**Part I Summary**

|                                    |   |   |                                  |                     |
|------------------------------------|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE CHARITABLE ASSISTANCE TO ORPHANS AND TO ASSIST OTHER RELIGIOUS AND CHARITABLE ORGANIZATIONS IN THE FULFILLMENT OF SIMILAR PURPOSES.</u> |                                  |                     |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a) . . . . .   | <b>3</b>                         | 8                   |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .   | <b>4</b>                         | 8                   |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .  | <b>5</b>                         | 42                  |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary) . . . . .  | <b>6</b>                         | 150                 |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | <b>7a</b>                        | 0.                  |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, line 34 . . . . .            | <b>7b</b>   | 0.                               |                     |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h) . . . . .   | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g) . . . . .  | 16,235,496.                      | 19,146,633.         |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .   | 288,316.                         | 343,143.            |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .  | -18,059.                         | 80,582.             |
|                                    | <b>12</b>   | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  | 12,590.                          | 876.                |
|                                    |   |   | 16,518,343.                      | 19,571,234.         |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .  | 7,373,206.                       | 7,788,756.          |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .   |                                  |                     |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .   | 3,274,683.                       | 3,771,467.          |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .   |                                  |                     |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>925,532.</u>   |                                  |                     |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . . . .   | 3,877,216.                       | 4,715,247.          |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . | 14,525,105.   | 16,275,470.                      |                     |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12 . . . . .                      | 1,993,238.  | 3,295,764.                       |                     |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16) . . . . .  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26) . . . . .   | 16,544,022.                      | 19,901,126.         |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20 . . . . .  | 318,019.                         | 305,284.            |
|                                    |   | 16,226,003.   | 19,595,842.                      |                     |

**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.

|                               |  |                                |                 |   |                                 |
|-------------------------------|--|--------------------------------|-----------------|---|---------------------------------|
| <b>Sign Here</b>              | Signature of officer   | Date                           |                 |   |                                 |
|                               | <u>KORY KAEB</u><br>Type or print name and title                   | <u>VP - OPERATIONS</u>         |                 |   |                                 |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature           | Date            | Check <input type="checkbox"/> if self-employed | PTIN                            |
|                               | <u>Nathan D. Koch</u>  |                                | <u>12/29/17</u> | <input type="checkbox"/>                        | <u>P00742216</u>                |
|                               | Firm's name ▶ <u>KOCH CONSULTANTS, LTD.</u>                        |                                |                 |   |                                 |
|                               | Firm's address ▶ <u>11770 MILLER RD</u><br><u>TREMONT IL 61568</u> | Firm's EIN ▶ <u>26-1227532</u> |                 |   |                                 |
|                               |  |                                |                 |   | Phone no. <u>(309) 267-3796</u> |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO PROVIDE CHARITABLE ASSISTANCE TO ORPHANS AND TO ASSIST OTHER RELIGIOUS AND CHARITABLE ORGANIZATIONS IN THE FULFILLMENT OF SIMILAR PURPOSES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,152,202. including grants of \$ 6,675,604.) (Revenue \$ 0.)

ADOPTION GRANT/LOAN PROGRAM - PROVIDE GRANTS AND LOANS TO ASSIST IN THE ADOPTION OF ORPHANS BY CHRISTIAN FAMILIES. POST-ADOPTION ASSISTANCE IS ALSO PROVIDED. FINANCIAL ASSISTANCE IS PROVIDED TO OFFSET ONLY DOCUMENTED ADOPTION COSTS. 63 COVENANT LOANS TO ADOPTIVE FAMILIES, TOTALING \$254,147, WERE OUTSTANDING AT YEAR-END. LIFESONG HELPED FACILITATE THE ADOPTION OF 938 ORPHANS DURING THE YEAR. OVER 6,500 ORPHANS HAVE BEEN ADOPTED THROUGH THE PROGRAM SINCE ITS INCEPTION.

4b (Code: ) (Expenses \$ 6,622,600. including grants of \$ 896,066.) (Revenue \$ 343,143.)

ORPHAN CARE PROGRAM - (INCLUDES SUSTAINABLE BUSINESSES) PROVIDE HUMANITARIAN ASSISTANCE, BIBLICAL TRAINING, EDUCATION AND JOB-SKILL TRAINING TO ORPHANS THROUGHOUT THE WORLD. SUSTAINABLE BUSINESSES HAVE BEEN ESTABLISHED IN SEVERAL PROJECT LOCATIONS. APPROXIMATE NUMBER OF ORPHANS REACHED WITH THE GOSPEL OF JESUS CHRIST, EDUCATION AND TRAINING, AND BASIC LIVING NEEDS DURING THE YEAR WERE - RUSSIA REGION - 1,454; SUB-SAHARA AFRICA REGION - 3,088; SOUTH ASIA - 475; SOUTH AMERICA - 63; CENTRAL AMERICA - 523; EAST ASIA - 379; NORTH AMERICA - 28

4c (Code: ) (Expenses \$ 174,000. including grants of \$ 174,000.) (Revenue \$ 0.)

CHARITABLE ORGANIZATION SUPPORT PROGRAM - PROVIDE ADMINISTRATIVE SUPPORT AND GRANTS TO OTHER CHARITABLE ORGANIZATIONS WHOSE MINISTRIES ARE FOCUSED ON AT-RISK CHILDREN. ONE OTHER ORGANIZATION WAS SUPPORTED DURING THE YEAR.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 661,248. including grants of \$ 43,146.) (Revenue \$ 0.)

4e Total program service expenses 14,610,050.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> . . . . .   | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> . . . . .  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> . . . . .  |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> . . . . .   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> . . . . .  | X   |    |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> . . . . .  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> . . . . .   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> . . . . .            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> . . . . .   |     | X  |
| <b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> . . . . .   | X   |    |
| <b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> . . . . .   |     | X  |
| <b>c</b> Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> . . . . .   |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> . . . . .  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> . . . . .   | X   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> . . . . .  | X   |    |
| <b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> . . . . .   | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .   |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> . . . . .  |     | X  |
| <b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | X   |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> . . . . . | X   |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> . . . . .   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> . . . . .   | X   |    |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) . . . . .   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> . . . . .   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> . . . . .   |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H . . . . .</i>  |     | X  |
| <b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>   | X   |    |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J . . . . .</i>  | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .</i>                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II . . . . .</i>                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   | X   |    |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I . . . . .</i>  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| <b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

