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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public
Inspection

À F	or the	2016 calendar year, or tax year beginning	and ending		<u> </u>
В с	heck if aplicable	C Name of organization		D Employer adentific	pation number
Γ	Addres	LIFE HOUSE, INC.		1-1	
	Name change	Doing business as		<i>3 3 4</i> 1-1	704840
<u></u>	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 102 WEST 1ST STREET	Room/sui	te E Telephone numbe:	r 7227431
ш	lretum/ termin- ated		<u> </u>	G Grass receipts \$	1,715,081.
	Amend return	ed DULUTH, MN 55802-2006		H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer: MAUDE DORNFELD		for subordinates	?Yes ☒ No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
T T	ax-exe	mpt status: X 501(c)(3)	ı)(1) or 5	27 If "No," attach a	list. (see instructions)
		e: ► WWW.LIFEHOUSEDULUTH.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Ye		A State of legal domicile: MN
Ρa		Summary			
	1	Briefly describe the organization's mission or most significant activities: MI	SSION:	"TO RECONNECT	P HOMELESS
9	•	AND STREET YOUTH TO THEIR DREAMS." AT I	TFE HOU	ISE, EFFORTS	ARE MADE
Governance	-	Check this box if the organization discontinued its operations or di			
ē				I _	15
်					15
		Number of independent voting members of the governing body (Part VI, line 1			54
<u>e</u>		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			150
Activities &		Fotal number of volunteers (estimate if necessary)			
Ğ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
`	b	Net unrelated business taxable income from Form 990-T, line 34	·····	•	0.
			-	Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,386,530.	1,573,700.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		181.	141.
α	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,320.	130,502.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	1,450,031.	1,704,343.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
m		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	I .	985,269.	1,218,966.
šě		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25)	.596.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		426,268.	378,055.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,411,537.	1,597,021.
		Revenue less expenses. Subtract line 18 from line 12	·····	38,494.	107,322.
	19	nevertue tess expertses. Subtract line to normale 12			End of Year
Net Assets or Fund Raiances	00 -	Fotal accepts (Dart V. line 16)		Beginning of Current Year 1,332,662.	1,453,442.
SSe	20	Fotal assets (Part X, line 16)		73,843.	87,301.
et v	21	Fotal liabilities (Part X, line 26)		1,258,819.	1,366,141.
27 100	22 14 8	Net assets or fund balances. Subtract line 21 from line 20	<u></u>	1,250,019.	1,300,141.
		1			. I
		ties of perjury, I doclare that I have examined this return, including accompanying sche			knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information	of which prepar	er has any knowledge.	
		Signature of officer		Doto	
Sigr	1	•		Date	
Her	e	MAUDE DORNFELD, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PIN
Paid		JENNIFER SMITH JENNIFER SMITH	Ħ	05/18/17 self-employ	
Prep	atet	Firm's name WIPFLI LLP		Firm's EIN ▶	39-0758449
Use	Only	Firm's address 1502 LONDON ROAD, SUITE 200			
		DULUTH, MN 55812		Phone no. 21	8.722.4705
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
					5 000 (2010)

orm	990 (2016) LIFE HOUSE, INC. 41-1704840 Page 2 t III Statement of Program Service Accomplishments
Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	"TO RECONNECT HOMELESS AND STREET YOUTH TO THEIR DREAMS."
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$
	LIFE HOUSE SUPPORT SERVICES:
	LIFE HOUSE PROVIDES CASE MANAGEMENT SERVICES (HELP WITH HOUSING,
	EDUCATION/EMPLOYMENT, POSITIVE HEALTH GOALS) DESIGNED TO HELP HIGH-RISK
	AND/OR HOMELESS KIDS ACHIEVE HOUSING STABILITY, INDEPENDENCE AND
	SELF-SUFFICIENCY. ALL OF OUR SUPPORT SERVICES ARE AVAILABLE ON-SITE VIA
	OUR YOUTH CENTER. BY INTRODUCING OUR PROGRAMS IN PERSON, HIGH-RISK
	KIDS WHO ARE HESITANT TO REQUEST SERVICES ARE MORE LIKELY TO GET
	CONNECTED, AND LEAVE THE STREETS. IT IS THE ROLE OF LIFE HOUSE CASE
	MANAGERS TO HELP HOMELESS YOUTH OVERCOME YOUTH BARRIERS TOWARD HOUSING
	STABILITY AND INDEPENDENT LIVING. LIFE HOUSE CASE MANAGEMENT IS DEFINED
	AS VOLUNTARY ASSISTANCE FOR YOUTH AGES 16-20 DESIGNED TO HELP YOUTH
	SELF-IDENTIFY LIFE GOALS, TO ASSURE NEEDED SERVICES ARE SOUGHT AND
4b	(Code:) (Expenses \$
	LIFE HOUSE HOUSING SERVICES:
	THE HOUSING PROGRAM HELPS YOUTH OBTAIN AND/OR MAINTAIN SAFE,
	AFFORDABLE, AND STABLE HOUSING. THE THREE PRIMARY HOUSING SERVICES
	INCLUDE PREVENTION SERVICES, INTENSIVE HOUSING, AND SOL HOUSE.
	PREVENTION SERVICES ARE AIMED AT PREVENTING HOMELESSNESS FOR
	PRECARIOUSLY HOUSED YOUTH, PROVIDING LIGHT CASE MANAGEMENT, EMERGENCY
	RENTAL ASSISTANCE, AS WELL AS ASSISTANCE WITH ADVOCACY WITH LANDLORDS
	AND UTILITY COMPANIES AS NECESSARY. THE INTENSIVE HOUSING PROGRAM
	PROVIDES HOUSING AND INTENSIVE CASE MANAGEMENT FOR 20 HOMELESS YOUTH:
	TEN UNITS OF TRANSITIONAL HOUSING WHERE YOUTH CAN LIVE UP TO TWO YEARS,
	AND TEN UNITS OF LONG-TERM SUPPORTIVE HOUSING FOR YOUTH WHO REQUIRE
	ONGOING SUPPORT.
4c	(Code:) (Expenses \$ 230,346. including grants of \$) (Revenue \$)
	LIFE HOUSE YOUTH CENTER:
	THE YOUTH DROP-IN CENTER IS THE HUB OF LIFE HOUSE'S OPERATIONS WHERE
	THE BASIC NEEDS OF HOMELESS AND AT-RISK YOUTH ARE MET INCLUDING
	SHOWERS, LAUNDRY, LOCKERS, AND HOT MEALS (8,500+ SERVED ANNUALLY). A
	WIDE RANGE OF INDEPENDENT LIVING SKILLS CLASSES, ACTIVITIES, SUPPORT
	GROUPS, FIELD TRIPS, ETC. IS OFFERED DAILY. THE YOUTH CENTER IS ALSO
	THE HEADQUARTERS OF STREET OUTREACH PROGRAM, LOCATING AND BUILDING
	RELATIONSHIPS WITH STREET YOUTH AND PROVIDING CRISIS NEEDS AND
	REFERRALS TO COMMUNITY RESOURCES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,359,156.

