

**ELO Prof LLC  
PO Box 249  
Mitchell, SD 57301  
605-996-7717**

November 28, 2016

**CONFIDENTIAL**

LIFEQUEST, INC  
804 NORTH MENTZER  
MITCHELL, SD 57301

Dear Mark:

We have prepared the enclosed returns from information you provided; we suggest that you examine them carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

No payment is required. Your Form 990 for the year ended 6/30/16 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

ELO Prof LLC  
PO Box 249  
Mitchell, SD 57301

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If any of the returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any

significant changes in your financial affairs or of any correspondence received from taxing authorities. Additional fees for services may be billed by ELO relating to IRS correspondence or inquiry.

If you have any questions, or if we can be of assistance in any way, please call.

Thank you for the opportunity to provide you with our services.

ELO Prof LLC

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 2016

**2015**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

**LIFEQUEST, INC**

Employer identification number

**46-0348946**

Name and title of officer

**MARK LIMBERG  
BUSINESS MANAGER**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	<b>9,367,274</b>
2a	Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **ELO PROF LLC** to enter my PIN **48946** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/08/16**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**46034977174**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } **11/08/16**

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>LIFEQUEST, INC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>804 NORTH MENTZER</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>MITCHELL SD 57301</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>46-0348946</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>605-996-2032</b></p> <b>G</b> Gross receipts\$ <b>9,477,765</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>MARK LIMBERG</b> <b>804 N MENTZER</b> <b>MITCHELL SD 57301</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>U</b>
<b>J</b> Website: <b>WWW.LIFEQUESTSD.COM</b>		<b>L</b> Year of formation: <b>1970</b> <b>M</b> State of legal domicile: <b>SD</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO PROVIDE SUPPORTS AND SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>948</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,995,884</b>	<b>2,042,763</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,050,017</b>	<b>6,178,943</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>208</b>	<b>83</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,078,657</b>	<b>1,145,485</b>
		<b>9,124,766</b>	<b>9,367,274</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>6,903,168</b>	<b>6,925,818</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> <b>78,259</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>2,253,753</b>	<b>2,296,368</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>9,156,921</b>	<b>9,222,186</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-32,155</b>	<b>145,088</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,996,842</b>	<b>3,070,613</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,274,460</b>	<b>1,203,143</b>
		<b>1,722,382</b>	<b>1,867,470</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>MARK LIMBERG</b></p>	Date <p style="text-align: center;"><b>BUSINESS MANAGER</b></p>	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMIE A ELDEEN, CPA</b>	Preparer's signature Date <b>11/28/16</b>	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name } <b>ELO PROF LLC</b> <b>PO BOX 249</b> Firm's address } <b>MITCHELL, SD 57301</b>	Firm's EIN } Phone no. <b>605-996-7717</b>	

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO PROVIDE SUPPORTS AND SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  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 \$ **2,764,439** including grants of \$ ) (Revenue \$ )

**LIFEQUEST PROVIDES VOCATIONAL SERVICES (TRAINING, JOB COACHING, JOB PLACEMENT, FOLLOW UP, ETC) TO APPROXIMATELY 150 PEOPLE WHO HAVE DEVELOPMENTAL DISABILITIES. ABOUT 75 HAVE JOBS IN THE COMMUNITY AND ABOUT 75 RECEIVE VOCATIONAL TRAINING AT THE AGENCY'S DAY PROGRAM (M-F, 9:00 A.M.-3:30 P.M.).**

4b (Code: ) (Expenses \$ **3,420,736** including grants of \$ ) (Revenue \$ )

**LIFEQUEST PROVIDES RESIDENTIAL SERVICES TO ABOUT 135 PEOPLE WHO HAVE DEVELOPMENTAL DISABILITIES - 45 IN GROUP HOMES, 35 IN SUPERVISED APARTMENTS, AND 55 IN MONITORED APARTMENTS IN THE COMMUNITY. STAFF PROVIDE SUPPORT SERVICES OF ALL KINDS - PERSONAL CARE, FOOD SERVICES, SHOPPING, TRANSPORTATION, SOCIAL-RECREATIONAL SUPPORTS, ETC.**

4c (Code: ) (Expenses \$ **1,554,407** including grants of \$ ) (Revenue \$ )

**LIFEQUEST PROVIDES FAMILY SUPPORT SERVICES (SERVICE COORDINATION, FINANCIAL ASSISTANCE, RESPITE CARE, PERSONAL CARE, ETC.) TO ABOUT 700 FAMILIES AROUND THE STATE OF SOUTH DAKOTA SO THAT THEY CAN KEEP THEIR SONS AND DAUGHTERS AT HOME, TO PREVENT OUT-OF-HOME PLACEMENT.**

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

(Expenses \$ **665,436** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **8,405,018**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> <b>13</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> <b>13</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:

**MARK LIMBERG**  
**MITCHELL**

**804 N MENTZER**

**SD 57301**

**605-990-7828**

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

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

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

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>CARL BECKSTROM</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) <b>JEFF SMITH</b>	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(3) <b>KEN STACH</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) <b>RENEE ROBBINS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>ABBIE TITZE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>STEVE MORGAN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>JOE CHILDS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>MELANIE MULLENMEISTER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>LYNDON OVERWEG</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>WYONNE KAEMINGK</b>	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(11) <b>MIKE TOBIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>CHRIS LIPPERT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>STEVE VAN GENDEREN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>PAM HANNA</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			64,132	0	4,966	
(15) <b>MARK LIMBERG</b>	40.00									
BUSINESS MANAGER	0.00			X			61,471	0	5,473	
<b>1b Sub-total</b>							<b>125,603</b>		<b>10,439</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>125,603</b>		<b>10,439</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>1,702,416</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>340,347</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>U</b>	<b>2,042,763</b>				
	<b>Program Service Revenue</b>	<b>2a</b> FEES	Busn. Code	<b>5,849,833</b>	<b>5,849,833</b>		
<b>b</b> ROOM & BOARD			<b>233,633</b>	<b>233,633</b>			
<b>c</b> RENTAL ASSISTANCE			<b>95,477</b>	<b>95,477</b>			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>U</b>	<b>6,178,943</b>				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>U</b>	<b>83</b>			<b>83</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>U</b>					
	<b>5</b> Royalties	<b>U</b>					
	<b>6a</b> Gross rents	(i) Real	<b>119,678</b>				
		(ii) Personal					
		<b>b</b> Less: rental exps.	<b>110,491</b>				
	<b>c</b> Rental inc. or (loss)	<b>9,187</b>					
	<b>d</b> Net rental income or (loss)	<b>U</b>	<b>9,187</b>	<b>9,187</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>U</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events		<b>U</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>U</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>U</b>					
Miscellaneous Revenue		Busn. Code					
<b>11a</b> PRODUCTION		<b>1,100,174</b>	<b>1,100,174</b>				
<b>b</b> MISCELLANEOUS		<b>36,124</b>	<b>36,124</b>				
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>U</b>	<b>1,136,298</b>					
<b>12 Total revenue.</b> See instructions.	<b>U</b>	<b>9,367,274</b>	<b>7,324,428</b>	<b>0</b>	<b>83</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	132,164		132,164	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,538		3,538	
7 Other salaries and wages	5,520,429	5,215,436	249,694	55,299
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	131,896	119,064	10,061	2,771
9 Other employee benefits	707,649	649,657	57,479	513
10 Payroll taxes	430,142	397,137	28,765	4,240
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	118,457	16,892	101,565	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	4,677		4,677	
13 Office expenses	44,648	20,061	13,928	10,659
14 Information technology				
15 Royalties				
16 Occupancy	272,363	245,478	26,494	391
17 Travel	173,209	157,050	16,159	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	31,823	28,930	2,893	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,829	105,200	27,629	
23 Insurance	139,293	132,193	6,480	620
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION SUPPLIES	606,120	606,120		
b GRANT EXPENSE	461,346	461,346		
c FOOD & DIETARY SUPPLIES	105,938	102,730	1,083	2,125
d MEDICAL SUPPLIES	49,965	49,965		
e All other expenses	155,700	97,759	56,300	1,641
25 Total functional expenses. Add lines 1 through 24e	9,222,186	8,405,018	738,909	78,259
26 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	466,329	1	572,488
	2	Savings and temporary cash investments	316,328	2	372,610
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	858,073	4	835,791
	5	Loans and other receivables from current and former officers, directors, 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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	125,459	8	91,590
	9	Prepaid expenses and deferred charges		9	16,807
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,728,427		
	b	Less: accumulated depreciation	10b 3,547,100	10c 1,230,653	1,181,327
	11	Investments—publicly traded securities		11	
	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		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,996,842	16	3,070,613	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	518,888	17	546,166
	18	Grants payable		18	
	19	Deferred revenue	78,501	19	18,637
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	677,071	23	638,340
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,274,460	26	1,203,143
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,722,382	27	1,867,470
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,722,382	33	1,867,470	
34	<b>Total liabilities and net assets/fund balances</b>	2,996,842	34	3,070,613	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>9,367,274</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>9,222,186</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>145,088</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,722,382</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,867,470</b>

**Part XII Financial Statements and Reporting**

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

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

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

**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.

U Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**LIFEQUEST, INC**

Employer identification number

**46-0348946**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 10  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>U</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,913,803	1,859,023	1,834,622	1,995,884	2,042,763	9,646,095
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,008,017	7,269,412	7,219,821	7,238,649	7,434,919	36,170,818
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	8,921,820	9,128,435	9,054,443	9,234,533	9,477,682	45,816,913
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						45,816,913

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>U</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6	8,921,820	9,128,435	9,054,443	9,234,533	9,477,682	45,816,913
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	671	396	256	208	83	1,614
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	671	396	256	208	83	1,614
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	8,922,491	9,128,831	9,054,699	9,234,741	9,477,765	45,818,527

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	99.99 %

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> 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 L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).