|  |   | Yes | No |
|--|---|-----|----|
| <b>1 a</b>   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . <b>1 a</b>   0   |     |    |
| <b>1 b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . <b>1 b</b>   0  |     |    |
| <b>1 c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1 c</b>   |     |    |
| <b>2 a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2 a</b>   42   |     |    |
| <b>2 b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b>   X   | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |   |     |    |
| <b>3 a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3 a</b>  |     | X  |
| <b>3 b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . . <b>3 b</b>   |     |    |
| <b>4 a</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)? . . . . . <b>4 a</b> | X   |    |
| <b>4 b</b>   | If 'Yes,' enter the name of the foreign country: ▶ See Foreign Countries<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5 a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>  |     | X  |
| <b>5 b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>   |     | X  |
| <b>5 c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5 c</b>   |     |    |
| <b>6 a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6 a</b>                                    |     | X  |
| <b>6 b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6 b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| <b>7 a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7 a</b>  |     | X  |
| <b>7 b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>  |     |    |
| <b>7 c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>   |     | X  |
| <b>7 d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . <b>7 d</b>  |     |    |
| <b>7 e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>  |     | X  |
| <b>7 f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>   |     | X  |
| <b>7 g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>   |     |    |
| <b>7 h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7 h</b>   |     | X  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>   |     | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| <b>9 a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>   |     | X  |
| <b>9 b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>  |     | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:  |     |    |
| <b>10 a</b>  | Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10 a</b>   |     |    |
| <b>10 b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10 b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:   |     |    |
| <b>11 a</b>  | Gross income from members or shareholders. . . . . <b>11 a</b>  |     |    |
| <b>11 b</b>  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>  |     |    |
| <b>12 a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12 a</b>   |     |    |
| <b>12 b</b>  | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12 b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |     |    |
| <b>13 a</b>  | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13 a</b>  |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |   |     |    |
| <b>13 b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13 b</b>   |     |    |
| <b>13 c</b>  | Enter the amount of reserves on hand . . . . . <b>13 c</b>  |     |    |
| <b>14 a</b>  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14 a</b>  |     | X  |
| <b>14 b</b>  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . . <b>14 b</b>  |     |    |

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

Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 LIFESONG FOR ORPHANS    202 NORTH FORD STREET    GRIDLEY    IL    61744    (309) 747-3556

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) GREG GRAMM<br>DIRECTOR                         | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (2) ROBERT HOERR<br>DIRECTOR                       | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (3) JOEL CLOUSING<br>DIRECTOR                      | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (4) TIMOTHY WALLEN<br>DIRECTOR                     | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (5) PHILLIP GOAD<br>DIRECTOR                       | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) RODNEY BRENNEMAN<br>DIRECTOR                   | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7) GARY RINGGER<br>PRESIDENT (NO SALARY RECEIVED) | 30.00  | X   |                       | X       |              |                              | 0.       | 0.   | 19,600.   |   |
| (8) MARLA RINGGER<br>SECRETARY/TREASURER           | 15.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (9) N. ANDREW LEHMAN<br>VICE-PRESIDENT             | 40.00  |   |                       | X       | X            |                              | 155,286. | 0.   | 603.  |   |
| (10) KORY KAEB<br>VP - OPERATIONS                  | 40.00  |   |                       | X       |              |                              | 131,439. | 0.   | 15,320.   |   |
| (11) SHANE MCBRIDE<br>ORPHAN CARE                  | 40.00  |   |                       |         |              | X                            | 111,473. | 0.   | 11,782.   |   |
| (12) TODD BLOCK<br>ORPHAN CARE                     | 40.00  |   |                       |         |              | X                            | 106,987. | 0.   | 664.  |   |
| (13)   |  |   |                       |         |              |                              |          |  |   |   |
| (14)   |  |   |                       |         |              |                              |          |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (16) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (17) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (18) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (19) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (20) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (21) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (22) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (23) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (24) -----            | -----  |   |                       |         |              |                              |        |  |   |   |
| (25) -----            | -----  |   |                       |         |              |                              |        |  |   |   |