Form 990 (2016) LIFE HOUSE, INC. Part IV Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
1		1	Х	İ
	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		**	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		w
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			~ •
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		R#	100 S.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	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? # "Yes," complete Schedule D, Part IX	11d		_ X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f	Х	ĺ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	[Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	The state of the s			
.,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		i i	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	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? [f "Yes," complete Schedule F, Parts III and IV	16		Х
17	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? If "Yes," complete Schedule G, Part I	17		Х
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18		18	Х	
40	1c and 8a? # "Yes," complete Schedule G, Part #	10		
19	·	19	İ	X
	complete Schedule G. Part III		้อดก	(0016)

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Part IV | Checklist of Required Schedules (continued)

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

Form	990 (2016) LIFE HOUSE, INC. 41-1704	840	P:	age 5
Par	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	· .		
	(gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Í
	filed for the calendar year ending with or within the year covered by this return		<u>.</u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		,	ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: 📂	YVV.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			637 Jack
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 <u>c</u>		
6 a	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?	6a		X
d	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Te.	
а	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ĺ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1,450	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	.,	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	Š		
а	Gross income from members or shareholders	<i>#</i>	i i	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	· .	1	
	amounts due or received from them.)			2.4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note, See the instructions for additional information the organization must report on Schedule O.			
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	ļ ·		
C	Enter the amount of reserves on hand	3000		
	Did the organization receive any payments for indoor tanning services during the tax year?	_14a		X
b	If "Yos," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ĺ
		Form	990	(2016)

41-1704840 LIFE HOUSE Page 6 Form 990 (2016) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο 15 1a Enter the number of voting members of the governing body at the end of the tax year 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. 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? <u>If "Yes," provide the names and addresses in Schedule O</u> Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a ìok. **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed MN 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. X Another's website X Upon request X Own website Other (explain in Schedule O) 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.

State the name, address, and telephone number of the person who possesses the organization's books and records:

MM

55802-2006

RYAN IRLBECK - FINANCE DIRECTOR - 218-722-7431 DULUTH,

102 WEST 1ST STREET,

LIFE HOUSE, INC.

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

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

- 1a 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	n nor any related (orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.						
(A)	(B)			(0	2)			(D)	(E)	(F)					
Name and Title	Average	(do	not d	Posi	tion nore) than c	пе	Reportable	Reportable	Estimated					
	hours per	box	o not check more than one x, unless person is both an		box, unless person is both an officer and a director/trustee)		ss person is both an		as person is both an		person is both an CO		compensation	compensation	amount of
	week		Ler an	u a u	16010	musi	ee)	from	from related	other					
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the					
	related	- D	寶			salec		(W-2/1099-MISC)	(44-57 (055-14100)	organization					
	organizations	Individual trustee or director	destational mustee		99,	mper		(11 27 7000 11110 -)		and related					
	below	- leab	tion:	<u>,</u>	Кеу етр.суве	sat do cyee	-G-			organizations					
	line)	Indiv	13	Officer	Key	Highest compensated employee	Former								
(1) YVONNE PRETTNER SOLON	1.50									_					
BOARD MEMBER		X						0.	0.	0.					
(2) PATRICK BOYLE	1.50	1						_	_	_					
BOARD MEMBER		Х					_	0.	0.	0.					
(3) PAT BURNS	1.50	1								_					
BOARD MEMBER		Х				<u> </u>		0.	0.	0.					
(4) CHARLES FAI	1.50	ļ							_	_					
BOARD MEMBER	4 50	Х	_			\vdash		0.	0.	0.					
(5) FRED FRIEDMAN	1.50								_	_					
BOARD MEMBER	1 50	X				\vdash		0.	0.	0.					
(6) LINDSAY LAHTI	1.50	٠.,							,						
BOARD MEMBER	1 50	X	ļ. —			<u> </u>		0.	0.	0.					
(7) NICK LEPAK	1.50	٠,,	ļ						_						
BOARD MEMBER	4 70	X	<u> </u>					0.	0.	0.					
(8) JIM PAULSON	1.50				İ			0.	0.	0.					
BOARD MEMBER	1 50	X	-		\vdash			U+	<u> </u>						
(9) TINA WELSH	1.50	١.,						0.	0.	0.					
BOARD MEMBER	1.50	Х		_	 	\vdash			V •	·					
(10) RON ALSTON	1.50	x	-	1				0.	0.	0.					
BOARD MEMBER (11) LEANNE VENTRELLA	2.00	<u> </u>			┢	╁		<u> </u>		·					
CO-CMAIR	2.00	X		x				0.	0.	0.					
(12) SHANE JOPKE	2.00	^	\vdash	Λ		\vdash	-	0.	· · · · · ·						
CO CHAIR	2.00	x		х				0.	0.	0.					
(13) DAVID BARNES	2.00	1		21											
TREASURER	2.00	x		х				0.	0.	0.					
(14) LAURIE MULL	2.00	†		†~^			-								
SECRETARY	2,50	x		Х				0.	0.	0.					
(15) MAUDE DORNFELD	40.00	T		T				·							
EXECUTIVE DIRECTOR		1		Х				69,005.	0.	0.					
		1			L		L								
										1					
					<u>.</u>					000					

