January 27, 2010

Ms. Cheryl Stuppy Lifespring, Inc. 460 Spring St. Jeffersonville, IN 47130

Dear Cheryl:

Enclosed are the following tax returns prepared on behalf of *Lifespring, Inc:*

2008 Form 990 Return of Organization Exempt from Income Tax 2008 Form NP-20 Indiana Nonprofit Organization's Annual Report

The federal return has been prepared for electronic filing and the practitioner PIN program has been elected. Your federal return has been successfully transmitted to the Internal Revenue Service Center.

Please sign and date the Indiana Return and mail in the enclosed envelope.

The bound copies of the tax returns are for your use and should be retained for your files.

The enclosed returns were prepared from your books and records without audit. You should review the returns to ensure that there are no omissions or misstatements. Upon an audit of the returns, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

We sincerely appreciate this opportunity to serve you. If you have any questions or if we may be of further assistance, please contact me at (317) 633-4705.

Sincerely,

Carrie & marrill, CPA

Carrie A. Merrill, CPA

Enclosures

Prep	ared	for:
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Lifespring, Inc.

Enclosed Returns:

- 2008 Form 990 Return of Organization Exempt from Income Tax
- 2008 Form NP-20 Indiana Nonprofit Organization's Annual Report

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2009

Prepared for	
	LifeSpring, Inc. 460 Spring Street Jeffersonville, IN 47130
Prepared by	Blue & Co., LLC One American Square, #2200 Indianapolis, IN 46282
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return History Page 1 of 1



Name: LifeSpring Inc

FEIN: 35-1097350

IRS Center: OGDEN

e-Postmark: 1/27/2010 12:10:47

PM

Refund: \$0.00

Notification:

Return Histo	Return History									
DCN	DATE	TYPE OF ACTIVITY	UPDATED BY							
	01/15/2010	Upload Started								
	01/15/2010	Ready to Release by Customer								
	01/27/2010	Upload Started								
	01/27/2010	Ready to Release by Customer								
	01/27/2010	Released for Transmission - Validation in Progress	Kcorso							
	01/27/2010	Schema Validation Error								
	01/27/2010	Upload Started								
	01/27/2010	Released for Transmission - Validation in Progress	System							
	01/27/2010	Ready to transmit - Validation Complete								
	01/27/2010	Transmitted to FD								
	01/27/2010	Accepted by FD								

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

, 2008, and ending JUN 30 dar year 2008, or fiscal year beginning JUL 1

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization	Do not send to the IRS. Keep for your records.		2008
Name of exempt organization	➤ See Instructions.		
. •	1	Employer	identification number
	LIFESPRING, INC.	35-1	097350
Name and title of officer			
	CHERYL STUPPY		
	CFO/EXECUTIVE VP		
*DANISCHEURICHEUNICH	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	urn for which you are using this Form 8879-EO and enter the applicable amount from too and the amount on that line for the return for which you are filing this form we plicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on in Part I.	vas blank, ther	leave line 1b, 2b, 3b,
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, line 12)	1 b	2072518
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec		3b	
4a Form 990-PF check h		4b _	
5a Form 8868 check here			
Part II Declarat	ion and Signature Authorization of Officer		
processing the return or ret	f recelpt or reason for rejection of the transmission, (b) an indication of any refund offs fund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its awal (direct debit) entry to the financial institution account indicated in the tax prepara	s designated F	inancial Agent to initiate
organization's federal taxes the U.S. Treasury Financial astitutions involved in the p ssues related to the payme pplicable, the organization officer's PIN: check one b	s owed on this return, and the financial institution to debit the entry to this account. To Agent at 1 888-353-4537 no later than 2 business days prior to the payment (settlem processing of the electronic payment of taxes to receive confidential information necessint. I have selected a personal identification number (PIN) as my signature for the orgo's consent to electronic funds withdrawal.	o revoke a pay ent) date. i also essary to answ	ment, I must contact o authorize the financial er inquiries and resolve stronic return and, if
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Do Not Submit This Form To the IRS Unless Requested To Do So

Return History Page 1 of 1



Name: LifeSpring Inc

IRS Center: OGDEN

e-Postmark: 11/11/2009 1:24:26

PM

FEIN: 35-1097350

Refund: \$0.00

Notification:

Return Histo	Return History										
DCN	DATE	TYPE OF ACTIVITY	UPDATED BY								
	11/09/2009	Upload Started									
	11/09/2009	Upload Started									
	11/09/2009	Ready to Release by Customer									
	11/09/2009	Ready to Release by Customer									
	11/11/2009	Released for Transmission - Validation in Progress	Kcorso								
	11/11/2009	Released for Transmission - Validation in Progress	Kcorso								
	11/11/2009	Ready to transmit - Validation Complete									
	11/11/2009	Ready to transmit - Validation Complete									
	11/11/2009	Transmitted to FD									
	11/11/2009	Accepted by FD									

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If you					
	are filing for an Automatic 3-Month Extension, complete only Part I and check this box				▶ [⊽]
If you :	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2	of this f		• • • • • • • • • • • • • • • • • • • •	
Do not c	complete Part II unless you have already been granted an automatic 3-month extension on a previo	JI 11115 16	J111).	0000	
Part I		usiy ille	a romi	8868.	
	The state of the s				
A corpora	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box an y	d comp	lete		
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	
All other o to file inco	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requi ome tax returns.	est an e	xtensior	of time	
Electroni	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exi	ension	of time	to file one of t	he returns
HOTER DEN	OW to Inditials for a corporation required to the Form 990-1). However, you cannot file Form 9969 also	strania.	11 15 /4\		
vou must	matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electro	or cons	olidated	Form 990-T.	Instead,
www.irs.g	ov/efile and click on e-file for Charities & Nonprofits.	ine miné	g or this	torm, visit	
Type or	Name of Exempt Organization	F	mnlove	r identification	an numba
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en	LIFESPRING, INC.		35-	1097350	i
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iling your eturn. See	460 SPRING STREET				
nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				· · · · · · · · · · · · · · · · · · ·
	JEFFERSONVILLE, IN 47130				
Shaale desa					
леск тур	e of return to be filed (file a separate application for each return):				
X Form	n 990 Form 990-T (corporation) Form	n 4720			
Form	000 DI	n 5227			
Form	n 990-EZ				
	Ton	n 6069			
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The boo Telephor If the org If this is ox I requ F is for t I f this a If this nonref If this tax par Balance	CHERYL STUPPY Oks are in the care of 460 SPRING STREET - JEFFERSONVILLE, I The No. 812-206-1484 FAX No. Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of the organization's return for the organization return for the organization name the organization's return for: Calendar year or Tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 tax year is for less than 12 months, check reason: Initial return Final return Application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any fundable credits. See instructions. Application is for Form 990-PF or 990-T, enter any refundable credits and estimated syments made. Include any prior year overpayment allowed as a credit. Ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	n 6069 n 8870 N 47 f this is all men until d above	for the value of the extension of the ex	vhole group, on the extension we extension we can be seen the control of the case of the c	ill cover.
The boo Telephon If the org If this is ox I requ F is for X If this a If this nonref If this tax pa Balance deposi	CHERYL STUPPY Oks are in the care of A60 SPRING STREET - JEFFERSONVILLE, I The No. B12-206-1484 Granication does not have an office or place of business in the United States, check this box Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of the organization's return for the organization name the organization's return for: Calendar year or tax year beginning JUL 1, 2008 nand ending JUN 30, 2009 tax year is for less than 12 months, check reason: Initial return Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any fundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated syments made. Include any prior year overpayment allowed as a credit.	n 6069 n 8870 N 47 f this is all men until d above	for the value of the extension of the ex	vhole group, of e extension was extension	ill cover.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2008 and ending JUN 30, A For the 2008 calendar year, or tax year beginning JUL 1, D Employer identification number Check if applicable: C Name of organization Addres: label or LIFESPRING, INC. print or Name Ichange 35-1097350 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number See Room/suite Specific Termin-ation 812-280-2080 460 SPRING STREET Amende 20,725, G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-tion pending JEFFERSONVILLE, IN H(a) Is this a group return F Name and address of principal officer: CHERYL STUPPY for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) (3) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.LIFESPR.COM **H(c)** Group exemption number ▶ L Year of formation: 1964 M State of legal domicile: IN K Type of organization: Corporation Trust Association X Other Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE COMPREHENSIVE BEHAVIORAL Activities & Governance HEALTH, ADDICTION & RELATED SERVICES TO IMPROVE & SUSTAIN floor if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 12 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 254 5 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **b** Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** 4,908,830. 4,309,910. Contributions and grants (Part VIII, line 1h) 15,074,102. 14,605,539. Program service revenue (Part VIII, line 2g) 87,871. 82,032. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,391. 1,721,867. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 20,067,355. 20,725,187. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14,437,193. 14,593,515. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,345,794. 19,939,309. 5,057,157. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 19,494,350. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 573,005. 785,878. Revenue less expenses. Subtract line 18 from line 12 End of Year 700 Beginning of Year 13,325,790 15,678,795. 20 Total assets (Part X, line 16) 4,737,034 6,304,161. Total liabilities (Part X, line 26) 8,588,756. 9,374,634. 22 Net assets or fund balances. Subtract line 21 from line 20. 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. Sign Signature of officer Here CHERYL STUPPY, CFO/EXECUTIVE VP Type or print name and title Preparer's Paid Carrie & marrill, CPA self-1/27/10 signature employed > Preparer's BLUE & CO., LLC Firm's name (or yours if self-employed), Use Only ONE AMERICAN SQUARE, #2200 INDIANAPOLIS, IN 46282 Phone no. \triangleright (317) 633-4705