|  |          |    |         |
|--|----------|----|---------|
| <b>1 b Sub-total</b> . . . . .   | 505,185. | 0. | 47,969. |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |          |    |         |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           | 505,185. | 0. | 47,969. |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .                                       | 3   | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . . | 4   | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .                       | 5   | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |         |
|--|---|---|--|---|--|---------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1 a</b> Federated campaigns . . . . .  | <b>1 a</b>  |  |   |  |         |
|  | <b>b</b> Membership dues . . . . .  | <b>1 b</b>  |  |   |  |         |
|  | <b>c</b> Fundraising events . . . . .   | <b>1 c</b>  |  |   |  |         |
|  | <b>d</b> Related organizations . . . . .  | <b>1 d</b> 563,947.   |  |   |  |         |
|  | <b>e</b> Government grants (contributions) . .  | <b>1 e</b>  |  |   |  |         |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . .  | <b>1 f</b> 18,582,686.  |  |   |  |         |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  | 169,979.  |  |   |  |         |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   | ▶ 19,146,633.   |  |   |  |         |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> <u>AGRICULTURE REVENUE</u> . . . . .   | <b>Business Code</b><br>111000                     | 343,143.                                | 343,143.   | 0.      |
| <b>b</b> . . . . .   |   |   |  |   |  |         |
| <b>c</b> . . . . .   |   |   |  |   |  |         |
| <b>d</b> . . . . .   |   |   |  |   |  |         |
| <b>e</b> . . . . .   |   |   |  |   |  |         |
| <b>f</b> All other program service revenue . . .                                 |   |   |  |   |  |         |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |   | ▶ 343,143.  |  |   |  |         |
| <b>Other Revenue</b>   |   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) . . . . . | ▶ 71,137.  | 0.                                      | 0.   | 71,137. |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . ▶   |   |  |   |  |         |
|  | <b>5</b> Royalties . . . . .  |   |  |   |  |         |
|  | <b>6 a</b> Gross rents . . . . .  | (i) Real  |  |   |  |         |
|  |   | (ii) Personal   |  |   |  |         |
|  |   | <b>b</b> Less: rental expenses  |  |   |  |         |
|  |   | <b>c</b> Rental income or (loss) . .  |  |   |  |         |
|  | <b>d</b> Net rental income or (loss) . . . . .  | ▶   |  |   |  |         |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities  |  |   |  |         |
|  |   | (ii) Other  | 114,755.   |   |  |         |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . .                                    | 105,310.   |   |  |         |
|  |   | <b>c</b> Gain or (loss) . . . . .   | 9,445.   |   |  |         |
|  | <b>d</b> Net gain or (loss) . . . . .   | ▶ 9,445.  | 0.   | 0.                                      | 9,445.   |         |
|  | <b>8 a</b> Gross income from fundraising events<br>(not including . . \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18. . . . . | <b>a</b>  |  |   |  |         |
|  |   | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>   |   |  |         |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |   | ▶   |  |   |  |         |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19. . . . . | <b>a</b>  |   |  |   |  |         |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>  |  |   |  |         |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . .  | ▶   |  |   |  |         |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances . . . . .   | <b>a</b>  | 7,579.  |  |   |  |         |
|  | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b> 7,210.   |  |   |  |         |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   | ▶ 369.  | 0.   | 0.                                      | 369.   |         |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> <u>MISC</u> . . . . .   | <b>Business Code</b><br>900099  | 507.   | 507.                                    | 0.   |         |
|  | <b>b</b> . . . . .  |   |  |   |  |         |
|  | <b>c</b> . . . . .  |   |  |   |  |         |
|  | <b>d</b> All other revenue . . . . .  |   |  |   |  |         |
|  | <b>e Total.</b> Add lines 11a-11d . . . . .   | ▶ 507.  |  |   |  |         |
|  | <b>12 Total revenue.</b> See instructions . . . . .   | ▶ 19,571,234.   | 343,650.   | 0.                                      | 80,951.  |         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 465,093.                     | 465,093.                               |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 6,641,034.                   | 6,641,034.                             |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 682,629.                     | 682,629.                               |   |                                    |
| 4 Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 295,711.                     | 90,595.                                | 126,485.                                      | 78,631.                            |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . .  |                              |  |   |                                    |
| 7 Other salaries and wages . . . . .  | 3,142,028.                   | 2,532,490.                             | 338,057.                                      | 271,481.                           |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 30,992.                      | 15,306.                                | 11,916.                                       | 3,770.                             |
| 9 Other employee benefits . . . . .   | 159,380.                     | 68,948.                                | 36,177.                                       | 54,255.                            |
| 10 Payroll taxes . . . . .  | 143,356.                     | 79,310.                                | 39,076.                                       | 24,970.                            |
| 11 Fees for services (non-employees):   |                              |  |   |                                    |
| a Management . . . . .  |                              |  |   |                                    |
| b Legal . . . . .   | 95,082.                      | 82,210.                                | 12,872.                                       | 0.                                 |
| c Accounting . . . . .  | 28,304.                      | 1,465.                                 | 26,839.                                       | 0.                                 |
| d Lobbying . . . . .  |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17 . . . . .   |                              |  |   |                                    |
| f Investment management fees . . . . .  |                              |  |   |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 194,698.                     | 172,469.                               | 6,879.  | 15,350.                            |
| 12 Advertising and promotion . . . . .  | 122,284.                     | 13,591.                                | 6,834.  | 101,859.                           |
| 13 Office expenses . . . . .  | 250,270.                     | 116,463.                               | 58,259.                                       | 75,548.                            |
| 14 Information technology . . . . .   | 64,473.                      | 20,480.                                | 19,997.                                       | 23,996.                            |
| 15 Royalties . . . . .  |                              |  |   |                                    |
| 16 Occupancy . . . . .  | 310,483.                     | 276,287.                               | 17,961.                                       | 16,235.                            |
| 17 Travel . . . . .   | 858,424.                     | 593,423.                               | 14,060.                                       | 250,941.                           |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings . . . . .   | 43,510.                      | 30,729.                                | 11,763.                                       | 1,018.                             |
| 20 Interest . . . . .   |                              |  |   |                                    |
| 21 Payments to affiliates . . . . .   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization . . . . .  | 729,474.                     | 709,283.                               | 12,713.                                       | 7,478.                             |
| 23 Insurance . . . . .  |                              |  |   |                                    |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .  |                              |  |   |                                    |
| a <u>MINISTRY SUPPLIES &amp; SERVICES</u> . . . . .   | 1,932,115.                   | 1,932,115.                             | 0.  | 0.                                 |
| b <u>MISCELLANEOUS</u> . . . . .  | 86,130.                      | 86,130.                                | 0.  | 0.                                 |
| c ----- . . . . .   |                              |  |   |                                    |
| d ----- . . . . .   |                              |  |   |                                    |
| e All other expenses . . . . .  |                              |  |   |                                    |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e. . . . .   | 16,275,470.                  | 14,610,050.                            | 739,888.                                      | 925,532.                           |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . . |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|---|--|--------------------------|-------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash — non-interest-bearing . . . . .   | 663,246.                 | <b>1</b>    | 740,891.               |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 6,779,253.               | <b>2</b>    | 6,861,288.             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 250,000.                 | <b>3</b>    | 0.                     |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>    |                        |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>    |                        |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>    |                        |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>    |                        |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                        |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 144,091.                 | <b>9</b>    | 180,170.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 14,041,065.   |             |                        |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 2,799,558.    | 8,358,531.  | <b>10c</b> 11,241,507. |
|   | <b>11</b> Investments — publicly traded securities . . . . .   |                          | <b>11</b>   |                        |
|   | <b>12</b> Investments — other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>   | 500,000.               |
|   | <b>13</b> Investments — program-related. See Part IV, line 11 . . . . .  | 196,266.                 | <b>13</b>   | 254,147.               |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                        |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 152,635.                 | <b>15</b>   | 123,123.               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 16,544,022.  | <b>16</b>                | 19,901,126. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 145,622.                 | <b>17</b>   | 223,843.               |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>   |                        |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>   |                        |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>   |                        |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>   |                        |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                          | <b>22</b>   |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>   |                        |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>   |                        |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 172,397.                 | <b>25</b>   | 81,441.                |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 318,019.                 | <b>26</b>   | 305,284.               |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                        |
|   | <b>27</b> Unrestricted net assets . . . . .  | 8,645,601.               | <b>27</b>   | 11,800,780.            |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 7,580,402.               | <b>28</b>   | 7,795,062.             |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                          | <b>29</b>   |                        |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                        |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>   |                        |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>   |                        |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>   |                        |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 16,226,003.              | <b>33</b>   | 19,595,842.            |
|   | <b>34</b> Total liabilities and net assets/fund balances . . . . .   | 16,544,022.              | <b>34</b>   | 19,901,126.            |

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Form 990 (2016)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 19,571,234. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 16,275,470. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 3,295,764.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 16,226,003. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 74,075.     |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |             |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 19,595,842. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____   |     |    |
|            | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |     |    |
| <b>2 a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
|            | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     |    |
| <b>2 b</b> | Were the organization's financial statements audited by an independent accountant?   | X   |    |
|            | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| <b>2 c</b> | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   | X   |    |
|            | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| <b>3 a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| <b>3 b</b> | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

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Form 990 (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 99.76%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 99.82%.