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	i Hi	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			•	C)			(D)	(E)	(F)	
Name and title	Average	fdo		Pos becku			nne	Reportable	Reportable	Estimated	
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					an	compensation	compensation	amount of	
	week		cet au	idad L	recto	ar/trus	(ee)	from	from related	other	
	(list any	Gop						the	organizations	compensation	1
	hours for related	5.0	83			123		organization	(W-2/1099-MISC	· !	
	organizations	alse	trust		به	BESS		(W-2/1099-MISC)		organization	
	below	121	icnal		p.cye	E 28	١.			and related organizations	
	line)	Individual trustee or director	nstitutional trustee	Officer	Кеу етр.суее	Fighest compensati employee	Former			Organizations	3
		드	트	ō	호	T 25	ŭ.				_
		-									
						-					_
		{									
	<u> </u>			ļ	ļ						
		ļ									
				<u> </u>	L.						
							-				
		1									
		T	· · · ·								
	•	1									
						1	T				
		1									
		1									
1b Sub-total				1			>	69,005.		0.	١.
								0.).
c Total from continuation sheets to Part VI							>	69,005.) <u>.</u>
d Total (add lines 1b and 1c)										<u>/ • </u>	•
	ot iimited to tri	ose	uste	u ar	JOVE	e) WII	оте	eceived more than \$100,	OOO of tehotrapie		0
compensation from the organization										Yes N	
O Division of the Manager of the Control of the Con	. N		. 1				1				
3 Did the organization list any former officer,											
line 1a? # "Yes," complete Schedule J for si										. 3 X	
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4 X	<u>C</u>
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	rom	any	unre	elate	ed organization or individ	iual for services		
rendered to the organization? # "Yes." com	plete Schedule	2Jf	or st	ıch ı	oers	оп.				5 X	ζ_
Section B. Independent Contractors											
 Complete this table for your five highest cor 										nsation from	
the organization. Report compensation for t	he calendar ye	ear e	<u>ndir</u>	ig w	ith d	or wi	<u>thin</u>	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	N	NC	£				Description of s	ervices	Compensation	
									İ		
											_
2 Total number of independent contractors (in	noluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization)		·			
					***********			· • · • · · · · · · · · · · · · · · · ·		000	

Form 990 (2016) LIFE HOUSE, INC.
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response (or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelatod business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a				•	
E G	b	Membership dues	1b					
وَق	С	Fundraising events		35,900.				
If A		Related organizations					Miller Marie	
9,8		Government grants (contribution		813,582.			1974 N. 1	
꼾청	f	All other contributions, gifts, grants						
풀눩	•	similar amounts not included above		724,218.				
불리	~	Noncash contributions included in lines to						
Contributions, Gifts, Grants and Other Similar Amounts.		Total. Add lines 1a-1f			1,573,700.		3334	
<u> </u>	!	Total Add files 14 17 Sometimes						
	2 a			Business Code	Description of the second section of the section of the second section of the section of the second section of the	54-77 (3-4-1) (1000 \$30 CE 10 (3-4-1)	Attatos o	
Program Service Revenue	z a b							
					· ·- ··- · · · · · · · · · · · · · · ·			
E G	C							
Ba Be	d -		·				<u> </u>	
ğ	e	All other program service reven						
_	'	Total. Add lines 2a-2f						
	3	Investment income (including d					1 0 4 100 p. 10 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[147] Ye Shakararara aya ka
	U	other similar amounts)			141.			141.
	4	Income from investment of tax-			111.			
	5	Royalties		•				
	ย	noyaldes	(i) Real	(ii) Personal				
	6 0	Gross rents	26,100.	(ii) reisonai				
	6 a	••••••	0.					
	b	• • • • • • • • • • • • • • • • • • • •	26,100.					
		Rental income or (loss) L Net rental income or (loss)			26,100.	26,100.		[14449031 [150 15]
		Gross amount from sales of	(i) Securities	(ii) Other	10,100.	20,100.		/;"
	/ a	assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis					4.5	
	n	and sales expenses					[4];	
	_	T I					254.21 \$46.50	
		Gain or (loss)			(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	A TANKE (C.)	33	
		Gross income from fundraising			Pozátrados	r Programment of the color	l Design	
ë	o a	including \$ 35,90						
ea		contributions reported on line 1		j				Ha Waliowal
e e			=	13,660.				
Other Revenu	L	Part IV, line 18 Less: direct expenses		10,738.				
₹		Net income or (loss) from fundr			2,922.	20 A	TRANSPORT OF THE PROPERTY OF	2,922.
		Gross income from gaming acti		>	2,5221			2,322.
ļ	Эа	Part IV, line 19						
	h	Less: direct expenses			1		17.8	
1		Net income or (loss) from gamir		└				HE STREET WEST AND A
		Gross sales of inventory, less re				39.19.		
	io a	•						
- 1		and allowances		<u>.</u>				
		Net income or (loss) from sales				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		Miscellaneous Revenue	· · · · · · · · · · · · · · · · · · ·	Business Code	aes serves		,	
	11 0	MISCELLANEOUS RE		900099	101,480.	en er er er er er er er er er er er er er		101,480.
	ıı a b					· · · · · · · · · · · · · · · · · · ·		
	c	• • • • • • • • • • • • • • • • • • • •	•	···				
	d	All other revenue			·			
1	e	Total. Add lines 11a-11d		▶	101,480.			
	12	Total revenue. See instructions			1,704,343.	26,100.	0.	104,543.