**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

⌵ **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](http://www.irs.gov/form990).**

**Name of the organization**

**Employer identification number**

**LIFEQUEST, INC**

**46-0348946**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 cruelty to children or animals. Complete Parts I, II, and III.

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, 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. Do not 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 ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

**LIFEQUEST, INC**

Employer identification number

**46-0348946**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIFEQUEST FOUNDATION 804 N MENTZER MITCHELL SD 57301	\$ 230,609	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

LIFEQUEST, INC

Employer identification number

46-0348946

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: U \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**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 .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>138,389</b>		<b>138,389</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>127,365</b>	<b>127,365</b>	
<b>e</b> Other .....		<b>4,462,673</b>	<b>3,419,735</b>	<b>1,042,938</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>1,181,327</b>

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**LIFEQUEST, INC**

Employer identification number

**46-0348946**

**FORM 990, PART I, LINE 6**

**BOARD MEMBERS ARE VOLUNTEERS**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

**OTHER PROGRAMS INCLUDE 1) SERVICE COORDINATORS, WHO**

**COORDINATE THE VARIOUS SERVICES PEOPLE WITH DISABILITIES**

**RECEIVE FROM THE ORGANIZATION AND 2) NURSING/MEDICAL CARE,**

**WHICH PROVIDES FOR BASIC NURSING AND MEDICAL CARE FOR THE**

**PEOPLE WITH DISABILITIES RECEIVING SERVICES THROUGH THE**

**ORGANIZATION.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**A COPY OF THE 990 IS REVIEWED AT A MONTHLY BOARD MEETING PRIOR TO ITS**

**FILING**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY IS MADE KNOWN TO ALL BOARD**

**MEMBERS AND EMPLOYEES THROUGH THE ORGANIZATION'S WRITTEN POLICIES AND**

**PROCEDURES DOCUMENT. CONFLICTS ARE TO BE REPORTED AS THEY ARISE, AND ARE**

**NOT NECESSARILY DISCLOSED ON AN ANNUAL BASIS.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS. STUDIES**

**ARE CONDUCTED TO DETERMINE COMPARATIVE SALARIES FOR SIMILAR ORGANIZATIONS**

**AROUND THE STATE, AND THESE STUDIES ARE USED TO ULTIMATELY DETERMINE**

Name of the organization

Employer identification number

**LIFEQUEST, INC**

**46-0348946**

**COMPENSATION LEVELS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**SAME PROCESS AS FOR THE EXECUTIVE DIRECTOR.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.**



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

☐ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

☐ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

**LIFEQUEST, INC**

Employer identification number

**46-0348946**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>LIFEQUEST FOUNDATION, INC</b> 804 N MENTZER 36-3641131 MITCHELL SD 57301	<b>FUNDRAISIN</b>	<b>SD</b>	<b>501C3</b>	<b>7</b>	<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

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

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

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>LIFEQUEST FOUNDATION, INC</b>	<b>C</b>	<b>230,609</b>	<b>CASH GIFT - BUDGET</b>
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

U Attach to your tax return.

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

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

Name(s) shown on return

**LIFEQUEST, INC**

Identifying number

**46-0348946**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

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

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	132,826

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	132,826
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

## Tax Depreciation

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
<b>Group: 200-000 Furn &amp; Fixt</b>												
1	Fire Proof Cabinet	9/15/80		S/L-MO	5.00	700	0	0	700	0	700	0
42	Desk-Secretary's	3/15/82		S/L-MO	5.00	309	0	0	309	0	309	0
43	Blinds	9/15/84		S/L-MO	5.00	710	0	0	710	0	710	0
44	Fire Proof Cabinet	9/15/84		S/L-MO	5.00	756	0	0	756	0	756	0
45	Addition Furniture	5/15/85		S/L-MO	5.00	11,073	0	0	11,073	0	11,073	0
46	Addition Furniture	9/15/85		S/L-MO	5.00	3,691	0	0	3,691	0	3,691	0
47	Computer Furniture	12/15/85		S/L-MO	5.00	288	0	0	288	0	288	0
48	Tables (6) - Quill	7/15/87		S/L-MO	5.00	319	0	0	319	0	319	0
49	Furnishings - BPI	9/15/87		S/L-MO	5.00	1,033	0	0	1,033	0	1,033	0
50	Chairs - Triangle	10/15/87		S/L-MO	5.00	927	0	0	927	0	927	0
51	Furnishings - BPI	6/15/90		S/L-MO	5.00	3,521	0	0	3,521	0	3,521	0
52	Furnishings - McLeod's	6/15/90		S/L-MO	5.00	1,291	0	0	1,291	0	1,291	0
53	Furnishings - BPI/McLeod's	7/15/90		S/L-MO	5.00	6,266	0	0	6,266	0	6,266	0
54	Furnishings - McLeod's	2/15/94		S/L-MO	5.00	625	0	0	625	0	625	0
55	Furnishing-McLeod's	6/15/95		S/L-MO	5.00	1,504	0	0	1,504	0	1,504	0
56	Furnishings - Menards	10/15/96		S/L-MO	5.00	2,662	0	0	2,662	0	2,662	0
57	Changing Tables	4/15/99		S/L-MO	5.00	12,267	0	0	12,267	0	12,267	0
58	Addition Furniture - 20 Years	4/15/99		S/L-MO	20.00	10,188	0	0	8,316	510	8,826	1,362
59	Addition Furniture - 15 Years	3/15/99		S/L-MO	15.00	21,547	0	0	21,547	0	21,547	0
60	Addition Furniture - 10 Years	3/15/99		S/L-MO	10.00	5,171	0	0	5,171	0	5,171	0
61	Addition Furniture - 5 Years	3/15/99		S/L-MO	5.00	304	0	0	304	0	304	0
62	Blinds - BAR R&B Homes	10/15/05		S/L-MO	10.00	3,676	0	0	3,586	90	3,676	0
63	Furniture & Fix. - GSA	2/15/81		S/L-MO	5.00	9,152	0	0	9,152	0	9,152	0
65	File Cabinet - GSA	9/15/87		S/L-MO	5.00	135	0	0	135	0	135	0
69	File Cabinet - NK	9/15/87		S/L-MO	5.00	135	0	0	135	0	135	0
<b>200-000 Furn &amp; Fixt</b>						<u>98,250</u>	<u>0</u>	<u>0</u>	<u>96,288</u>	<u>600</u>	<u>96,888</u>	<u>1,362</u>
<b>Group: 200-520 Furn &amp; Fixt - GSA</b>												
241	Table/Chairs	6/15/95		S/L-MO	5.00	1,400	0	0	1,400	0	1,400	0
242	Chairs	8/15/95		S/L-MO	5.00	1,004	0	0	1,004	0	1,004	0
<b>200-520 Furn &amp; Fixt - GSA</b>						<u>2,404</u>	<u>0</u>	<u>0</u>	<u>2,404</u>	<u>0</u>	<u>2,404</u>	<u>0</u>
<b>Group: 200-530 Furn &amp; Fixt - EE</b>												
41	FY 2009 IMPROVEMENTS	5/31/09		S/L-MO	10.00	9,639	0	0	5,936	964	6,900	2,739
404	2011 BUILDING IMPROVEMENTS	8/01/10		S/L-MO	10.00	16,290	0	0	8,009	1,629	9,638	6,652
<b>200-530 Furn &amp; Fixt - EE</b>						<u>25,929</u>	<u>0</u>	<u>0</u>	<u>13,945</u>	<u>2,593</u>	<u>16,538</u>	<u>9,391</u>
<b>Group: 200-540 Furn &amp; Fixt - NK</b>												
265	Table/Chairs-This End Up	10/15/97		S/L-MO	5.00	2,342	0	0	2,342	0	2,342	0
269	Furniture Associates	3/15/06		S/L-MO	12.00	3,804	0	0	2,959	317	3,276	528
<b>200-540 Furn &amp; Fixt - NK</b>						<u>6,146</u>	<u>0</u>	<u>0</u>	<u>5,301</u>	<u>317</u>	<u>5,618</u>	<u>528</u>
<b>Group: 200-550 Furn &amp; Fixt - CA</b>												
15	CARPETING - CA	6/15/07		S/L-MO	10.00	2,190	0	0	1,770	219	1,989	201
<b>200-550 Furn &amp; Fixt - CA</b>						<u>2,190</u>	<u>0</u>	<u>0</u>	<u>1,770</u>	<u>219</u>	<u>1,989</u>	<u>201</u>

## Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
<b>Group: 210-000 EQUIPMENT</b>												
3	PATIENT LIFT	1/15/07		S/L-MO	5.00	2,530	0	0	2,530	0	2,530	0
5	2005 DODGE CARAVAN	9/15/06		S/L-MO	4.00	12,000	0	0	12,000	0	12,000	0
6	2006 FORD TAURUS	9/15/06		S/L-MO	4.00	11,500	0	0	11,500	0	11,500	0
17	POSTAGE PRINTER	7/15/06		S/L-MO	5.00	12,120	0	0	12,120	0	12,120	0
20	LIFT	4/01/08		S/L-MO	5.00	3,122	0	0	3,122	0	3,122	0
21	2007 FORD TAURUS	7/01/07		S/L-MO	4.00	10,995	0	0	10,995	0	10,995	0
22	2005 DODGE CARAVAN	9/01/07		S/L-MO	4.00	12,000	0	0	12,000	0	12,000	0
23	2007 FORD TAURUS	2/01/08		S/L-MO	4.00	9,500	0	0	9,500	0	9,500	0
24	CARPETING - CA #1 & #3	3/31/09		S/L-MO	10.00	4,261	0	0	2,663	426	3,089	1,172
25	MARBLE SHOWER - CA	2/28/09		S/L-MO	10.00	3,955	0	0	2,505	395	2,900	1,055
26	WINDOWS - EE	5/31/09		S/L-MO	10.00	1,190	0	0	724	119	843	347
27	DELL COMPUTERS/NOTEBOOKS	7/31/08		S/L-MO	5.00	8,749	0	0	8,749	0	8,749	0
28	2 SERVERS - TECH SOLUTIONS	8/31/08		S/L-MO	5.00	6,423	0	0	6,423	0	6,423	0
29	2005 DODGE GRAND CARAVAN	7/31/08		S/L-MO	4.00	7,900	0	0	7,900	0	7,900	0
30	2007 CHEVY IMPALA	8/31/08		S/L-MO	4.00	12,000	0	0	12,000	0	12,000	0
31	BATHING UNIT (GSA)	3/31/09		S/L-MO	10.00	10,754	0	0	6,811	1,076	7,887	2,867
36	2007 DODGE REAR LIFT VAN	1/15/10		S/L-MO	4.00	21,150	0	0	21,150	0	21,150	0
37	2006 DODGE REAR LIFT VAN	1/15/10		S/L-MO	4.00	21,650	0	0	21,650	0	21,650	0
38	NEW LIFEQUEST1 SERVER/INSTALLATION	7/15/09		S/L-MO	5.00	5,507	0	0	5,507	0	5,507	0
39	DIGITAL COPIER	7/15/09		S/L-MO	5.00	6,899	0	0	6,899	0	6,899	0
40	18 DESKTOPS/1 LAPTOP - TECH SOLUTIONS	10/15/09		S/L-MO	5.00	14,269	0	0	14,269	0	14,269	0
75	Equipment GSA/DP - Lifts	1/15/96		S/L-MO	5.00	3,189	0	0	3,189	0	3,189	0
77	Equipment-Scale	5/15/96		S/L-MO	5.00	1,842	0	0	1,842	0	1,842	0
78	Equipment-Lifts	9/15/96		S/L-MO	5.00	1,512	0	0	1,512	0	1,512	0
79	Mitchell Security	7/15/97		S/L-MO	5.00	2,074	0	0	2,074	0	2,074	0
80	PT Table	8/15/97		S/L-MO	5.00	669	0	0	669	0	669	0
81	New Signs	6/15/99		S/L-MO	5.00	5,029	0	0	5,029	0	5,029	0
82	Bathing Unit (NK)	9/15/99		S/L-MO	10.00	11,748	0	0	11,748	0	11,748	0
83	NuStep Exercise Bike	10/15/00		S/L-MO	5.00	3,146	0	0	3,146	0	3,146	0
84	Lifts - Day Program	1/15/01		S/L-MO	5.00	5,151	0	0	5,151	0	5,151	0
85	Lifts	1/15/01		S/L-MO	5.00	2,984	0	0	2,984	0	2,984	0
87	Sound System	7/15/01		S/L-MO	5.00	1,599	0	0	1,599	0	1,599	0
88	Lifts (2)	10/15/01		S/L-MO	5.00	4,475	0	0	4,475	0	4,475	0
89	Blood Pressure Machine	4/15/02		S/L-MO	5.00	1,980	0	0	1,980	0	1,980	0
90	Lifts (2)	1/15/03		S/L-MO	5.00	4,475	0	0	4,475	0	4,475	0
91	Lifts (2)	1/15/04		S/L-MO	5.00	4,475	0	0	4,475	0	4,475	0
92	Alternative Equipment (new location)	6/15/04		S/L-MO	5.00	2,210	0	0	2,210	0	2,210	0
94	Lift	1/15/05		S/L-MO	5.00	2,360	0	0	2,360	0	2,360	0
95	Bath Lift Chair	3/15/05		S/L-MO	5.00	1,207	0	0	1,207	0	1,207	0
96	Appliances for BAR R&B McL	11/15/05		S/L-MO	10.00	7,190	0	0	6,951	239	7,190	0
99	Valpar Testing Equipment	12/15/04		S/L-MO	10.00	8,140	0	0	7,937	203	8,140	0
104	Stove	9/15/88		S/L-MO	5.00	500	0	0	500	0	500	0
105	Steam Table - Inserts	8/15/89		S/L-MO	5.00	650	0	0	650	0	650	0
106	Dishwasher	6/15/90		S/L-MO	5.00	12,000	0	0	12,000	0	12,000	0
108	Steam Table	2/15/06		S/L-MO	10.00	4,534	0	0	4,268	266	4,534	0
129	Green Lift Van 1997	12/15/01		S/L-MO	4.00	18,600	0	0	18,600	0	18,600	0
131	Dodge Caravan Lift Van 1999	12/15/02		S/L-MO	4.00	23,910	0	0	23,910	0	23,910	0
132	1994 Chevy Truck C3500	4/15/03		S/L-MO	4.00	10,100	0	0	10,100	0	10,100	0
133	1995 Ford GCH Bus (Palace Trans.)	7/15/03		S/L-MO	4.00	2,800	0	0	2,800	0	2,800	0
137	2000 Chevy G3500 12 pass. Van	9/15/04		S/L-MO	4.00	10,000	0	0	10,000	0	10,000	0
138	2001 Dodge Gr. Caravan Silver	12/15/04		S/L-MO	4.00	9,000	0	0	9,000	0	9,000	0
140	2003 Dodge Gr. Caravan Blue	7/15/05		S/L-MO	4.00	11,000	0	0	11,000	0	11,000	0
141	2004 Pontiac Montana Van	7/15/05		S/L-MO	4.00	11,500	0	0	11,500	0	11,500	0
142	2001 Chrysler T&C Blue	9/15/05		S/L-MO	4.00	10,000	0	0	10,000	0	10,000	0
143	2002 Dodge Gr. Caravan Silver	10/15/05		S/L-MO	4.00	11,000	0	0	11,000	0	11,000	0
146	Compressor	9/15/86		S/L-MO	5.00	3,725	0	0	3,725	0	3,725	0



## Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
<b>Group: 210-000 EQUIPMENT (continued)</b>												
148	Tractor/Loader	9/15/91		S/L-MO	5.00	6,611	0	0	6,611	0	6,611	0
154	Strapping Machine	8/15/99		S/L-MO	5.00	1,850	0	0	1,850	0	1,850	0
156	Strapping Machine	9/15/01		S/L-MO	10.00	2,041	0	0	2,041	0	2,041	0
157	Shampooer	7/15/04		S/L-MO	5.00	2,741	0	0	2,741	0	2,741	0
158	Bath Lift Unit WA	12/15/04		S/L-MO	5.00	1,155	0	0	1,155	0	1,155	0
163	Upgrade - March 1989	3/15/89		S/L-MO	5.00	1,372	0	0	1,372	0	1,372	0
196	Dynamics Accounting Software	9/15/02		S/L-MO	5.00	29,000	0	0	29,000	0	29,000	0
199	3 Laser Printers	12/15/03		S/L-MO	5.00	5,322	0	0	5,322	0	5,322	0
200	Great Plains HR Module Software	12/15/03		S/L-MO	5.00	5,932	0	0	5,932	0	5,932	0
207	PTO Software (InterDyn)	4/15/06		S/L-MO	5.00	3,004	0	0	3,004	0	3,004	0
208	Network Printer (TWA)	4/15/06		S/L-MO	5.00	1,834	0	0	1,834	0	1,834	0
211	Prod. Equipment	9/15/83		S/L-MO	5.00	12,928	0	0	12,928	0	12,928	0
214	Point Saw	8/15/88		S/L-MO	5.00	851	0	0	851	0	851	0
215	Banding Equipment	8/15/88		S/L-MO	5.00	1,095	0	0	1,095	0	1,095	0
216	Gang Rip Saw	7/15/90		S/L-MO	5.00	10,100	0	0	10,100	0	10,100	0
217	Gang Rip Saw	9/15/90		S/L-MO	5.00	1,476	0	0	1,476	0	1,476	0
218	Strapper	8/15/91		S/L-MO	5.00	2,113	0	0	2,113	0	2,113	0
219	Compressor	2/15/92		S/L-MO	5.00	1,525	0	0	1,525	0	1,525	0
220	Notcher	1/15/94		S/L-MO	5.00	9,625	0	0	9,625	0	9,625	0
221	Point Saw	6/15/95		S/L-MO	5.00	4,454	0	0	4,454	0	4,454	0
224	Saw-Fast	9/15/95		S/L-MO	5.00	8,596	0	0	8,596	0	8,596	0
225	Production Equipment	7/15/98		S/L-MO	5.00	2,270	0	0	2,270	0	2,270	0
226	Production Equipment	9/15/98		S/L-MO	5.00	10,846	0	0	10,846	0	10,846	0
227	Production Equipment	10/15/98		S/L-MO	5.00	2,348	0	0	2,348	0	2,348	0
228	Production Equipment	12/15/98		S/L-MO	5.00	5,439	0	0	5,439	0	5,439	0
229	Production Equipment	6/15/00		S/L-MO	5.00	16,296	0	0	16,296	0	16,296	0
230	Board Deduster	2/15/01		S/L-MO	5.00	5,200	0	0	5,200	0	5,200	0
231	Nailers	6/15/02		S/L-MO	5.00	1,050	0	0	1,050	0	1,050	0
232	Table Saw	4/15/05		S/L-MO	5.00	1,394	0	0	1,394	0	1,394	0
399	2010 CHEVY IMPALA	8/01/10		S/L-MO	4.00	12,000	0	0	12,000	0	12,000	0
400	2010 WHITE CHEVY IMPALA	10/01/10		S/L-MO	4.00	13,000	0	0	13,000	0	13,000	0
401	WHITE PRODUCTION TRUCK	10/01/10		S/L-MO	4.00	10,000	0	0	10,000	0	10,000	0
402	08 CHRYSLER VAN	1/01/11		S/L-MO	4.00	11,445	0	0	11,445	0	11,445	0
403	09 CHEVY IMPALA	1/01/11		S/L-MO	4.00	11,445	0	0	11,445	0	11,445	0
412	PHONE SYSTEM - AVAYA	7/15/11		S/L-MO	5.00	33,352	0	0	26,682	6,670	33,352	0
413	COLOR COPIER - NORTH	6/15/12		S/L-MO	5.00	9,684	0	0	5,972	1,937	7,909	1,775
414	2010 RED CHEVY IMPALA	4/15/12		S/L-MO	4.00	13,000	0	0	10,563	2,437	13,000	0
415	LIFT - 1997 GREEN LIFT VAN	7/15/11		S/L-MO	4.00	5,619	0	0	5,619	0	5,619	0
416	2010 CHRYSLER TOWN/CTRY	7/15/12		S/L-MO	4.00	15,000	0	0	11,250	3,750	15,000	0
417	2010 DODGE GRAND CARAVAN	7/15/12		S/L-MO	4.00	15,000	0	0	11,250	3,750	15,000	0
418	2009 GRAND CARAVAN	8/15/12		S/L-MO	4.00	12,600	0	0	9,188	3,150	12,338	262
419	2012 GRAND CARAVAN	11/15/12		S/L-MO	4.00	17,195	0	0	11,463	4,299	15,762	1,433
420	TOYOTA FORK LIFT	9/15/12		S/L-MO	10.00	17,030	0	0	4,825	1,703	6,528	10,502
421	POINTER/CHIPPER	10/15/12		S/L-MO	10.00	10,089	0	0	2,774	1,009	3,783	6,306
422	SKID LOADER/ATTACHMENTS	12/15/12		S/L-MO	10.00	32,254	0	0	8,332	3,226	11,558	20,696
423	15 DELL COMPUTERS	12/15/12		S/L-MO	5.00	11,130	0	0	5,751	2,226	7,977	3,153
425	2006 BURGUNDY FORD PICKUP	8/01/13		S/L-MO	4.00	18,500	0	0	8,865	4,625	13,490	5,010
426	DELL SERVER	9/01/13		S/L-MO	5.00	10,010	0	0	3,670	2,002	5,672	4,338
427	COMPUTER EQUIPMENT - TECH SOLUTIONS	3/01/14		S/L-MO	5.00	15,973	0	0	4,259	3,195	7,454	8,519
430	CHAIRS - MCLEOD'S	10/31/14		S/L-MO	5.00	7,798	0	0	1,040	1,559	2,599	5,199
431	TV & PROJECTOR - AVI	10/14/14		S/L-MO	5.00	8,485	0	0	1,273	1,697	2,970	5,515
432	IT EQUIPMENT - SANTEL	2/09/15		S/L-MO	5.00	11,206	0	0	934	2,241	3,175	8,031
433	2011 GRAND CARAVAN	9/26/14		S/L-MO	4.00	15,000	0	0	2,813	3,750	6,563	8,437
434	2013 GRAND CARAVAN	10/29/14		S/L-MO	4.00	25,750	0	0	4,292	6,437	10,729	15,021
435	2013 CHEVY IMPALA	2/23/15		S/L-MO	4.00	13,995	0	0	1,166	3,499	4,665	9,330
436	2005 CHEV STARTRANS	3/24/15		S/L-MO	4.00	14,280	0	0	893	3,570	4,463	9,817

## Tax Depreciation

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
<b>Group: 210-000 EQUIPMENT (continued)</b>												
437	5 Lifts	11/01/15		S/L-MO	5.00	6,782	0	0	0	904	904	5,878
438	2015 CHEVY IMPALA (WHITE)	12/01/15		S/L-MO	4.00	15,995	0	0	0	2,333	2,333	13,662
439	2014 DODGE CARAVANS (2)	6/01/16		S/L-MO	4.00	32,000	0	0	0	667	667	31,333
440	GARBAGE TRUCK (YELLOW)	10/01/15		S/L-MO	5.00	7,250	0	0	0	1,088	1,088	6,162
441	Postal Printer	10/01/15		S/L-MO	5.00	5,190	0	0	0	779	779	4,411
442	Computers - Tech Solutions	3/01/16		S/L-MO	5.00	7,715	0	0	0	514	514	7,201
443	Shredder	10/01/15		S/L-MO	5.00	8,573	0	0	0	1,286	1,286	7,287
<b>210-000 EQUIPMENT</b>						<b>1,046,061</b>	<b>0</b>	<b>0</b>	<b>764,315</b>	<b>77,027</b>	<b>841,342</b>	<b>204,719</b>
<b>Group: 210-520 Equip - GSA</b>												
244	Freezer	7/15/95		S/L-MO	5.00	550	0	0	550	0	550	0
247	Water Softner	2/15/99		S/L-MO	5.00	2,000	0	0	2,000	0	2,000	0
248	Water Heaters	12/15/02		S/L-MO	5.00	1,400	0	0	1,400	0	1,400	0
424	BATHING UNIT LIFT (GSA)	8/01/13		S/L-MO	10.00	6,165	0	0	1,182	616	1,798	4,367
<b>210-520 Equip - GSA</b>						<b>10,115</b>	<b>0</b>	<b>0</b>	<b>5,132</b>	<b>616</b>	<b>5,748</b>	<b>4,367</b>
<b>Group: 210-530 Equip - EE</b>												
261	Security Alarm System	2/15/04		S/L-MO	10.00	7,240	0	0	7,240	0	7,240	0
262	Washer/Dryer (Rews)	3/15/06		S/L-MO	5.00	1,800	0	0	1,800	0	1,800	0
<b>210-530 Equip - EE</b>						<b>9,040</b>	<b>0</b>	<b>0</b>	<b>9,040</b>	<b>0</b>	<b>9,040</b>	<b>0</b>
<b>Group: 210-540 Equip - NK</b>												
272	Water Softener	1/15/00		S/L-MO	5.00	1,990	0	0	1,990	0	1,990	0
273	Water Heaters	6/15/04		S/L-MO	5.00	2,122	0	0	2,122	0	2,122	0
274	Washer/Dryer (Rews)	3/15/06		S/L-MO	5.00	1,800	0	0	1,800	0	1,800	0
<b>210-540 Equip - NK</b>						<b>5,912</b>	<b>0</b>	<b>0</b>	<b>5,912</b>	<b>0</b>	<b>5,912</b>	<b>0</b>
<b>Group: 210-550 EQUIP - CA</b>												
16	WASHER/DRYER - CA	6/15/07		S/L-MO	5.00	1,735	0	0	1,735	0	1,735	0
<b>210-550 EQUIP - CA</b>						<b>1,735</b>	<b>0</b>	<b>0</b>	<b>1,735</b>	<b>0</b>	<b>1,735</b>	<b>0</b>
<b>Group: 210-740 EQUIP - Mail</b>												
32	FOLDING MACHINE	1/31/09		S/L-MO	5.00	5,440	0	0	5,440	0	5,440	0
278	Postal Machines	1/15/01		S/L-MO	10.00	13,500	0	0	13,500	0	13,500	0
279	Barcode Printer	4/15/02		S/L-MO	5.00	5,008	0	0	5,008	0	5,008	0
<b>210-740 EQUIP - Mail</b>						<b>23,948</b>	<b>0</b>	<b>0</b>	<b>23,948</b>	<b>0</b>	<b>23,948</b>	<b>0</b>
<b>Group: 220-000 Bldg &amp; Impr</b>												
283	Main Building	9/15/73		S/L-MO	33.00	155,000	0	0	155,000	0	155,000	0
286	Remodel Shop	10/15/78		S/L-MO	20.00	756	0	0	756	0	756	0
287	Addition-Main Building	1/15/79		S/L-MO	33.00	53,076	0	0	53,076	0	53,076	0
288	Water Proff-Main Building	9/15/81		S/L-MO	33.00	5,006	0	0	5,006	0	5,006	0
289	Wiring Shop	9/15/83		S/L-MO	10.00	4,053	0	0	4,053	0	4,053	0
290	Addition	9/15/85		S/L-MO	15.00	236,024	0	0	236,024	0	236,024	0

## Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
<b>Group: 220-000 Bldg &amp; Impr (continued)</b>												
291	Fire Alarms	1/15/86		S/L-MO	10.00	1,029	0	0	1,029	0	1,029	0
292	Plumbing Controls	10/15/86		S/L-MO	25.00	732	0	0	732	0	732	0
293	Curb/Gutter/Sidewalk	11/15/86		S/L-MO	25.00	4,946	0	0	4,946	0	4,946	0
294	Sprinkler System	6/15/87		S/L-MO	10.00	2,350	0	0	2,350	0	2,350	0
296	Main Building-Addition	5/15/90		S/L-MO	40.00	246,055	0	0	155,793	6,152	161,945	84,110
297	CDBG Grant-Main Building	5/15/90		S/L-MO	40.00	158,000	0	0	100,400	3,950	104,350	53,650
298	Laundry Area	2/15/94		S/L-MO	25.00	1,947	0	0	1,715	78	1,793	154
299	Roof Repair	6/15/95		S/L-MO	20.00	24,220	0	0	24,220	0	24,220	0
300	Krohmer	1/15/98		S/L-MO	10.00	1,317	0	0	1,317	0	1,317	0
301	Changing Room	3/15/98		S/L-MO	10.00	1,454	0	0	1,454	0	1,454	0
302	Building Addition & Architectual	3/15/99		S/L-MO	40.00	552,738	0	0	231,854	13,818	245,672	307,066
303	Building Addition (CDBG)	3/15/99		S/L-MO	40.00	200,000	0	0	77,667	5,000	82,667	117,333
304	Building Addition - Electrical	3/15/99		S/L-MO	20.00	8,221	0	0	6,165	411	6,576	1,645
305	Building Addition - Parking Lot	3/15/99		S/L-MO	8.00	24,189	0	0	24,189	0	24,189	0
306	Building Addition - Landscaping	3/15/99		S/L-MO	10.00	17,137	0	0	17,137	0	17,137	0
307	Building Addition - Storage Shed	3/15/99		S/L-MO	25.00	14,295	0	0	8,579	572	9,151	5,144
308	Building Addition - Phone System	3/15/99		S/L-MO	10.00	25,276	0	0	25,276	0	25,276	0
309	Parking Lot-Painting	6/15/99		S/L-MO	8.00	73,744	0	0	73,744	0	73,744	0
310	Wiring	6/15/99		S/L-MO	20.00	5,507	0	0	4,356	275	4,631	876
311	Building	6/15/99		S/L-MO	40.00	10,905	0	0	4,320	272	4,592	6,313
312	Garage	6/15/99		S/L-MO	15.00	6,813	0	0	6,813	0	6,813	0
313	Sidewalk	6/15/99		S/L-MO	15.00	4,305	0	0	4,305	0	4,305	0
314	Security Signs (HIPAA)	9/15/03		S/L-MO	10.00	1,490	0	0	1,490	0	1,490	0
315	Heat Exchanger on Roof	1/15/04		S/L-MO	10.00	2,485	0	0	2,485	0	2,485	0
316	Room Signs	6/15/04		S/L-MO	10.00	1,796	0	0	1,796	0	1,796	0
317	Kitchen Remodel - Patzers	7/15/04		S/L-MO	10.00	9,065	0	0	9,065	0	9,065	0
318	Cabinets - Alternatives	9/15/04		S/L-MO	10.00	4,770	0	0	4,770	0	4,770	0
319	RTU Unit over Woodshop	3/15/05		S/L-MO	10.00	11,332	0	0	11,332	0	11,332	0
320	All Signs for name change (Bruce)	4/15/06		S/L-MO	10.00	5,030	0	0	4,653	377	5,030	0
407	CC BUILDING (OLD DICE)	1/15/12		S/L-MO	25.00	164,036	0	0	22,965	6,561	29,526	134,510
408	SIDEWALK - MENTZER ST	4/15/12		S/L-MO	15.00	7,398	0	0	1,603	493	2,096	5,302
409	DICE BUILDING IMPROVEMENTS	5/15/12		S/L-MO	10.00	9,019	0	0	2,856	902	3,758	5,261
428	SIDEWALKS - MAIN BUILDING	10/01/13		S/L-MO	15.00	18,891	0	0	2,204	1,259	3,463	15,428
429	SSEAL PARKING LOTS - MAIN BUILDING	12/01/13		S/L-MO	10.00	8,078	0	0	1,279	808	2,087	5,991
<b>220-000 Bldg &amp; Impr</b>						<b>2,082,485</b>	<b>0</b>	<b>0</b>	<b>1,298,774</b>	<b>40,928</b>	<b>1,339,702</b>	<b>742,783</b>
<b>Group: 220-520 Blg &amp; Impr - GSA</b>												
321	Building	9/15/81		S/L-MO	25.00	368,704	0	0	368,704	0	368,704	0
322	Fixed Equipment	9/15/81		S/L-MO	25.00	26,440	0	0	26,440	0	26,440	0
323	Fixed Equipment	9/15/81		S/L-MO	5.00	8,663	0	0	8,663	0	8,663	0
324	Portable Equipment	9/15/81		S/L-MO	5.00	6,876	0	0	6,876	0	6,876	0
325	Improvements	5/15/85		S/L-MO	25.00	11,676	0	0	11,676	0	11,676	0
326	Improvements-Plumbing Cont	10/15/86		S/L-MO	12.00	742	0	0	742	0	742	0
327	Rooftop Unit	8/15/93		S/L-MO	10.00	4,218	0	0	4,354	0	4,354	-136
328	Encluse Atrium	8/15/93		S/L-MO	25.00	21,576	0	0	16,694	863	17,557	4,019
329	Garage	3/15/99		S/L-MO	40.00	33,391	0	0	12,524	834	13,358	20,033
330	Garage - Heater	3/15/99		S/L-MO	15.00	1,980	0	0	1,980	0	1,980	0
331	Garage - Parking Lot	3/15/99		S/L-MO	8.00	3,015	0	0	3,015	0	3,015	0
332	Garage - Electrical	3/15/99		S/L-MO	20.00	3,773	0	0	2,834	189	3,023	750
333	Fire Sprinkler System	5/15/01		S/L-MO	27.00	3,990	0	0	2,068	148	2,216	1,774
336	Cabinets	11/15/01		S/L-MO	10.00	4,250	0	0	4,250	0	4,250	0
337	Siding	12/15/01		S/L-MO	10.00	9,429	0	0	9,429	0	9,429	0
338	Remodel Nursing Office	12/15/02		S/L-MO	10.00	2,748	0	0	2,748	0	2,748	0
339	Remodel Main Entry Way	7/15/05		S/L-MO	10.00	2,119	0	0	2,119	0	2,119	0

## Tax Depreciation

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis	
<b>Group: 220-520 Bldg &amp; Impr - GSA (continued)</b>													
411	SHINGLE ROOF/RUBBER	11/15/11		S/L-MO	10.00	26,504	0	0	9,718	2,651	12,369	14,135	
						<b>220-520 Bldg &amp; Impr - GSA</b>	<b>540,094</b>	<b>0</b>	<b>0</b>	<b>494,834</b>	<b>4,685</b>	<b>499,519</b>	<b>40,575</b>
<b>Group: 220-530 Bldg &amp; Impr - EE</b>													
340	Building	9/15/84		S/L-MO	25.00	184,146	0	0	184,146	0	184,146	0	
341	Equipment	2/15/84		S/L-MO	5.00	811	0	0	811	0	811	0	
342	Equipment	3/15/84		S/L-MO	5.00	358	0	0	358	0	358	0	
343	Improvements	1/15/86		S/L-MO	5.00	1,465	0	0	1,465	0	1,465	0	
346	Siding	1/15/99		S/L-MO	10.00	4,254	0	0	4,254	0	4,254	0	
348	Air Conditioner	8/15/01		S/L-MO	10.00	1,535	0	0	1,535	0	1,535	0	
349	Parking Lot	11/15/01		S/L-MO	10.00	3,639	0	0	3,639	0	3,639	0	
350	Fire Alarm System	1/15/02		S/L-MO	10.00	2,232	0	0	2,232	0	2,232	0	
351	Bathroom Improvements	3/15/02		S/L-MO	10.00	2,556	0	0	2,556	0	2,556	0	
353	Air Conditioner	6/15/04		S/L-MO	10.00	1,385	0	0	1,385	0	1,385	0	
354	Bathroom(W)/Kitchen Remodel	6/15/04		S/L-MO	10.00	5,175	0	0	5,175	0	5,175	0	
355	Fire Sprinkler System	4/15/05		S/L-MO	27.00	12,836	0	0	4,829	475	5,304	7,532	
356	Bathroom(M) Remodel	3/15/06		S/L-MO	10.00	2,241	0	0	2,092	149	2,241	0	
357	Flooring	6/15/06		S/L-MO	7.00	9,274	0	0	9,274	0	9,274	0	
358	Windows	6/15/06		S/L-MO	10.00	1,353	0	0	1,228	125	1,353	0	
359	Lever Door Locks	6/15/06		S/L-MO	10.00	1,090	0	0	990	100	1,090	0	
397	CARPET - EE	8/15/09		S/L-MO	10.00	5,831	0	0	3,450	583	4,033	1,798	
398	DOOR - EE	10/30/09		S/L-MO	10.00	1,955	0	0	1,108	195	1,303	652	
405	2011 KITCHEN REMODEL	6/01/11		S/L-MO	10.00	15,512	0	0	6,334	1,551	7,885	7,627	
						<b>220-530 Bldg &amp; Impr - EE</b>	<b>257,648</b>	<b>0</b>	<b>0</b>	<b>236,861</b>	<b>3,178</b>	<b>240,039</b>	<b>17,609</b>
<b>Group: 220-540 Bldg &amp; Impr - NK</b>													
360	Building	9/15/82		S/L-MO	25.00	123,171	0	0	123,171	0	123,171	0	
361	Furniture/Fixtures	9/15/82		S/L-MO	5.00	11,965	0	0	11,965	0	11,965	0	
362	Improvements	9/15/83		S/L-MO	15.00	1,905	0	0	1,905	0	1,905	0	
363	Improvements-Bsmt Ceiling	3/15/84		S/L-MO	25.00	981	0	0	981	0	981	0	
364	Ramp	3/15/98		S/L-MO	10.00	1,645	0	0	1,645	0	1,645	0	
365	Improvements - Kitchen Tune UP	7/15/98		S/L-MO	10.00	2,957	0	0	2,957	0	2,957	0	
366	Commercial Asphalt	2/15/99		S/L-MO	8.00	3,447	0	0	3,447	0	3,447	0	
368	Basement Improvement-Office	9/15/99		S/L-MO	25.00	9,744	0	0	6,141	389	6,530	3,214	
370	Wiring	10/15/99		S/L-MO	25.00	1,457	0	0	916	58	974	483	
371	Sprinkler System	5/15/00		S/L-MO	27.00	16,480	0	0	9,235	610	9,845	6,635	
372	Siding and Windows	8/15/00		S/L-MO	10.00	6,173	0	0	6,173	0	6,173	0	
373	Air Conditioners - 2 Units	7/15/01		S/L-MO	10.00	2,200	0	0	2,200	0	2,200	0	
375	Bedroom Improvements	3/15/02		S/L-MO	10.00	508	0	0	508	0	508	0	
377	Windows	6/15/04		S/L-MO	10.00	3,356	0	0	3,356	0	3,356	0	
378	Motion Lights	6/15/04		S/L-MO	10.00	1,231	0	0	1,231	0	1,231	0	
379	Flooring	6/15/06		S/L-MO	7.00	7,053	0	0	7,053	0	7,053	0	
380	Windows	6/15/06		S/L-MO	10.00	3,106	0	0	2,823	283	3,106	0	
381	Lever Door Locks	6/15/06		S/L-MO	10.00	1,330	0	0	1,208	122	1,330	0	
410	FIX (SHINGLE) SOUTH SIDE	11/15/11		S/L-MO	10.00	5,000	0	0	1,862	500	2,362	2,638	
						<b>220-540 Bldg &amp; Impr - NK</b>	<b>203,709</b>	<b>0</b>	<b>0</b>	<b>188,777</b>	<b>1,962</b>	<b>190,739</b>	<b>12,970</b>
<b>Group: 220-550 Bldg &amp; Impr - CA</b>													
18	WINDOWS - CA	6/15/07		S/L-MO	10.00	1,190	0	0	962	119	1,081	109	
382	Building	5/15/89		S/L-MO	25.00	222,564	0	0	222,564	0	222,564	0	