16a 33-1/3% support test—2016. 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 [X]

b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization [ ]

b 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization [ ]

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [ ]

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

(Complete only if you checked the box on line 10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (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** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33-1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations (continued)**

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a** The organization satisfied the Activities Test. Complete **line 2** below.
  - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

|   | Yes       | No |
|---|-----------|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3.   | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).   | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1 a            |                             |
| b                                       | Average monthly cash balances   | 1 b            |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1 c            |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1 d            |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D – Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016:  |   |   |  |
| <b>a</b>   |   |   |  |
| <b>b</b>   |   |   |  |
| <b>c</b> From 2013 . . . . .   |   |   |  |
| <b>d</b> From 2014 . . . . .   |   |   |  |
| <b>e</b> From 2015 . . . . .   |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2016 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2016 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b>   |   |   |  |
| <b>b</b> Excess from 2013 . . . .  |   |   |  |
| <b>c</b> Excess from 2014 . . . .  |   |   |  |
| <b>d</b> Excess from 2015 . . . .  |   |   |  |
| <b>e</b> Excess from 2016 . . . .  |   |   |  |

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Schedule A (Form 990 or 990-EZ) 2016

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

LIFESONG FOR ORPHANS, INC.

35-1902841

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number and acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      | 2,295,169.                      |                              | 2,295,169.     |
| b Buildings  |                                      | 6,470,359.                      | 725,707.                     | 5,744,652.     |
| c Leasehold improvements   |                                      | 356,033.                        | 40,301.                      | 315,732.       |
| d Equipment  |                                      | 3,765,587.                      | 1,786,833.                   | 1,978,754.     |
| e Other  |                                      | 1,153,917.                      | 246,717.                     | 907,200.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 11,241,507.    |

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)              | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .   |                |   |
| (2) Closely-held equity interests . . . . .                                       |                |   |
| (3) Other   |                |   |
| (A) -----   |                |   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶ |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) NOTES PAYABLE - RENT-TO-OWN AGREEMENT   | 81,441.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶ | 81,441.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |            |            |             |
|---|---|------------|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .                        |            | <b>1</b>   | 19,645,309. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                       |            |            |             |
|   | a Net unrealized gains (losses) on investments . . . . .  | <b>2 a</b> |            |             |
|   | b Donated services and use of facilities . . . . .  | <b>2 b</b> | 74,075.    |             |
|   | c Recoveries of prior year grants . . . . .   | <b>2 c</b> |            |             |
|   | d Other (Describe in Part XIII.) . . . . .  | <b>2 d</b> |            |             |
|   | e Add lines <b>2 a</b> through <b>2 d</b> . . . . .   |            | <b>2 e</b> | 74,075.     |
| 3 | Subtract line <b>2 e</b> from line <b>1</b> . . . . .   |            | <b>3</b>   | 19,571,234. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                      |            |            |             |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4 a</b> |            |             |
|   | b Other (Describe in Part XIII.) . . . . .  | <b>4 b</b> |            |             |
|   | c Add lines <b>4 a</b> and <b>4 b</b> . . . . .   |            | <b>4 c</b> |             |
| 5 | Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |            | <b>5</b>   | 19,571,234. |

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |            |            |             |
|---|--|------------|------------|-------------|
| 1 | Total expenses and losses per audited financial statements. . . . .  |            | <b>1</b>   | 16,275,470. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |            |            |             |
|   | a Donated services and use of facilities . . . . .   | <b>2 a</b> |            |             |
|   | b Prior year adjustments . . . . .   | <b>2 b</b> |            |             |
|   | c Other losses . . . . .   | <b>2 c</b> |            |             |
|   | d Other (Describe in Part XIII.) . . . . .   | <b>2 d</b> |            |             |
|   | e Add lines <b>2 a</b> through <b>2 d</b> . . . . .  |            | <b>2 e</b> |             |
| 3 | Subtract line <b>2 e</b> from line <b>1</b> . . . . .  |            | <b>3</b>   | 16,275,470. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |            |            |             |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4 a</b> |            |             |
|   | b Other (Describe in Part XIII.) . . . . .   | <b>4 b</b> |            |             |
|   | c Add lines <b>4 a</b> and <b>4 b</b> . . . . .  |            | <b>4 c</b> |             |
| 5 | Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |            | <b>5</b>   | 16,275,470. |

**Part XIII Supplemental Information.**

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

LIFESONG IS A CHARITABLE ORGANIZATION AS DEFINED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS THEREFORE EXEMPT FROM THE PAYMENT OF INCOME TAXES. LIFESONG IS SUBJECT TO A TAX ON INCOME FROM ANY UNRELATED BUSINESS ACTIVITIES. MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN AND BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON LIFESONG'S FINANCIAL POSITION, ACTIVITIES OR CASH FLOWS. ACCORDINGLY, LIFESONG HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2017 AND 2016. LIFESONG IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. LIFESONG BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014.