May the IRS discuss this return with the preparer shown above? (see instructions)

	Part III Statement of Program Service Accomplishments (see instructions)	1 age 2
ш		
1	y	
	LIFESPRING'S MISSION IS TO IMPROVE AND SUSTAIN THE QUALITY OF LIFE	IN
	OUR COMMUNITIES BY PROVIDING COMPREHENSIVE BEHAVIORAL HEALTH,	
	ADDICTION AND RELATED SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_		X No
		I40
	If "Yes", describe these new services on Schedule O.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3		LA No
	If "Yes", describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	SEE SCHEDULE O FOR CONTINUATION(S)	
		107
4a		
	LIFESPRING, INC. IS A COMMUNITY MENTAL HEALTH CENTER WITH THE PURPOS	SE
	OF PROVIDING A FULL CONTINUUM OF BEHAVIORAL HEALTHCARE SERVICES TO	
	CLIENTS WHO LIVE PRIMARILY IN CLARK, FLOYD, HARRISON, JEFFERSON, SCO	OTT
	AND WASHINGTON COUNTIES IN SOUTHERN INDIANA. DURING THE FISCAL YEAR	
	2009, LIFESPRING PROVIDED 427,319 BEHAVIOR HEALTH SERVICES TO 8,323	
		ממס
	INDIVIDUAL CLIENTS. LIFESPRING PROVIDES CARE TO CERTAIN CLIENTS UNI	
	REIMBURSEMENT AGREEMENTS WITH MEDICAID, MEDICARE AND OTHER THIRD-PAR	RTY
	PAYORS. ADDITIONALLY, LIFESPRING ACCEPTS CLIENTS REGARDLESS OF THE	
	CLIENT'S ABILITY TO PAY, THEIR RACE, AGE, SEX, CREED OR NATIONAL	
	ORIGIN. THE MAJORITY OF OUR CLIENTS ARE INDIGENT. IN FISCAL YEAR 20	009.
	WE PROVIDED \$4,493,045 IN UNCOMPENSATED CARE TO CLIENTS WHICH	
	REPRESENTED 21.7% IN UNCOMPENSATED CARE TO OPERATING REVENUE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· ·	ŕ
	Other pregram continue (Decertibe in Cohodule O.)	
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ \$ 15,725,629. (Must equal Part IX, Line 25, column (B).)	

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			Í
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	l		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			77
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\frac{x}{x}$
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	77	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		l	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	040		v
	If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>X</u>
	· ·	24D		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
႕	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
_Ja	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		
IJ	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200	-+	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20		
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Part IV Checklist of Required Schedules (continued)

L			Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		х

Form **990** (2008)

Form 990 (2008) LIFESPRING, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		F. (1)		
	U.S. Information Returns. Enter -0- if not applicable	19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С		rtable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10000	
	filed for the calendar year ending with or within the year covered by this return 2a	254			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see inst		176	1000	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	•	За		Х
			3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				
	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		X
b	If "Yes," enter the name of the foreign country: ▶		13/4		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	k and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio		5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding Pr o hibited			
	Tax Shelter Transaction?		5с		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b		1
7	Organizations that may receive deductible contributions under section 170(c).		748		Will.
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	ın \$75?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	equired			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal		91919	
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	}	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	I			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organic	F			746.3.
	excess business holdings at any time during the year?		8	325, 5 350	<u>X</u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-	244	9,945,51	37
a	Did the organization make any taxable distributions under section 4966?		9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	201.700	X
10	Section 501(c)(7) organizations. Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	 			
b	•	<u>'</u>			
11	Section 501(c)(12) organizations. Enter: N/A				
a	Gross income from members or shareholders 11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them.) 11b Section 4047(a)(1) non-exempt about the truste is the examination filing Form 200 in liqu of Form 1041	'	10-	3,4%,004	<u> 1980 (60</u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104.	ı	12a	10 3 a 1 a 1	RANNE
Ø	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	' 1	4000000	JUN 5004	2000