## Tax Depreciation

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
<b>Group: 220-550 Bldg &amp; Impr - CA (continued)</b>												
383	Furniture/Fixtures	5/15/89		S/L-MO	10.00	14,000	0	0	14,000	0	14,000	0
384	Shed	12/15/99		S/L-MO	20.00	1,475	0	0	1,152	73	1,225	250
385	Cabinet Doors Replaced	9/15/01		S/L-MO	10.00	2,425	0	0	2,425	0	2,425	0
386	Parking Lot	11/15/01		S/L-MO	8.00	969	0	0	969	0	969	0
387	Bathroom Remodel	11/15/01		S/L-MO	10.00	2,098	0	0	2,098	0	2,098	0
388	Fire Alarm System	1/15/02		S/L-MO	10.00	1,628	0	0	1,628	0	1,628	0
389	Carpet	3/15/02		S/L-MO	10.00	5,818	0	0	5,818	0	5,818	0
390	Carpet and Vinyl Flooring	6/15/02		S/L-MO	10.00	1,302	0	0	1,302	0	1,302	0
392	2 Exterior Windows	2/15/05		S/L-MO	10.00	1,060	0	0	1,060	0	1,060	0
393	Siding	3/15/05		S/L-MO	10.00	3,707	0	0	3,707	0	3,707	0
394	Marble Surround Shower	3/15/05		S/L-MO	10.00	2,374	0	0	2,374	0	2,374	0
395	Fire Sprinkler System	4/15/05		S/L-MO	27.00	13,762	0	0	5,179	509	5,688	8,074
<b>220-550 Bldg &amp; Impr - CA</b>						<b>274,372</b>	<b>0</b>	<b>0</b>	<b>265,238</b>	<b>701</b>	<b>265,939</b>	<b>8,433</b>
<b>Group: LAND</b>												
2	LAND	6/30/00	--		0.00	119,944	0	0	0	0	0	119,944
406	LAND	1/01/11	--		0.00	18,445	0	0	0	0	0	18,445
<b>LAND</b>						<b>138,389</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>138,389</b>
<b>Grand Total</b>						<b>4,728,427</b>	<b>0</b>	<b>0</b>	<b>3,414,274</b>	<b>132,826</b>	<b>3,547,100</b>	<b>1,181,327</b>

## Amt Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
<b>Group: 200-000 Furn &amp; Fixt</b>									
1	Fire Proof Cabinet	9/15/80		0.0	0	0	0	0	0
42	Desk-Secretary's	3/15/82		0.0	0	0	0	0	0
43	Blinds	9/15/84		0.0	0	0	0	0	0
44	Fire Proof Cabinet	9/15/84		0.0	0	0	0	0	0
45	Addition Furniture	5/15/85		0.0	0	0	0	0	0
46	Addition Furniture	9/15/85		0.0	0	0	0	0	0
47	Computer Furniture	12/15/85		0.0	0	0	0	0	0
48	Tables (6) - Quill	7/15/87		0.0	0	0	0	0	0
49	Furnishings - BPI	9/15/87		0.0	0	0	0	0	0
50	Chairs - Triangle	10/15/87		0.0	0	0	0	0	0
51	Furnishings - BPI	6/15/90		0.0	0	0	0	0	0
52	Furnishings - McLeod's	6/15/90		0.0	0	0	0	0	0
53	Furnishings - BPI/McLeod's	7/15/90		0.0	0	0	0	0	0
54	Furnishings - McLeod's	2/15/94		0.0	0	0	0	0	0
55	Furnishing-McLeod's	6/15/95		0.0	0	0	0	0	0
56	Furnishings - Menards	10/15/96		0.0	0	0	0	0	0
57	Changing Tables	4/15/99		0.0	0	0	0	0	0
58	Addition Furniture - 20 Years	4/15/99		0.0	0	0	0	0	0
59	Addition Furniture - 15 Years	3/15/99		0.0	0	0	0	0	0
60	Addition Furniture - 10 Years	3/15/99		0.0	0	0	0	0	0
61	Addition Furniture - 5 Years	3/15/99		0.0	0	0	0	0	0
62	Blinds - BAR R&B Homes	10/15/05		0.0	0	0	0	0	0
63	Furniture & Fix. - GSA	2/15/81		0.0	0	0	0	0	0
65	File Cabinet - GSA	9/15/87		0.0	0	0	0	0	0
69	File Cabinet - NK	9/15/87		0.0	0	0	0	0	0
<b>200-000 Furn &amp; Fixt</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 200-520 Furn &amp; Fixt - GSA</b>									
241	Table/Chairs	6/15/95		0.0	0	0	0	0	0
242	Chairs	8/15/95		0.0	0	0	0	0	0
<b>200-520 Furn &amp; Fixt - GSA</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 200-530 Furn &amp; Fixt - EE</b>									
41	FY 2009 IMPROVEMENTS	5/31/09		0.0	0	0	0	0	0
404	2011 BUILDING IMPROVEMENTS	8/01/10		0.0	0	0	0	0	0
<b>200-530 Furn &amp; Fixt - EE</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 200-540 Furn &amp; Fixt - NK</b>									
265	Table/Chairs-This End Up	10/15/97		0.0	0	0	0	0	0
269	Furniture Associates	3/15/06		0.0	0	0	0	0	0
<b>200-540 Furn &amp; Fixt - NK</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 200-550 Furn &amp; Fixt - CA</b>									
15	CARPETING - CA	6/15/07		0.0	0	0	0	0	0
<b>200-550 Furn &amp; Fixt - CA</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 210-000 EQUIPMENT</b>									
3	PATIENT LIFT	1/15/07		0.0	0	0	0	0	0
5	2005 DODGE CARAVAN	9/15/06		0.0	0	0	0	0	0
6	2006 FORD TAURAS	9/15/06		0.0	0	0	0	0	0
17	POSTAGE PRINTER	7/15/06		0.0	0	0	0	0	0
20	LIFT	4/01/08	S/L	5.00	3,122	0	3,122	0	3,122
21	2007 FORD TAURUS	7/01/07	S/L	4.00	10,995	0	10,995	0	10,995
22	2005 DODGE CARAVAN	9/01/07	S/L	4.00	12,000	0	12,000	0	12,000
23	2007 FORD TAURUS	2/01/08	S/L	4.00	9,500	0	9,500	0	9,500
24	CARPETING - CA #1 & #3	3/31/09		0.0	0	0	0	0	0
25	MARBLE SHOWER - CA	2/28/09		0.0	0	0	0	0	0
26	WINDOWS - EE	5/31/09		0.0	0	0	0	0	0
27	DELL COMPUTERS/NOTEBOOKS	7/31/08		0.0	0	0	0	0	0
28	2 SERVERS - TECH SOLUTIONS	8/31/08		0.0	0	0	0	0	0
29	2005 DODGE GRAND CARAVAN	7/31/08		0.0	0	0	0	0	0
30	2007 CHEVY IMPALA	8/31/08		0.0	0	0	0	0	0
31	BATHING UNIT (GSA)	3/31/09		0.0	0	0	0	0	0
36	2007 DODGE REAR LIFT VAN	1/15/10		0.0	0	0	0	0	0
37	2006 DODGE REAR LIFT VAN	1/15/10		0.0	0	0	0	0	0
38	NEW LIFEQUEST1 SERVER/INSTALLATION	7/30/09		0.0	0	0	0	0	0
39	DIGITAL COPIER	7/15/09		0.0	0	0	0	0	0
40	18 DESKTOPS/1 LAPTOP - TECH SOLUTIONS	10/15/09		0.0	0	0	0	0	0