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 (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 69,004. 57,337. 10,944. 723. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 156.017. 10.312. 983,716. 817,387. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 64,018. 53,941. 9,476. 601. Other employee benefits 9 102,228. 86,136. 15,132. 960. 10 Payroll taxes Fees for services (non-employees): 11 a Management Legal 9,800. 8,696. 1,104. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,058. 11,587. 1,471. column (A) amount, list line 11g expenses on Sch O.) 18,745. 14,870. 3,875. Advertising and promotion 12 19,278. 16,944. 2,334. 13 Office expenses Information technology 14 Royalties 15 14,991. 13,034. 1,957. Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 7. 41. 34. 20 Payments to affiliates 21 $52,4\overline{43}.$ 14,620. 37,823. Depreciation, depletion, and amortization 22 13,589. 11,749. 1.840. 23 Insurance 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.) 193,275. 193,275. DIRECT PROGRAM COSTS 1,419. 14,037. STAFF DEVELOPMENT 15,456. 7,403. 1,483. c MAINTANANCE/REPAIRS 8,886. 4,718. 1,983. d DUES AND SUBSCIPTIONS 6,701. $11,\overline{792}$ 10,185. 1,607. e All other expenses 12,596. 1,597,021. 1,359,156. 225,269. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

LEan		Chack if Schodule O contains a regression or pote to any line in this Bost V			<u></u>
-		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	65,904.	1	111,434.
	2	Savings and temporary cash investments	70,567.	2	45,689.
	3	Pledges and grants receivable, net	188,088.	3	222,310.
	4	Accounts receivable, net	3,713.	4	222,020
	5	Loans and other receivables from current and former officers, directors,		7 000	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		9369X	
	້	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
rA.		employees' beneficiary organizations (see instr). Complete Part II of Sch L	(1) 日本の大学を見ることという。日本は大学の内閣等があるできた。	6	7 (A 7) A 7 (A 7) A 7) A 7) A 7) A 7) A
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		<u>-</u> 8	
	9	Prepaid expenses and deferred charges	20,579.	9	33,142.
	1 -				
	""	basis. Complete Part VI of Schedule D 10a 1,595,142.		5	
	l h	Less: accumulated depreciation 10b 558,275.	978,811.	10c	1,036,867.
	11	Investments - publicly traded securities	570,022.	11	2,000,0010
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related, See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11	5,000.	15	4,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,332,662.	16	1,453,442.
	17	Accounts payable and accrued expenses	60,689.	17	81,591.
	18	Grants payable	•	18	·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ıs	22	Loans and other payables to current and former officers, directors, trustees,	100000000000000000000000000000000000000	2.55	2 (10), 1 11 (10), 1 11 (10), 1 11 (10), 1 11 (10), 1 11 (10), 1
Liabilities		key employees, highest compensated employees, and disqualified persons.			
lide		Complete Part II of Schedule L	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	3,194.	23	
	24	Unsecured notes and loans payable to unrelated third parties	7,813.	24	4,063.
	25	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	2,147.	25	1,647.
	26	Total liabilities, Add lines 17 through 25	73,843.	26	87,301.
		Organizations that follow SFAS 117 (ASC 958), check here X and		******	
ø		complete lines 27 through 29, and lines 33 and 34.		- 44	
JÇ6	27	Unrestricted net assets	1,098,759.	27	1,193,641.
9	28	Temporarily restricted net assets	160,060.	28	172,500.
d B	29	Permanently restricted net assets		29	
.5		Organizations that do not follow SFAS 117 (ASC 958), check here			
<u>1</u> 0		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
1881	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,258,819.	33	1,366,141.
	34	Total liabilities and net assets/fund balances	1,332,662.	34	1,453,442.

orm	990 (2016) LIFE HOUSE, INC.	41~1704	840	Pag	e 12
	t XI Reconciliation of Net Assets				**
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		.,704		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,597		
3	Revenue less expenses. Subtract line 2 from line 1	3	107		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	.,258	,81	<u>.9.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 1	.,366	,14	<u>11.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.		-338	
2a	, , , , , , , , , , , , , , , , , , , ,	.,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	оп а			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	,,,,,,	2b	Х	
	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:		5		
	X Separate basis Consolidated basis Both consolidated and separate basis		233 233		ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		á.]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	\$98. %	8N.	
	Act and OMB Circular A-133?		3a		X
đ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No. 1545-004/

Open to Public Inspection

Employer identification number

41-1704840 LIFE HOUSE INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 [X] 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 l 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type 1. 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. 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, 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. 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. 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 Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Total

Schedule A (Form 990 or 990 EZ) 2016 LIFE HOUSE, INC. 41-1704

| 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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🔊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and		, ,	, ,					
	membership fees received. (Do not								
	include any "unusual grants.")	760,112.	731,349.	1311143.	1376544.	1573700.	5752848.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to		-						
	or expended on its behalf								
3	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge			!					
4	Total, Add lines 1 through 3	760,112.	731,349.	1311143.	1376544.	1573700.	5752848.		
5			17.94	W					
•	by each person (other than a	· .							
	governmental unit or publicly								
	supported organization) included				3.5				
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						358,776.		
6	Public support. Subvect line 5 from line 4.						5394072.		
	tion B. Total Support			A0000					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Amounts from line 4	760,112.	731,349.	1311143.	1376544.	1573700.	5752848.		
	Gross income from interest,	i							
-	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	833.	296.	24,170.	24,900.	26,241.	76,440.		
9	Net income from unrelated business				,	,			
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
,,,	or loss from the sale of capital								
	assets (Explain in Part VI.)	3,260.	8,035.	7,070.	30.141.	101,480.	149.986.		
11	Total support. Add lines 7 through 10	- ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , = , = -			5979274.		
	Gross receipts from related activities,	etc. (see instructio	ins)		<u> </u>	12	6,810.		
	First five years, If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	organization, check this box and stop						>		
Sec	tion C. Computation of Publi	- O D							
14	Public support percentage for 2016 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	90.21 %		
	Public support percentage from 2015					15	89.84 %		
	33 1/3% support test - 2016. If the o					ore, check this box	c and		
	stop here. The organization qualifies	_			.,.,,,				
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on li						
	and stop here. The organization quali								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fact								
	meets the "facts-and-circumstances" t			-	·	-			
h	10% -facts-and-circumstances test								
~	more, and if the organization meets th								
	organization meets the "facts-and-circ						1 1		
18	Private foundation. If the organization			•			r 1		
	realisance is also organization	orroon di		,	, 17.00.1 17.10 007 01		** 000 F7\ 0046		