Pt X, Line 2



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) Russia  | 1                                   | 496  | PROGRAM SERVICES   | CARE OF ORPHANS  | 996,041.   |
| (2) Sub-Saharan Africa                                      | 9                                   | 408  | PROGRAM SERVICES   | CARE OF ORPHANS  | 2,148,444.   |
| (3) South Asia  | 1                                   | 60   | PROGRAM SERVICES   | CARE OF ORPHANS  | 188,885.   |
| (4) South America   | 1                                   | 34   | PROGRAM SERVICES   | CARE OF ORPHANS  | 504,484.   |
| (5) Central America   | 4                                   | 180  | PROGRAM SERVICES   | CARE OF ORPHANS  | 1,318,235.   |
| (6) East Asia and Pacific                                   | 2                                   | 43   | PROGRAM SERVICES   | CARE OF ORPHANS  | 230,728.   |
| (7) North America   | 2                                   | 11   | PROGRAM SERVICES   | CARE OF ORPHANS  | 59,828.  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3 a</b> Sub-total . . . . .                              | 20                                  | 1,232  |  |  | 5,446,645.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b) . . . . .             | 20                                  | 1,232  |  |  | 5,446,645.   |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (2)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |            |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region            | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-----------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) SEE PART V                  | Russia                | 1                        |                          |                                 |                                  |                                       |   |
| (2) SEE PART V                  | Sub-Saharan Africa    | 1                        |                          |                                 |                                  |                                       |   |
| (3) SEE PART V                  | South Asia            | 1                        |                          |                                 |                                  |                                       |   |
| (4) SEE PART V                  | South America         | 1                        |                          |                                 |                                  |                                       |   |
| (5) SEE PART V                  | Central America       | 1                        |                          |                                 |                                  |                                       |   |
| (6) SEE PART V                  | East Asia and Pacific | 1                        |                          |                                 |                                  |                                       |   |
| (7) SEE PART V                  | North America         | 1                        |                          |                                 |                                  |                                       |   |
| (8) ADOPTION ASSISTANCE GRANTS  | Russia                | 3                        | 2,475.                   | GRANT                           |                                  |                                       |   |
| (9)                             |                       |                          |                          |                                 |                                  |                                       |   |
| (10)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (11)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (12)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (13)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (14)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (15)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (16)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (17)                            |                       |                          |                          |                                 |                                  |                                       |   |
| (18)                            |                       |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2 AN INDIVIDUAL AT EACH FOREIGN LOCATION PROVIDES A REGULAR ACCOUNTING OF FINANCIAL ACTIVITY TO THE LIFESONG USA ACCOUNTING DEPARTMENT. THIS ACTIVITY IS RECONCILED WITH CASH ADVANCES MADE DURING THE YEAR. SUPPORTING DOCUMENTATION (OVER A CERTAIN AMOUNT) IS TO BE FORWARDED TO THE USA OFFICE - SUPPORTING THE ACTIVITIES REPORTED. TRANSLATIONS (AS NEEDED) OF SUPPORTING DOCUMENTATION ARE OBTAINED BY THE USA OFFICE. ANNUAL BUDGETS FOR EACH FOREIGN LOCATION ARE SET BY USA MANAGEMENT AND APPROVED BY THE BOARD OF DIRECTORS OF LIFESONG FOR ORPHANS. ALL FOREIGN ACTIVITY REPORTS (AND SUPPORTING DOCUMENTS) ARE MADE AVAILABLE TO AN INDEPENDENT AUDITOR DURING LIFESONG'S ANNUAL FINANCIAL STATEMENT AUDIT. ANNUALLY, A VISION TEAM COMPRISED OF BOARD MEMBERS, MANAGEMENT AND OTHER VOLUNTEERS VISITS EACH FOREIGN SITE. PROJECTS ARE INSPECTED AND PLANNING FOR FUTURE EXPENDITURES IS DONE. THE VISION TEAMS REPORT THEIR FINDINGS BACK TO THE BOARD OF DIRECTORS.

Pt I Line 3 Col (F) RUSSIA REGION - PROJECT LOCATION IS UKRAINE - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; IN ADDITION, \$981,492 OF CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Pt I Line 3 Col (F) SUB-SAHARAN AFRICA REGION - PROJECT LOCATIONS ARE IN ETHIOPIA, KENYA, LIBERIA, TANZANIA, UGANDA AND ZAMBIA - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; IN ADDITION, \$390,959 OF CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Pt I Line 3 Col (F) SOUTH ASIAN REGION - PROJECT LOCATION IS IN INDIA - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; IN ADDITION, \$8,862 OF CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Pt I Line 3 Col (F) SOUTH AMERICAN REGION - PROJECT LOCATION IS IN BOLIVIA - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; NO CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Pt I Line 3 Col (F) CENTRAL AMERICAN REGION - PROJECT LOCATIONS ARE IN GUATEMALA AND HAITI - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; IN ADDITION, \$2,283,923 OF CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Pt I Line 3 Col (F) EAST ASIAN REGION - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; NO CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Pt I Line 3 Col (F) NORTH AMERICAN REGION - PROJECT LOCATION IS IN MEXICO AND A ZAMBIAN PROJECT IS SUPPORTED THROUGH A CANADIAN NGO ORGANIZATION - ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENSES; NO CAPITAL EXPENDITURES WERE MADE DURING THE FISCAL YEAR.

Part III Col (C) AS NOTED ON FORM 990, PART III, LINE 4B, ONE OF LIFESONG'S LARGEST CHARITABLE PROGRAMS IS PROVIDING CARE TO ORPHANS AROUND THE WORLD. AS DESCRIBED ON FORM 990, 6,010 ORPHANS RECEIVED FORMS OF ASSISTANCE, INCLUDING EDUCATION, TRAINING AND BASIC LIVING NEEDS. TO ENUMERATE ALL THESE INDIVIDUAL TRANSACTIONS ON PART III OF THIS SCHEDULE F WOULD BE IMPOSSIBLE. ALL OF THE EXPENSES (REPORTED ON FORM 990, PART IX, LINE 3) ARE INCLUDED IN THE ACCOUNTING PROCESSES DESCRIBED ABOVE REGARDING SCHEDULE F, PART I, LINE 2.