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Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
<b>Group: 210-000 EQUIPMENT (continued)</b>										
75	Equipment GSA/DP - Lifts	1/15/96			0.0	0	0	0	0	0
77	Equipment-Scale	5/15/96			0.0	0	0	0	0	0
78	Equipment-Lifts	9/15/96			0.0	0	0	0	0	0
79	Mitchell Security	7/15/97			0.0	0	0	0	0	0
80	PT Table	8/15/97			0.0	0	0	0	0	0
81	New Signs	6/15/99			0.0	0	0	0	0	0
82	Bathing Unit (NK)	9/15/99			0.0	0	0	0	0	0
83	NuStep Exercise Bike	10/15/00			0.0	0	0	0	0	0
84	Lifts - Day Program	1/15/01			0.0	0	0	0	0	0
85	Lifts	1/15/01			0.0	0	0	0	0	0
87	Sound System	7/15/01			0.0	0	0	0	0	0
88	Lifts (2)	10/15/01			0.0	0	0	0	0	0
89	Blood Pressure Machine	4/15/02			0.0	0	0	0	0	0
90	Lifts (2)	1/15/03			0.0	0	0	0	0	0
91	Lifts (2)	1/15/04			0.0	0	0	0	0	0
92	Alternative Equipment (new location)	6/15/04			0.0	0	0	0	0	0
94	Lift	1/15/05			0.0	0	0	0	0	0
95	Bath Lift Chair	3/15/05			0.0	0	0	0	0	0
96	Appliances for BAR R&B McL	11/15/05			0.0	0	0	0	0	0
99	Valpar Testing Equipment	12/15/04			0.0	0	0	0	0	0
104	Stove	9/15/88			0.0	0	0	0	0	0
105	Steam Table - Inserts	8/15/89			0.0	0	0	0	0	0
106	Dishwasher	6/15/90			0.0	0	0	0	0	0
108	Steam Table	2/15/06			0.0	0	0	0	0	0
129	Green Lift Van 1997	12/15/01			0.0	0	0	0	0	0
131	Dodge Caravan Lift Van 1999	12/15/02			0.0	0	0	0	0	0
132	1994 Chevy Truck C3500	4/15/03			0.0	0	0	0	0	0
133	1995 Ford GCII Bus (Palace Trans.)	7/15/03			0.0	0	0	0	0	0
137	2000 Chevy G3500 12 pass. Van	9/15/04			0.0	0	0	0	0	0
138	2001 Dodge Gr. Caravan Silver	12/15/04			0.0	0	0	0	0	0
140	2003 Dodge Gr. Caravan Blue	7/15/05			0.0	0	0	0	0	0
141	2004 Pontiac Montana Van	7/15/05			0.0	0	0	0	0	0
142	2001 Chrysler T&C Blue	9/15/05			0.0	0	0	0	0	0
143	2002 Dodge Gr. Caravan Silver	10/15/05			0.0	0	0	0	0	0
146	Compressor	9/15/86			0.0	0	0	0	0	0
148	Tractor/Loader	9/15/91			0.0	0	0	0	0	0
154	Strapping Machine	8/15/99			0.0	0	0	0	0	0
156	Strapping Machine	9/15/01			0.0	0	0	0	0	0
157	Shampooer	7/15/04			0.0	0	0	0	0	0
158	Bath Lift Unit WA	12/15/04			0.0	0	0	0	0	0
163	Upgrade - March 1989	3/15/89			0.0	0	0	0	0	0
196	Dynamics Accounting Software	9/15/02			0.0	0	0	0	0	0
199	3 Laser Printers	12/15/03			0.0	0	0	0	0	0
200	Great Plains HR Module Software	12/15/03			0.0	0	0	0	0	0
207	PTO Software (InterDyn)	4/15/06			0.0	0	0	0	0	0
208	Network Printer (TWA)	4/15/06			0.0	0	0	0	0	0
211	Prod. Equipment	9/15/83			0.0	0	0	0	0	0
214	Point Saw	8/15/88			0.0	0	0	0	0	0
215	Banding Equipment	8/15/88			0.0	0	0	0	0	0
216	Gang Rip Saw	7/15/90			0.0	0	0	0	0	0
217	Gang Rip Saw	9/15/90			0.0	0	0	0	0	0
218	Strapper	8/15/91			0.0	0	0	0	0	0
219	Compressor	2/15/92			0.0	0	0	0	0	0
220	Notcher	1/15/94			0.0	0	0	0	0	0
221	Point Saw	6/15/95			0.0	0	0	0	0	0
224	Saw-Fast	9/15/95			0.0	0	0	0	0	0
225	Production Equipment	7/15/98			0.0	0	0	0	0	0
226	Production Equipment	9/15/98			0.0	0	0	0	0	0
227	Production Equipment	10/15/98			0.0	0	0	0	0	0
228	Production Equipment	12/15/98			0.0	0	0	0	0	0
229	Production Equipment	6/15/00			0.0	0	0	0	0	0
230	Board Deduster	2/15/01			0.0	0	0	0	0	0
231	Nailers	6/15/02			0.0	0	0	0	0	0
232	Table Saw	4/15/05			0.0	0	0	0	0	0
399	2010 CHEVY IMPALA	8/01/10			0.0	0	0	0	0	0
400	2010 WHITE CHEVY IMPALA	10/01/10			0.0	0	0	0	0	0
401	WHITE PRODUCTION TRUCK	10/01/10			0.0	0	0	0	0	0
402	08 CHRYSLER VAN	1/01/11			0.0	0	0	0	0	0
403	09 CHEVY IMPALA	1/01/11			0.0	0	0	0	0	0
412	PHONE SYSTEM - AVAYA	7/15/11			0.0	0	0	0	0	0
413	COLOR COPIER - NORTH	6/15/12			0.0	0	0	0	0	0
414	2010 RED CHEVY IMPALA	4/15/12			0.0	0	0	0	0	0
415	LIFT - 1997 GREEN LIFT VAN	7/15/11			0.0	0	0	0	0	0
416	2010 CHRYSLER TOWN/CTRY	7/15/12			0.0	0	0	0	0	0
417	2010 DODGE GRAND CARAVAN	7/15/12			0.0	0	0	0	0	0
418	2009 GRAND CARAVAN	8/15/12			0.0	0	0	0	0	0
419	2012 GRAND CARAVAN	11/15/12			0.0	0	0	0	0	0
420	TOYOTA FORK LIFT	9/15/12			0.0	0	0	0	0	0

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Asset	Property Description	Date Acquired	d	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
<b>Group: 210-000 EQUIPMENT (continued)</b>										
421	POINTER/CHIPPER	10/15/12				0.0	0	0	0	0
422	SKID LOADER/ATTACHMENTS	12/15/12				0.0	0	0	0	0
423	15 DELL COMPUTERS	12/15/12				0.0	0	0	0	0
425	2006 BURGUNDY FORD PICKUP	8/01/13				0.0	0	0	0	0
426	DELL SERVER	9/01/13				0.0	0	0	0	0
427	COMPUTER EQUIPMENT - TECH SOLUTIONS	10/01/13				0.0	0	0	0	0
430	CHAIRS - MCLEOD'S	10/31/14				0.0	0	0	0	0
431	TV & PROJECTOR - AVI	10/14/14				0.0	0	0	0	0
432	IT EQUIPMENT - SANTEL	2/09/15				0.0	0	0	0	0
433	2011 GRAND CARAVAN	9/26/14				0.0	0	0	0	0
434	2013 GRAND CARAVAN	10/29/14				0.0	0	0	0	0
435	2013 CHEVY IMPALA	2/23/15				0.0	0	0	0	0
436	2005 CHEV STARTRANS	3/24/15				0.0	0	0	0	0
437	5 Lifts	11/01/15				0.0	0	0	0	0
438	2015 CHEVY IMPALA (WHITE)	12/01/15				0.0	0	0	0	0
439	2014 DODGE CARAVANS (2)	6/01/16				0.0	0	0	0	0
440	GARBAGE TRUCK (YELLOW)	10/01/15				0.0	0	0	0	0
441	Postal Printer	10/01/15				0.0	0	0	0	0
442	Computers - Tech Solutions	3/01/16				0.0	0	0	0	0
443	Shredder	10/01/15				0.0	0	0	0	0
<b>210-000 EQUIPMENT</b>						<u>35,617</u>	<u>0</u>	<u>35,617</u>	<u>0</u>	<u>35,617</u>
<b>Group: 210-520 Equip - GSA</b>										
244	Freezer	7/15/95				0.0	0	0	0	0
247	Water Softner	2/15/99				0.0	0	0	0	0
248	Water Heaters	12/15/02				0.0	0	0	0	0
424	BATHING UNIT LIFT (GSA)	8/01/13				0.0	0	0	0	0
<b>210-520 Equip - GSA</b>						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Group: 210-530 Equip - EE</b>										
261	Security Alarm System	2/15/04				0.0	0	0	0	0
262	Washer/Dryer (Rews)	3/15/06				0.0	0	0	0	0
<b>210-530 Equip - EE</b>						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Group: 210-540 Equip - NK</b>										
272	Water Softener	1/15/00				0.0	0	0	0	0
273	Water Heaters	6/15/04				0.0	0	0	0	0
274	Washer/Dryer (Rews)	3/15/06				0.0	0	0	0	0
<b>210-540 Equip - NK</b>						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Group: 210-550 EQUIP - CA</b>										
16	WASHER/DRYER - CA	6/15/07				0.0	0	0	0	0
<b>210-550 EQUIP - CA</b>						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Group: 210-740 EQUIP - Mail</b>										
32	FOLDING MACHINE	1/31/09				0.0	0	0	0	0
278	Postal Machines	1/15/01				0.0	0	0	0	0
279	Barcode Printer	4/15/02				0.0	0	0	0	0
<b>210-740 EQUIP - Mail</b>						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Group: 220-000 Bldg &amp; Impr</b>										
283	Main Building	9/15/73				0.0	0	0	0	0
286	Remodel Shop	10/15/78				0.0	0	0	0	0
287	Addition-Main Building	1/15/79				0.0	0	0	0	0
288	Water Proff-Main Building	9/15/81				0.0	0	0	0	0
289	Wiring Shop	9/15/83				0.0	0	0	0	0
290	Addition	9/15/85				0.0	0	0	0	0
291	Fire Alarms	1/15/86				0.0	0	0	0	0
292	Plumbing Controls	10/15/86				0.0	0	0	0	0
293	Curb/Gutter/Sidewalk	11/15/86				0.0	0	0	0	0
294	Sprinkler System	6/15/87				0.0	0	0	0	0
296	Main Building-Addition	5/15/90				0.0	0	0	0	0
297	CDBG Grant-Main Building	5/15/90				0.0	0	0	0	0
298	Laundry Area	2/15/94				0.0	0	0	0	0
299	Roof Repair	6/15/95				0.0	0	0	0	0
300	Krohmer	1/15/98				0.0	0	0	0	0
301	Changing Room	3/15/98				0.0	0	0	0	0