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

Schedule A (Form 990 or 990 EZ) 2016 LIFE HOUSE, INC. 41-1704840 Page 3 (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 (c) 2014 (d) 2015 (e) 2016 (f) Total (a) 2012 (b) 2013 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualitied persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line /c from line 6.) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 9 Amounts from line 6 _____ 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

	about this hay and even have		b
Se	check this box and stop here ction C. Computation of Public Support Percentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	1 6	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19:	a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is m	ore than 33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported	d organization	▶□
ı	b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and lin	e 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-E2).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule I. (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in fine 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b		<u> </u>
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3c		
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9c		
9c		
9c 10a		

Sche	dule A (Form 990 or 990-EZ) 2016 LIFE HOUSE, INC.	41-170484	0 Pa	age 5
Pai	rt IV Supporting Organizations _(continued)			
	· · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1.046.		
а	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?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		Ĺ
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Ĺ
Sec	tion B. Type I Supporting Organizations			,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		188	
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
	J		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.4		
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	\$VI.	45%	729
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	11 - P. S. S. S. S.	. 18277.
3	By reason of the relationship described in (2), did the organization's supported organizations have a			3.66%
Ų	significant voice in the organization's investment policies and in directing the use of the organization's			.15774 -40777
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	E41 (196)	-9-AMESA.E
Sec	tion 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 instr	retionel		
' a	The organization satisfied the Activities Test. Complete line 2 below.	исионъј.		
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	· (ann inntarational		
2		(see instructions).	Yes	No
	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? 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			<u> </u>
	that these activities constituted substantially all of its activities.	2a	14.5.4	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		. (5-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			- 4
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	-	-
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		-
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	¹t V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in Part	VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ioл A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	× 100		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	· .		
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	Minimum Asset Amount (add line 7 to line 6)	8		•"
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	1 5 (4.45%) 1 (4.46%)	
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	ý.,	
6	Distributable Amount, Subtract line 5 from line 4, unless subject to		50: \$350.67 -	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting organization	ation (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
ecti-	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	· · · · · · · · · · · · · · · · · · ·	
	Amounts paid to acquire exempt-use assets	M		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	e organization is responsive		
J	(provide details in Part VI). See instructions	ic organization is responsive		
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10	Line o amount divided by the 5 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
3ecti	on E - Distribution Allocations (see instructions)	EXCESS DISTRIBUTIONS	Pre-2016	Amount for 2016
4	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-	- 100#5	119700000000000000000000000000000000000	
2				
	able cause required- explain in Part VI). See instructions	Aproximation of the control of the c		Name 250 (30 (30)
3	Excess distributions carryover, if any, to 2016:			
a				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b			- 11 25 12 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	<u> </u>
	From 2013	Maria de Cara		
	From 2014	\$\$40.000		
	From 2015		11 44 34 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Total of lines 3a through e		- 100000 <u>FO</u>	
	Applied to underdistributions of prior years			12 B
	Applied to 2016 distributable amount		ACCESS TO A STATE OF THE STATE	Fig. a 1. William 1
<u> 1</u>	Carryover from 2011 not applied (see instructions)		feats I restavate	
j_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		MANANA CARANA MANANA TARANA	
4	Distributions for 2016 from Section D,	5 4 4 4 5 5		
	fine 7: \$			
	Applied to underdistributions of prior years		1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 1888 and 18	
	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
5	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	1 - 12 15 15 15 15 15 15 15 15 15 15 15 15 15		
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		100 M	
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	Character and the second second		(AS\$155)
8	Breakdown of line 7:			
a			12. A SAME AND A SAME	
b	Excess from 2013			A
С	Excess from 2014			
d	Excess from 2015			
_	Evanga from 2016	I WAS TO SEE THE SECOND OF THE		l /

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 LIFE	HOUSE,	INC.		41-1704840 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa	Provide the ex , 4b, 4c, 5a, 6, 5 d 3: Part IV. Sec	planations required by Part II, 9a, 9b, 9c, 11a, 11b, and 11c ction E. lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a or 1 ; Part IV, Section B, lines 1 a nd 3b; Part V, line 1; Part V,	7b; Part III, line 12; ind 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)				
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
NORTHLAND FOUNDATION	120,000.	415.
ELTH HEARTH CONN	236,531.	116,946.
ORDEAN FOUNDATION	361,000.	241,415.
		<u></u>
		<u></u>
		<u></u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization		Employer identification number			
LI	FE HOUSE, INC.	41-1704840			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule		•			
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules	•				
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of {1} \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fe the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LHA For Paperwork Redu	action Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)			

Name of organization

Employer identification number

LIFE	HOUSE,	INC
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LIFE :	HOUSE, INC.	41	-1704840
Part I	Contributors (See instructions). Use duplicate copies of Part if additional	l space is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 37,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$51,996.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>105,137.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 59,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of or	ganization		Employer identification number
LIFE	HOUSE, INC.		41-1704840
Part I	Contributors (See instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZłP + 4	(c) Total contribution	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
· · · ·		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
			Person

Noncash

(Complete Part II for noncash contributions.)

Employer identification number

LIFE	HOUSE.	INC
\mathbf{L}	TIOODE	T14C

41-1704840

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-		\$			

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.cov/torm990.

Open to Public Inspection

Employer identification number

Name of the organization

41-1704840 LIFE HOUSE, INC.