Other PART IV - AS NOTED ON FORM 990, PART III, LINE 4B, ONE OF LIFESONG'S LARGEST CHARITABLE PROGRAMS IS PROVIDING CARE TO ORPHANS AROUND THE WORLD. LIFESONG WORKS THROUGH VARIOUS INDIGENOUS NON-GOVERNMENT ORGANIZATIONS, ETC. AT EACH PROJECT LOCATION. WHILE LIFESONG EFFECTIVELY CONTROLS THESE FOREIGN PROJECTS (THROUGH PROVISION OF OPERATING AND CAPITAL FUNDING), LIFESONG IS NOT A PART OF ANY LEGAL OWNERSHIP ARRANGEMENTS AS DESCRIBED IN PART IV OF THIS SCHEDULE F.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) NCF<br>11625 RAINWATER DR<br>ALPHARETTA GA 30009                      | 58-1493949 | 501C3                           | 7,823.                   |                                   |   |                                       | ORPHAN CARE                        |
| (2) SOUTH SIDE CHRISTIAN ACAD<br>1839 COPPERFIELD DR<br>MORTON IL 61550   | 81-1345478 | 501C3                           | 174,000.                 |                                   |   |                                       | EDUCATION                          |
| (3) WELCOME HOME HAITI<br>PO BOX 40<br>GRIDLEY IL 61744                   | 27-0976196 | 501C3                           | 160,413.                 |                                   |   |                                       | ORPHAN CARE                        |
| (4) LIFESONG LEGACY FUND<br>202 N. FORD<br>GRIDLEY IL 61744               | 20-3296626 | 501C3                           | 19,474.                  |                                   |   |                                       | ORPHAN CARE                        |
| (5) CHRISTIAN ALLIANCE FOR OR<br>6723 WHITTIER AVE.<br>MCLEAN VA 22101    | 26-1492375 | 501C3                           | 15,000.                  |                                   |   |                                       | ORPHAN CARE                        |
| (6) LYNN UNIVERSITY<br>3601 N. MILITARY TRAIL<br>BOCA RATON FL 33431      | 59-1023117 | 501C3                           | 12,520.                  |                                   |   |                                       | EDUCATION                          |
| (7) MCKINNEY CHRISTIAN SCHOOL<br>3601 BOIS DARC ROAD<br>MCKINNEY TX 75071 | 75-2440342 | 501C3                           | 19,400.                  |                                   |   |                                       | EDUCATION                          |
| (8) FIRST CHURCH OF THE NAZAR<br>2039 E STRETT<br>EUREKA CA 95501         | 23-7370462 | 501C3                           | 21,869.                  |                                   |   |                                       | ORPHAN CARE                        |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance         | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 ADOPTION ASSISTANCE GRANTS            | 938                      | 6,638,412.               |                                  |   |                                       |
| 2 POST-ADOPTION ASSISTANCE & MISC OTHER | 34                       | 2,622.                   |                                  |   |                                       |
| 3                                       |                          |                          |                                  |   |                                       |
| 4                                       |                          |                          |                                  |   |                                       |
| 5                                       |                          |                          |                                  |   |                                       |
| 6                                       |                          |                          |                                  |   |                                       |
| 7                                       |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Pt I Line 2 LIFESONG MANAGEMENT RESEARCHES ORGANIZATIONS BEFORE PROVIDING RESOURCES TO THEM TO ASSIST WITH THEIR CHARITABLE WORK. LIFESONG MANAGEMENT BELIEVES SUPPORTING THESE ORGANIZATIONS IS IN FURTHERANCE OF LIFESONG'S CHARITABLE MISSION AND DOES NOT BELIEVE FURTHER MONITORING OF THESE ORGANIZATIONS IS WARRANTED.

Pt III, col (b) ADOPTION ASSISTANCE GRANTS - LIFESONG MANAGEMENT AND VOLUNTEERS DO EXTENSIVE SCREENING OF FAMILIES BEFORE APPROVING ADOPTION ASSISTANCE GRANTS TO CHRISTIAN FAMILIES. INFORMATION SCRUTINIZED INCLUDES FINANCIAL POSITION OF THE FAMILY AND OTHER AVENUES OF ASSISTANCE AVAILABLE (CHURCHES, ETC.).



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? . . . . . **5 a**
- b** Any related organization? . . . . . **5 b**
- If 'Yes' on line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . . **6 a**
- b** Any related organization? . . . . . **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III . . . . .

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

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

|     | Yes | No |
|-----|-----|----|
| 1 a |     |    |
| 1 b |     |    |
| 2   |     |    |
| 3   |     |    |
| 4 a |     | X  |
| 4 b |     | X  |
| 4 c |     | X  |
| 5 a |     | X  |
| 5 b |     | X  |
| 6 a |     | X  |
| 6 b |     | X  |
| 7   |     | X  |
| 8   |     | X  |
| 9   |     |    |

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule J (Form 990) 2016**

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

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

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

| (A) Name and Title                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|--------------------------------|---|
|                                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                |   |
| 1 N. ANDREW LEHMAN<br>VICE-PRESIDENT | (i)  | 155,286.   | 0.                                  | 0.                                  | 0.   | 603.                    | 155,889.                       | 0.  |
|                                      | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                             | 0.  |
| 2                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 3                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 4                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 5                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 6                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 7                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 8                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 9                                    | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 10                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 11                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 12                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 13                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 14                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 15                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |
| 16                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                |   |

**Part III Supplemental Information**

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization: **LIFESONG FOR ORPHANS, INC.** Employer identification number: **35-1902841**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) ANDREW GERBER             | FAMILY OF OFFICER   | 94,101.                   | PAYROLL                        |   | X  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

LIFESONG FOR ORPHANS, INC.

35-1902841

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|---|--|
| 1 Art — Works of art . . . . .  |                               |   |   |  |
| 2 Art — Historical treasures . . . . .                                    |                               |   |   |  |
| 3 Art — Fractional interests . . . . .                                    |                               |   |   |  |
| 4 Books and publications . . . . .  |                               |   |   |  |
| 5 Clothing and household goods . . . . .                                  | X                             |   | 143,729.  | MGMT. ESTIMATE   |
| 6 Cars and other vehicles . . . . .                                       | X                             | 1   | 20,000.   | MGMT. ESTIMATE   |
| 7 Boats and planes . . . . .  |                               |   |   |  |
| 8 Intellectual property . . . . .   |                               |   |   |  |
| 9 Securities — Publicly traded . . . . .                                  |                               |   |   |  |
| 10 Securities — Closely held stock . . . . .                              |                               |   |   |  |
| 11 Securities — Partnership, LLC, or trust interests . . . . .            |                               |   |   |  |
| 12 Securities — Miscellaneous . . . . .                                   |                               |   |   |  |
| 13 Qualified conservation contribution —<br>Historic structures . . . . . |                               |   |   |  |
| 14 Qualified conservation contribution — Other . . . . .                  |                               |   |   |  |
| 15 Real estate — Residential . . . . .                                    |                               |   |   |  |
| 16 Real estate — Commercial . . . . .                                     |                               |   |   |  |
| 17 Real estate — Other . . . . .  |                               |   |   |  |
| 18 Collectibles . . . . .   |                               |   |   |  |
| 19 Food inventory . . . . .   |                               |   |   |  |
| 20 Drugs and medical supplies . . . . .                                   |                               |   |   |  |
| 21 Taxidermy . . . . .  |                               |   |   |  |
| 22 Historical artifacts . . . . .   |                               |   |   |  |
| 23 Scientific specimens . . . . .   |                               |   |   |  |
| 24 Archeological artifacts . . . . .                                      |                               |   |   |  |
| 25 Other ▶ (PROGRAM EQUIPMENT) . . . . .                                  | X                             | 6   | 6,250.  |  |
| 26 Other ▶ ( ) . . . . .  |                               |   |   |  |
| 27 Other ▶ ( ) . . . . .  |                               |   |   |  |
| 28 Other ▶ ( ) . . . . .  |                               |   |   |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If 'Yes,' describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If 'Yes,' describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule M (Form 990) (2016)**

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

Pt III, Line 2 ORPHAN CARE PROGRAM - DURING THE YEAR, LIFESONG ESTABLISHED A SECOND LOCATION IN THE EAST ASIA REGION; CHARITABLE ORGANIZATION SUPPORT PROGRAM - BEGAN PROVIDING ADMINISTRATIVE SUPPORT AND GRANTS TO OTHER CHARITABLE ORGANIZATIONS WHOSE MINISTRIES ARE FOCUSED ON AT-RISK CHILDREN.