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Asset	Property Description	Date Acquired	d	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
<b>Group: 220-000 Bldg &amp; Impr (continued)</b>										
302	Building Addition & Architectural	3/15/99				0.0	0	0	0	0
303	Building Addition (CDBG)	3/15/99				0.0	0	0	0	0
304	Building Addition - Electrical	3/15/99				0.0	0	0	0	0
305	Building Addition - Parking Lot	3/15/99				0.0	0	0	0	0
306	Building Addition - Landscaping	3/15/99				0.0	0	0	0	0
307	Building Addition - Storage Shed	3/15/99				0.0	0	0	0	0
308	Building Addition - Phone System	3/15/99				0.0	0	0	0	0
309	Parking Lot-Painting	6/15/99				0.0	0	0	0	0
310	Wiring	6/15/99				0.0	0	0	0	0
311	Building	6/15/99				0.0	0	0	0	0
312	Garage	6/15/99				0.0	0	0	0	0
313	Sidewalk	6/15/99				0.0	0	0	0	0
314	Security Signs (HIPAA)	9/15/03				0.0	0	0	0	0
315	Heat Exchanger on Roof	1/15/04				0.0	0	0	0	0
316	Room Signs	6/15/04				0.0	0	0	0	0
317	Kitchen Remodel - Patzers	7/15/04				0.0	0	0	0	0
318	Cabinets - Alternatives	9/15/04				0.0	0	0	0	0
319	RTU Unit over Woodshop	3/15/05				0.0	0	0	0	0
320	All Signs for name change (Bruce)	4/15/06				0.0	0	0	0	0
407	CC BUILDING (OLD DICE)	1/15/12				0.0	0	0	0	0
408	SIDEWALK - MENTZER ST	4/15/12				0.0	0	0	0	0
409	DICE BUILDING IMPROVEMENTS	5/15/12				0.0	0	0	0	0
428	SIDEWALKS - MAIN BUILDING	10/01/13				0.0	0	0	0	0
429	SSEAL PARKING LOTS - MAIN BUILDING	10/01/13				0.0	0	0	0	0
						<b>220-000 Bldg &amp; Impr</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 220-520 Bldg &amp; Impr - GSA</b>										
321	Building	9/15/81				0.0	0	0	0	0
322	Fixed Equipment	9/15/81				0.0	0	0	0	0
323	Fixed Equipment	9/15/81				0.0	0	0	0	0
324	Portable Equipment	9/15/81				0.0	0	0	0	0
325	Improvements	5/15/85				0.0	0	0	0	0
326	Improvements-Plumbing Cont	10/15/86				0.0	0	0	0	0
327	Rooftop Unit	8/15/93				0.0	0	0	0	0
328	Enclose Atrium	8/15/93				0.0	0	0	0	0
329	Garage	3/15/99				0.0	0	0	0	0
330	Garage - Heater	3/15/99				0.0	0	0	0	0
331	Garage - Parking Lot	3/15/99				0.0	0	0	0	0
332	Garage - Electrical	3/15/99				0.0	0	0	0	0
333	Fire Sprinkler System	5/15/01				0.0	0	0	0	0
336	Cabinets	11/15/01				0.0	0	0	0	0
337	Siding	12/15/01				0.0	0	0	0	0
338	Remodel Nursing Office	12/15/02				0.0	0	0	0	0
339	Remodel Main Entry Way	7/15/05				0.0	0	0	0	0
411	SHINGLE ROOF/RUBBER	11/15/11				0.0	0	0	0	0
						<b>220-520 Bldg &amp; Impr - GSA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 220-530 Bldg &amp; Impr - EE</b>										
340	Building	9/15/84				0.0	0	0	0	0
341	Equipment	2/15/84				0.0	0	0	0	0
342	Equipment	3/15/84				0.0	0	0	0	0
343	Improvements	1/15/86				0.0	0	0	0	0
346	Siding	1/15/99				0.0	0	0	0	0
348	Air Conditioner	8/15/01				0.0	0	0	0	0
349	Parking Lot	11/15/01				0.0	0	0	0	0
350	Fire Alarm System	1/15/02				0.0	0	0	0	0
351	Bathroom Improvements	3/15/02				0.0	0	0	0	0
353	Air Conditioner	6/15/04				0.0	0	0	0	0
354	Bathroom(W)/Kitchen Remodel	6/15/04				0.0	0	0	0	0
355	Fire Sprinkler System	4/15/05				0.0	0	0	0	0
356	Bathroom(M) Remodel	3/15/06				0.0	0	0	0	0
357	Flooring	6/15/06				0.0	0	0	0	0
358	Windows	6/15/06				0.0	0	0	0	0
359	Lever Door Locks	6/15/06				0.0	0	0	0	0
397	CARPET - EE	8/15/09				0.0	0	0	0	0
398	DOOR - EE	10/30/09				0.0	0	0	0	0
405	2011 KITCHEN REMODEL	6/01/11				0.0	0	0	0	0
						<b>220-530 Bldg &amp; Impr - EE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 220-540 Bldg &amp; Impr - NK</b>										
360	Building	9/15/82				0.0	0	0	0	0
361	Furniture/Fixtures	9/15/82				0.0	0	0	0	0
362	Improvements	9/15/83				0.0	0	0	0	0

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Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
<b>Group: 220-540 Bldg &amp; Impr - NK (continued)</b>										
363	Improvements-Bsmt Ceiling	3/15/84			0.0	0	0	0	0	0
364	Ramp	3/15/98			0.0	0	0	0	0	0
365	Improvements - Kitchen Tune UP	7/15/98			0.0	0	0	0	0	0
366	Commercial Asphalt	2/15/99			0.0	0	0	0	0	0
368	Basement Improvement-Office	9/15/99			0.0	0	0	0	0	0
370	Wiring	10/15/99			0.0	0	0	0	0	0
371	Sprinkler System	5/15/00			0.0	0	0	0	0	0
372	Siding and Windows	8/15/00			0.0	0	0	0	0	0
373	Air Conditioners - 2 Units	7/15/01			0.0	0	0	0	0	0
375	Bedroom Improvements	3/15/02			0.0	0	0	0	0	0
377	Windows	6/15/04			0.0	0	0	0	0	0
378	Motion Lights	6/15/04			0.0	0	0	0	0	0
379	Flooring	6/15/06			0.0	0	0	0	0	0
380	Windows	6/15/06			0.0	0	0	0	0	0
381	Lever Door Locks	6/15/06			0.0	0	0	0	0	0
410	FIX (SHINGLE) SOUTH SIDE	11/15/11			0.0	0	0	0	0	0
<b>220-540 Bldg &amp; Impr - NK</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: 220-550 Bldg &amp; Impr - CA</b>										
18	WINDOWS - CA	6/15/07			0.0	0	0	0	0	0
382	Building	5/15/89			0.0	0	0	0	0	0
383	Furniture/Fixtures	5/15/89			0.0	0	0	0	0	0
384	Shed	12/15/99			0.0	0	0	0	0	0
385	Cabinet Doors Replaced	9/15/01			0.0	0	0	0	0	0
386	Parking Lot	11/15/01			0.0	0	0	0	0	0
387	Bathroom Remodel	11/15/01			0.0	0	0	0	0	0
388	Fire Alarm System	1/15/02			0.0	0	0	0	0	0
389	Carpet	3/15/02			0.0	0	0	0	0	0
390	Carpet and Vinyl Flooring	6/15/02			0.0	0	0	0	0	0
392	2 Exterior Windows	2/15/05			0.0	0	0	0	0	0
393	Siding	3/15/05			0.0	0	0	0	0	0
394	Marble Surround Shower	3/15/05			0.0	0	0	0	0	0
395	Fire Sprinkler System	4/15/05			0.0	0	0	0	0	0
<b>220-550 Bldg &amp; Impr - CA</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Group: LAND</b>										
2	LAND	6/30/00			0.0	0	0	0	0	0
406	LAND	1/01/11			0.0	0	0	0	0	0
<b>LAND</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>						<b>35,617</b>	<b>0</b>	<b>35,617</b>	<b>0</b>	<b>35,617</b>