Pa	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
-	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		r— — —
Pa	Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	_ 1		2a
b			1 1
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d			
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation easi	ement is located 🕨	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ition easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items;		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	sures, or other sim <mark>ilar assets f</mark> or financia	al gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Congenization's acquisition, accession, and other records, chock any of the following that are a significant use of its cellsoction issues (chock, all that apply):	Sched	dule D (Form 990) 2016 LIFE HO			THE R. L	IT-100-THE-THE-THE-THE-THE-THE-THE-THE-THE-THE			CONTRACTOR AND THE STREET	04840	A
characteristics of the apply):	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, oi	r Othei	r Simila	r Assets	(continu	ed)
a Public exhibition d	. 3	Using the organization's acquisition, accession	on, and other record	s, check	any of the fe	ollowing that	are a sig	gnificant u	ise of its c	ollection it	ems
b Scholarly research e		(check all that apply):									
c Preservation for future generalisms 4 Previde 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 selector or recover donations of art, historical tressures, or other similar assets to be soid to regist read or a property of the similar assets Yes No reported an amount on Form 1900, Part X, line 21. 1a Is the organization an agent, trustae, custodian or other infermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustae, custodian or other infermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Biginning balance 16 Annount 2 Biginning balance 16 Annount 2 Biginning balance 16 Annount 3 Bid the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 3 Bid the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 4 Ending balance 17 Yes Part XIII 5 Ending balance 18 Period Part XIII 6 Ending balance 19 Period Part XIII 6 Ending balance 19 Period Part XIII 7 Ending balance 19 Period Part XIII 8 Ending balance 10 Period Part XIII 8 Ending balance 10 Period Part XIII 9 Ending balance 10 Period Part XIII 10 Period Part XIII 11 Beginning of year balance 10 Period Part XIII 12 Beginning of year balance 10 Period Part XIII 13 Beginning of year balance 10 Period Part XIII 14 Beginning of year balance 10 Period Part XIII 15 Period Part XIII 16 Period Part XIII 17 Period Part XIII 18 Period Part XIII 19 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Period Part XIII 10 Pe	а	Public exhibition	C								
Provide a description of the organization's collections and expain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assats to be add to raise funds rather than to be meintained as part of the organization's collection? Yes No	b	Scholarly research	€	, [Other			=			
6 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an aspect, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In 21. If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance	C	Preservation for future generations									
to be sold for raise funds rather than to be meintained as part of the organization's collection? Part IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is let the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is let the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 11. Beginning balance C Beginning balance C Beginning balance In India	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exer	npt purpo	se in Part	XIII.	
Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a is the organization an agent, trustee, outedrain or other intermediary for contributions or other assets not included on Form 996, Part XY Yes No b If "Yes," explain the arrangement in Part XIII and complete the following tables:	5	During the year, did the organization solicit o	r receive donations (of art, his	storical treas	ures, or othe	er similar	assets		_	
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in 990, Pa	(Marie a supple										No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	TIV. Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "	'Yes" on	Form 990), Part IV, I	ine 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Amount □ d d. □ d. □ d. □ d. □ d. □ d. □ d. □											
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for excrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part XI	1a	is the organization an agent, trustee, custodi	an or other intermed	liary for c	contributions	or other ass	sets not i	included	,		
d Additions during the year e Distributions during the year 1 te 1d 1e 1e 1e 1e 1e 1e									L	Yes	No
d Additions during the year Distributions during the year Ending balance 1e	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:						
d Additions during the year e Distributions during the year f Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b II "Yes," explain the arrangement in Fart 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 X, line 10. Part V: Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V: Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V: Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V: Endowment Funds. Complete if the organization is endowment that are held and administered for the organization pass (ii) related organizations Part V: Endowment Part XIII Endowment Part Yes" on Form 990, Part X, line 10. Part V: Endowment Part XIII Endowment Part Yes" on Form 990, Part X, line 11. See Form 990, Part X, line 10. Part V: Endowment Part XIII Endowment Part Yes" on Form 990, Part X, line 11. See Form 990, Part X, line 10. Part V: Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10. Description of property (a) Court or other basis (investment) (b) Cost or other basis (cher) (c) Accumulated dopraciation (d) Book value (d) Book value (d) Book value (d) Equipment (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easehold Improvements (e) Easeho								ļ		Amount	
e Distributions during the year f Ending balance 2 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 X, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships o 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 (al) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 33 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organization	C	Beginning balance						. 1c			
The finding balance 11 12 12 13 14 15 14 15 15 15 15 15	d	Additions during the year				,.,,		. 1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part XV. Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. [a) Current year	е	Distributions during the year				.,		. 1e			
Bit Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part XII	f	Ending balance				,,,,,,,		. 1f			
Pairt 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	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	stodial acco	unt liabil	ity?	 E	Yes	☐ No
Temporarily restricted endowment Security Securit	b										
1a 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 (al)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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) basis (other) basis (other) basis (investment) 1a Land b Buildings 1,409,574. 499,858. 909,716. c Leasehold improvements d Equipment 167,142. 58,417. 108,725. e Other 18,426.	Par	tV Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line	10.			
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 (at)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	rears back
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 (al)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
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 (al)) held as: a Board designated or quasi-endowment ▶	b	Contributions									•••
e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment											
e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment	d	Grants or scholarships									
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											
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		and programs									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) 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%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related 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 Buildings 1 1, 409, 574. 499, 858. 909, 716. c Leasehold improvements d Equipment 4 Equipment 1 167, 142. 58, 417. 108, 725. e Other Other	f										
a Board designated or quasi-endowment	g								••••		
a Board designated or quasi-endowment	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	j, column (a)) held as:					
b Permanent endowment \	а										
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (vi) related organizations (vii) related organizations (viii) related organizations (viiii)		-									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings 1,409,574. 499,858. 909,716. c Leasehold improvements d Equipment 20ther 18,426. 18,426.			%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Ū										
No (i) unrelated organizations 3a(i)	3a			ation that	t are held an	d administer	red for th	ne organiza	ation		
(ii) unrelated organizations (iii) related organizations (iii) satisfactors (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organ	-									[·	Yes No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 1,409,574. 499,858. 909,716. c Leasehold improvements d Equipment 2167,142. 58,417. 108,725. e Other 18,426.											
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings 1,409,574. 499,858. 909,716. Leasehold improvements d Equipment 20ther 18,426.		••									
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI	h	**			••••						
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 (other) 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other 18, 426.	4					-,-,					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property	Par			THINGIN I	arido:						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	194 250	<u> </u>) Part IV	/ line 11a S	ee Form 990	Part X	line 10			
basis (investment) basis (other) depreciation 1a Land 1.409,574. 499,858. 909,716. c Leasehold improvements 167,142. 58,417. 108,725. e Other 18,426. 18,426. 18,426.					1				he	(d) Book	value
1a Land b Buildings 1,409,574. 499,858. 909,716. c Leasehold improvements 167,142. 58,417. 108,725. e Other 18,426. 18,426. 108,426.		Description of property	1 ' '						F	(u) DOOR	Yalac
b Buildings 1,409,574. 499,858. 909,716. c Leasehold improvements d Equipment 167,142. 58,417. 108,725. e Other 18,426.		Land		,		, -,					
c Leasehold improvements d Equipment e Other 18,426. 18,426.					1.40	9.574				909	.716.
d Equipment 167,142. 58,417. 108,725. e Other 18,426.				_	, -0		-				,,25
e Other 18,426. 18,426.			I		1.6	7.142.		58.4	17.	108	.725.
1 000 000								/-	- · • -		
			•	X colum							