Pt VI, Line 11b A COPY OF FORM 990 IS AVAILABLE TO BOARD MEMBERS PRIOR TO FILING. VP-OPERATIONS REVIEWS DETAILS OF FORM 990 (PREPARED BY THIRD-PARTY ACCOUNTANT) AND APPROVES FOR FILING.

Pt VI, Line 2 GARY RINGGER, MARLA RINGGER, KORY KAEB - FAMILY RELATIONSHIP GOVERNANCE POLICY REQUIRES AN ANNUAL CONFLICT STATEMENT TO BE FILED BY ALL BOARD MEMBERS AND EMPLOYEES.

Pt VI, Line 12c BOARD MEMBERS ARE FAMILIAR WITH COMPENSATION RANGES IN THE GEOGRAPHIC AREA OF CENTRAL IL. BOARD MEMBERS REVIEW SUCH INFORMATION AND MAKE OFFERS TO EMPLOYEES THAT THEY BELIEVE ARE COMPETITIVE AND REASONABLE.

Pt VI, Line 15a BOARD MEMBERS ARE FAMILIAR WITH COMPENSATION RANGES IN THE GEOGRAPHIC AREA OF CENTRAL IL. BOARD MEMBERS REVIEW SUCH INFORMATION AND MAKE OFFERS TO EMPLOYEES THAT THEY BELIEVE ARE COMPETITIVE AND REASONABLE.

Pt VI, Line 15b OFFERS TO EMPLOYEES THAT THEY BELIEVE ARE COMPETITIVE AND REASONABLE.

Pt VI, Line 19 DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

LIFESONG FOR ORPHANS, INC.

Employer identification number

35-1902841

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) _____<br>_____<br>_____   |                         |  |                     |                           |                                  |
| (2) _____<br>_____<br>_____   |                         |  |                     |                           |                                  |
| (3) _____<br>_____<br>_____   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Sec 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|--|----|
|   |   |  |                            |   |                                  | Yes                                      | No |
| (1) <u>TMG FOUNDATION</u><br><u>202 NORTH FORD STREET</u><br><u>GRIDLEY, IL 61744</u><br><u>01-0750822</u>              | SUPPORTING ORG. OF<br>NAT CHAR FOUNDATION | IL   | 501(C)(3)                  | PUBLIC  | NONE                             |  | X  |
| (2) <u>LIFESONG LEGACY FUND, INC.</u><br><u>13400 BISHOP'S LANE</u><br><u>BROOKFIELD, WI 53005</u><br><u>20-3296626</u> | PROVIDE LOANS FOR<br>ORPHAN ADOPTION      | WI   | 501(C)(3)                  | PUBLIC  | NONE                             |  | X  |
| (3) _____<br>_____<br>_____   |   |  |                            |   |                                  |  |    |
| (4) _____<br>_____<br>_____   |   |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Sec 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes                                      | No |
| (1) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|            | Yes | No |
|------------|-----|----|
| <b>1 a</b> |     | X  |
| <b>1 b</b> | X   |    |
| <b>1 c</b> | X   |    |
| <b>1 d</b> | X   |    |
| <b>1 e</b> |     | X  |
| <b>1 f</b> |     | X  |
| <b>1 g</b> |     | X  |
| <b>1 h</b> |     | X  |
| <b>1 i</b> |     | X  |
| <b>1 j</b> |     | X  |
| <b>1 k</b> |     | X  |
| <b>1 l</b> | X   |    |
| <b>1 m</b> |     | X  |
| <b>1 n</b> | X   |    |
| <b>1 o</b> | X   |    |
| <b>1 p</b> |     | X  |
| <b>1 q</b> |     | X  |
| <b>1 r</b> |     | X  |
| <b>1 s</b> |     | X  |

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)<br>-----<br>-----<br>-----          |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

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PART II TMG FOUNDATION - GARY RINGGER IS BOARD PRESIDENT OF BOTH TMG FOUNDATION (TMG) AND LIFESONG FOR ORPHANS.

PART II LIFESONG LEGACY FUND, INC. - TIM WALLEN IS BOARD PRESIDENT OF LIFESONG LEGACY FUND, INC. (LEGACY) AND ALSO SERVES ON THE BOARD OF LIFESONG FOR ORPHANS.

PART V, LINE 1 DURING THE YEAR, TMG CONTRIBUTED \$563,947 TO LIFESONG. TMG OWED LIFESONG \$123,123 AS OF 6/30/2017. AS OF 6/30/2017, CERTAIN LIFESONG PROPERTY SERVES AS SECURITY (GUARANTEE) FOR A TMG NOTE PAYABLE TOTALING \$325,000. DURING THE YEAR, LIFESONG CONTRIBUTED \$19,474 TO LEGACY. DURING THE YEAR, LIFESONG PROVIDED TMG AND LEGACY WITH SERVICES (MANAGEMENT AND FUND-RAISING), SUPPLIES AND USE OF FACILITIES FREE OF CHARGE.

Form **4562**

**Depreciation and Amortization  
(Including Information on Listed Property)**

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

LIFESONG FOR ORPHANS, INC.

35-1902841

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

|    |  |                              |                  |
|----|--|------------------------------|------------------|
| 1  | Maximum amount (see instructions)  | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)  | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-   | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. | 5                            |                  |
| 6  | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29   | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7   | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2015 Form 4562  | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)                             | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12. ▶   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)** (See instructions.)

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Don't include listed property.)** (See instructions.)