Schedule D (Form 990) 2016

Rart VII Investments Other Securities.	Earm 000 Port IV	lina 11h. Paa Earm 000 l	Part V Jino 10		's - An de Marianness
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	l-of-vear market valu	
	(b) Book value	(0) ((10.1)00 51 7	<u> </u>	, ,	
(1) Financial derivatives				" = "	
· ·					
(3) Other(A)	<u></u>				
(B)		-			
(C)	·				
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					ONCH
Part VIII Investments - Program Related.		· · · · · · · · · · · · · · · · · · ·			*******
Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV <u>.</u> (b) Book value	line 11c. See Form 990, (c) Method of v	Part X, line 13. valuation: Cost or en	d-of-year market val	ue
(1)					
(2)		· · · · · · · · · · · · · · · · · · ·			
(3)				-	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)		7.12/4/58/58/5 A.T. 7. 7. 7.	The state of the s	50 N 12 St. (pps)	
Complete if the organization answered "Yes" or	n Form 990. Part IV	line 11d. See Form 990	Part X. line 15.		
	escription	INE THE COOT OFFI COO,	Tarry mio ter	(b) Book valu	ne e
(1)	<u></u>				
(2)					
(3)					
[4]					
(5)			<u> </u>		
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	15.)		>		., <u> </u>
Complete if the organization answered "Yes" or	n Form 990. Part IV.	line 11e or 11f. See Fore	n 990. Part X. line 25	j.	
(a) Deportation of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value		5	
(1) Federal income taxes		· ··			(2) (3)
(2) RENT DEPOSITS		1,647.			
(3)			1		
(4)			1:		
(5)			15 33		
(6)		- · · · · · · · · · · · · · · · · · · ·			
(7)	-	···			
(8)					.•
(9)				्रा पूर्व सम	i. Zi
Total. (Column (b) must equal Form 990, Part X, col. (B) line:	25.)	1,647.			<u> </u>
The state of the s					

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 X Schedule D (Form 990) 2016

2

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

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

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

a Net unrealized gains (losses) on investments

b Donated services and use of facilities

c Recoveries of prior year grants

d Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)

Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

a Donated services and use of facilities

b Prior year adjustments

c Other losses

b Other (Describe in Part XIII.)

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

e Add lines 2a through 2d

Subtract line 2e from line 1

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 X, line 4; Part X, line 2; Part XI,

2a

2b

2c 2d

2b

2c

PART X, LINE 2:

d. Other (Describe in Part XIII.)

INCOME TAXES - LIFE HOUSE, INC. IS A TAX EXEMPT ORGNAIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, LIFE HOUSE, INC. IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES.

LIFE HOUSE, INC. IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN ALL INFORMATION. NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANICAL STATEMENTS. LIFE HOUSE, INC. HAS DETERMINED THERE ARE NOT AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX

Schedule D (Form 990) 2016 LIFE HOUSE, INC.	41-1704840 Page 5
Schedule D (Form 990) 2016 LIFE HOUSE, INC. [Part XIII Supplemental Information (continued)	
POSITIONS.	

	* · · · · ·

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

> Attach to Form 990 or Form 990-EZ.

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

20°16

Open to Public Inspection

Name of the organization LIFE HOU	SE. INC.					Employer idea $41-1704$	ntification number 8 4 0
	Complete if the organization answer	red "Y	es" or	Form 990, Part IV, I	ine 17		
1 Indicate whether the organization raise a	e Solicitat f Solicitat g Special oral agreement with any individual or VII) or entity in connection with products or entities (fundraisers) pursua	ion of ion of fundra (includ	non-ga govern ising a ing of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have of or con contribe	Did eiser istody trol of Hions?	(iv) Gross receipts from activity	1	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
12.00	-						
					<u></u>		
							
••••							
Total 3 List all states in which the organization		ontrib	 utions	or has been notified	it is e	exempt from re	Jgistration
or licensing.							<u>.</u> .
							 .

41 –	1704840 Page 2
ne 18, or reported i	more than \$15,000
	s greater than \$5,000.
e) Other events NONE	(d) Total events (add col. (a) through
(total number)	col. (c))
	43,685.
	35,450.
	8,235.
	6,465.
	4 000
>	4,273.
ed more than	-2,503.
	(d) Total gaming fold
) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Yes %	
No	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, li of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events (a) Event #1 (b) Event #2 NIGHT TO SHINE SPONSO (event type) (event type) 43,685. 1 Gross receipts 35,450. 2 Less; Contributions 8,235. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 6,465. Food and beverages 7 8 Entertainment 4,273. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or repor \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (a) Bingo (c Revenue bingo/progressive bingo Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016 LIFE HOUSE, INC.

Sch	edule G (Form 990 or 990-EZ) 2016 LIFE HOUSE, INC. 4	1 - 1	7048	40	Page 3
	Does the organization conduct gaming activities with nonmembers?		Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Пу	'es	No
13	Indicate the percentage of gaming activity conducted in:		ш.	0.0	
			1-0-		07
	The organization's facility		13a		%
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name >				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Υ	'es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount	ŧ			
	of gaming revenue retained by the third party 🕨 🕏				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided >				
	Director/officer Employee Independent contractor				
47	Mandatory distributions				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			,	
	retain the state gaming license?		Ш Ұ	es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe			
	organization's own exempt activities during the tax year 🕨 💲	********			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	.III, lin	ies 9, 9l	o, 10I	o, 15b,
				•	

Schedule G	(Form 990 or 990-EZ) Supplemental Info	LIFE HOUSE,	INC.	41-1704840 Page 4
Part IV	Supplemental Info	rmation (continued)		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Freasury

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.