**Section A**

|    |   |    |          |
|----|---|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2016.   | 17 | 548,565. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/> |    |          |

**Section B – Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

| (a) Classification of property           | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property . . . . .           |                                      | 4,597.   | 3 YR                |                | SL         | 1,532.                     |
| b 5-year property . . . . .              |                                      | 256,846.   | 5 YR                |                | SL         | 46,166.                    |
| c 7-year property . . . . .              |                                      | 346,554.   | 7 YR                |                | SL         | 48,527.                    |
| d 10-year property . . . . .             |                                      | 320,240.   | 10 YR               |                | SL         | 31,808.                    |
| e 15-year property . . . . .             |                                      |  |                     |                |            |                            |
| f 20-year property . . . . .             |                                      | 270,778.   | 20 YR               |                | SL         | 12,031.                    |
| g 25-year property . . . . .             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property . . . . .  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property . . . . . |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
|  |                                      | 39 yrs   | MM                  |                | S/L        |                            |
|  |                                      | 2,097,727.   | 40 YR               | MM             | S/L        | 40,845.                    |

**Section C – Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

|                           |  |  |        |    |     |  |
|---------------------------|--|--|--------|----|-----|--|
| 20 a Class life . . . . . |  |  |        |    | S/L |  |
| b 12-year . . . . .       |  |  | 12 yrs |    | S/L |  |
| c 40-year . . . . .       |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary** (See instructions.)

|    |  |    |          |
|----|--|----|----------|
| 21 | Listed property. Enter amount from line 28   | 21 |          |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 729,474. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |          |

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDZ0812 01/24/17

Form **4562** (2016)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

| <b>24 a</b> Do you have evidence to support the business/investment use claimed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |   |                               |  |                           |                              |                                  |                                       | <b>24b</b> If 'Yes,' is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |  |           |  |  |
|--|----------------------------------|---|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|--|--|-----------|--|--|
| (a)<br>Type of property<br>(list vehicles first)   | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment<br>use<br>percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |  |  |           |  |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . |                                  |   |                               |  |                           |                              | <b>25</b>                        |                                       |  |  |           |  |  |
| <b>26</b> Property used more than 50% in a qualified business use:   |                                  |   |                               |  |                           |                              |                                  |                                       |  |  |           |  |  |
|  |                                  |   |                               |  |                           |                              |                                  |                                       |  |  |           |  |  |
|  |                                  |   |                               |  |                           |                              |                                  |                                       |  |  |           |  |  |
| <b>27</b> Property used 50% or less in a qualified business use:   |                                  |   |                               |  |                           |                              |                                  |                                       |  |  |           |  |  |
|  |                                  |   |                               |  |                           |                              |                                  |                                       |  |  |           |  |  |
|  |                                  |   |                               |  |                           |                              |                                  |                                       |  |  |           |  |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .  |                                  |   |                               |  |                           |                              |                                  |                                       |  |  | <b>28</b> |  |  |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .   |                                  |   |                               |  |                           |                              |                                  |                                       |  |  | <b>29</b> |  |  |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
|  | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year . . . . .   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                                    |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                              |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .                      |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use? . . . . .   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or<br>percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|--|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):      |                                    |                              |                        |  |                                      |
|  |                                    |                              |                        |  |                                      |
|  |                                    |                              |                        |  |                                      |
| <b>43</b> Amortization of costs that began before your 2016 tax year . . . . .                 |                                    |                              |                        |  | <b>43</b>                            |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                    |                              |                        |  | <b>44</b>                            |

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 4d (continued)**

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

Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Expenses \_\_\_\_\_  
 Grants Of \_\_\_\_\_  
 Revenue. \_\_\_\_\_

Code: \_\_\_\_\_ Description: THE FORGOTTEN INITIATIVE (FOSTER CARE SUPPORT) - PROVIDE  
 Expenses 249,058. BACKPACKS WITH PERSONAL ITEMS TO CHILDREN WHEN THEY ARE BEING  
 Grants Of 28,694. PLACED INTO FOSTER CARE, TRAIN MENTORS TO HELP FOSTER FAMILIES,  
 Revenue. 0. AND PROVIDE TRAINING AND EDUCATIONAL RESOURCES TO FOSTER FAMILIES.  
94 FOSTER AGENCIES WERE SERVED DURING THE YEAR.

Code: \_\_\_\_\_ Description: COORDINATION OF SHORT-TERM MISSION TRIPS TO PROJECT  
 Expenses 412,190. LOCATIONS SERVING ORPHANS. 19 TRIPS WERE COORDINATED  
 Grants Of 14,452. DURING THE YEAR WITH APPROXIMATELY 190 PEOPLE  
 Revenue. 0. VOLUNTEERING TO SERVE.

Form 990, Page 5, Line 4b  
**Foreign Countries**

UP  
ZA  
IN  
LI  
GT  
ET  
BL

Schedule O (Form 990) Supplemental Information to Form 990  
**Form 990, Page 6, Line 9 (continued)**

| <b>Name</b>             | <b>Address</b>                | <b>City</b>        | <b>St</b> | <b>ZIP</b>   |
|-------------------------|-------------------------------|--------------------|-----------|--------------|
| <u>JOEL CLOUSING</u>    | <u>1209 N. CREEKSIDE DR.</u>  | <u>WHEATON</u>     | <u>IL</u> | <u>60137</u> |
| <u>GREG GRAMM</u>       | <u>5544 EAST SHEENA DRIVE</u> | <u>SCOTTSDALE</u>  | <u>AZ</u> | <u>85254</u> |
| <u>ROBERT HOERR</u>     | <u>206 SURREY LANE</u>        | <u>EAST PEORIA</u> | <u>IL</u> | <u>61611</u> |
| <u>TIMOTHY WALLEN</u>   | <u>16550 PRAIRIE COURT</u>    | <u>BROOKFIELD</u>  | <u>WI</u> | <u>53005</u> |
| <u>PHILLIP GOAD</u>     | <u>19808 MALLARD COVE</u>     | <u>LITTLE ROCK</u> | <u>AR</u> | <u>72210</u> |
| <u>RODNEY BRENNEMAN</u> | <u>16305 TURNBERRY</u>        | <u>LOCH LLOYD</u>  | <u>MO</u> | <u>64012</u> |

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 6, Line 17 (continued)**

Illinois



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Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 6, Line 17 (continued)**

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Continued

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Indiana  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
District of Columbia  
Florida  
Georgia  
Hawaii  
Kansas  
Kentucky  
Maine  
Maryland  
Michigan  
Minnesota  
Mississippi  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
Tennessee  
Utah  
Virginia  
Washington  
West Virginia  
Wisconsin

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