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

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LIFE HOUSE, INC.

Employer identification number 41-1704840

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO HELP HIGH-RISK KIDS BREAK THE CYCLE OF POVERTY, HOMELESSNESS,

ISOLATION AND ABUSE BY OFFERING ON-SITE ACCESS TO EMERGENCY NEEDS

(FOOD, SHELTER, BASIC HEALTH CARE), INDEPENDENT LIVING SKILLS CLASSES

AND SUPPORT SERVICES FOR HOUSING, EDUCATION, AND EMPLOYMENT GOALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACCESSED, AND TO PROVIDE ONGOING SUPPORT TO ENSURE SUCCESS IN SAFE

HOUSING, SCHOOL, JOBS, AND HEALTHY LIFESTYLE CHANGES. THE LIFE HOUSE

SUPPORT SERVICES ARE AVAILABLE FOR LOW-INCOME YOUTH 16-20, MONDAY

THROUGH FRIDAY, 9AM-6PM.

THE MENTAL HEALTH & WELLNESS PROGRAM SEEKS TO IMPROVE THE OVERALL

WELLNESS OF AT-RISK AND HOMELESS YOUTH BY ADDRESSING CLIENT-IDENTIFIED

NEEDS IN MENTAL, CHEMICAL, DENTAL, PHYSICAL AND SPIRITUAL HEALTH.

STAFFED BY A LICENSED MENTAL HEALTH PROFESSIONAL, AN ALCOHOL AND DRUG

SPECIALIST, AND A TRANSITIONAL ASSERTIVE COMMUNITY TREATMENT (T-ACT)

CASE MANAGER, THE PROGRAM UTILIZES A TRAUMA-INFORMED, HARM REDUCTION

APPROACH. COMPREHENSIVE SERVICES INCLUDE CRISIS INTERVENTION AND RISK

ASSESSMENT, MENTAL HEALTH SCREENING, DIAGNOSTIC ASSESSMENTS, RULE 25

CHEMICAL USE AND PLACEMENT ASSESSMENTS, INDIVIDUAL THERAPY, AFTERCARE

SUPPORT/RELAPSE PREVENTION, AND EDUCATIONAL/SUPPORT GROUPS. INTENSIVE

CASE MANAGEMENT SERVICES INCLUDE INDIVIDUALIZED TREATMENT PLANNING,

ASSISTANCE ACCESSING INSURANCE AND HEALTHCARE, AS WELL AS REFERRAL TO

RESIDENTIAL TREATMENT, OUT-PATIENT CARE, ETC.

THE FUTURES PROGRAM PROVIDES A PATHWAY FOR YOUTH WHO HAVE BEEN EXPELLED

OR DROPPED OUT OF SCHOOL AND HAVE LITTLE TO NO JOB EXPERIENCE TO

FURTHER THEIR EDUCATION AND EMPLOYMENT SKILLS WHILE WORKING TOWARD

RECONNECTING TO CONVENTIONAL SYSTEMS. FUTURES EDUCATION OFFERS

FLEXIBLE, ON-SITE EDUCATIONAL PROGRAMMING: ONE-ON-ONE TUTORING TO

IMPROVE LITERACY, HOMEWORK HELP, ACADEMIC ASSESSMENTS, INDIVIDUALIZED

LEARNING PLANS, ONLINE COURSEWORK FOR CREDIT RECOVERY, GED PREPARATION

AND FINANCIAL ASSISTANCE WITH TESTING FEES. FUTURES EMPLOYMENT UTILIZES

AN INDIVIDUAL PLACEMENT AND SUPPORT (IPS) EMPLOYMENT MODEL, HELPING

YOUTH WHO HAVE MULTIPLE BARRIERS TO LOCATE AND MAINTAIN JOBS IN THE

COMMUNITY. THE EMPLOYMENT CASE MANAGER ASSISTS YOUTH IN ALL ASPECTS OF

THE JOB READINESS, JOB TRAINING AND JOB EXPERIENCE INCLUDING RESUME

BUILDING, MOCK INTERVIEWS, JOB SEARCH AND JOB RETENTION SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11B:

PRINT A COMPLETED FORM 990 AND ALL NECESSARY SCHEDULES, INCOME STATEMENTS,

BALANCE SHEETS, AND CONTRIBUTION LISTS. THE FINANCE COMMITTEE THEN MEETS

AND GOES OVER 990 AND SCHEDULES.

FORM 990, PART VI, SECTION B, LINE 12C:

AT LIFE HOUSE BOARD MEETING, BUSINESS DECISIONS ARE DISCUSSED TO SEE IF

THERE ARE ANY CONFLICTS OF INTEREST. THE CONFLICT OF INTEREST POLICIES ARE
REVIEWED YEARLY TO REMIND EVERYONE AS TO WHAT IS EXPECTED.

FORM 990, PART VI, SECTION B, LINE 15:

-THE LIFE HOUSE BOARD MADE COMPARISONS TO OTHER DULUTH AREA NON-PROFITS
-THE LIFE HOUSE BOARD REFERENCED THE MN NON-PROFIT SALARY AND BENEFIT GUIDE

Schedule O (Form 990 or 990 F.Z) (2016)	Page 2
Name of the organization LIFE HOUSE, INC.	Employer identification number
FORM 990, PART VI, SECTION C, LINE 19:	
WE PROVIDE COPIES UPON REQUEST. IT IS ALSO AVAILABLE ONLIN	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN	INDEPENDENT
ACCOUTANT HAS NOT CHANGED DURING THE TAX YEAR.	
	AMADINA AL 100
	.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print LIFE HOUSE, INC. 41-1704840 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due dato foi filing your 102 WEST 1ST STREET raturn, Sca instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, MN 55802-2006 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 **Application** Return Application Return Is For Code Is Far Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 RYAN IRLBECK - FINANCE DIRECTOR The books are in the care of > 102 WEST 1ST STREET - DULUTH, MN 55802-2006 Telephone No. ► 218-722-7431 Fax No. ➤ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ➤ X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b c Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)