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec			1	T
		24 (54 (54))	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a				
b				
2	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?	2	SALESS.	Х
3	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?	3	İ	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	<u> </u>
7a				
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	man and the state of the state	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			*****
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		No
		12a 12b		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		Х	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X X	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X X X	No
b c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b 12c	X X	No
b c	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12b 12c 13	X X X	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13	X X X X	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12b 12c 13	X X X X X	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	X X X X	No
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	12b 12c 13 14	X X X X X	No
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12b 12c 13 14	X X X X X	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	X X X X X	No
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Lion C. Disclosure	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Liton C. Disclosure List the states with which a copy of this Form 990 is required to be filed IIN	12b 12c 13 14 15a 15b 16a	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Liton C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	12b 12c 13 14 15a 15b 16a	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	X X X X X	
b c 13 14 15 a b b 6ec 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b c 13 14 15 a b b 6ec 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	12b 12c 13 14 15a 15b 16a 16b	X X X X X	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not (A)	- 	1у о Т	ffice		ecto C)	or, tr	uste	1	(E)	/E\
(A) Name and Title	(B) Average			ر) Pos	-	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours	(c	(check all that apply)					compensation	compensation	amount of
	per	ctor					f	from the	from related	other
	week	or dire	92		İ	ated		organization	organizations (W-2/1099-MISC)	compensation from the
		rustee	l truste		98	npens		(W-2/1099-MISC)	,	organization
		Individual trustee or director	Institutional trustee	E	Key employee	Highest compensated employee	igi.			and related organizations
		Indi	Insti	Officer	Key	声	Form			organizations
SHANE GIBSON										
PAST BOARD CHAIR	2.00	X	<u> </u>			<u> </u>		0.	0.	0.
PAMELA A. CLOVER	0 00								_	•
BOARD CHAIR	2.00	X	<u> </u>		<u> </u>			0.	0.	0.
RONALD CRAIG MEMBER	2.00	x						0.	0.	0
JUDY STEEDLY	2.00	<u> </u>	-					U •	0.	0.
MEMBER	2.00	Х						0.	0.	0.
CARY DYSON	2,00							0.		J.
BOARD CHAIR ELECT	2.00	X	İ					0.	0.	0.
DAVID FOWLER										
BOARD TREASURER	2.00	X						0.	0.	0.
RICHARD GWALTNEY	_							_		
MEMBER	2.00	X						0.	0.	0.
DIANE HARRISON-WEST	2 00	37						0	.	0
BOARD SECRETARY BILL KEENEY	2.00	X		-				0.	0.	0.
MEMBER	2.00	x						0.	0.	0.
KATHERIN DANNER	2.00	23					\dashv	0.	· ·	
MEMBER	2.00	х	ĺ					0.	0.	0.
CHAD LEWIS										
MEMBER	2.00	X						0.	0.	0.
LARRY MEDLOCK					ĺ					
MEMBER	2.00	Х					_	0.	0.	0.
JACK VISSING	0 00				İ					•
FOUNDATION EX-OFFICIO	2.00	X						0.	0.	0.
TERRY STAWAR CEO/PRESIDENT	40.00			x	İ			188,006.	0.	35,144.
CHERYL STUPPY	40.00			^	\dashv	\dashv		100,000.	U •	33,144.
CFO/EXECUTIVE VP	40.00			х				106,589.	0.	9,292.
KAREN JONES	1000						十	200,3031		3,232
SENIOR VP HR	40.00			x				77,329.	0.	6,828.
JANA KIXMILLER						$\neg \uparrow$				· · · · · · · · · · · · · · · · · · ·
SENIOR VP CLINICAL SERVI	40.00			Х				94,100.	0.	11,779.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	oyee	es, a	and	High	nest	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	•				Reportable	Reportable		1	stimat			
	hours per	<u></u>	heck	≺ all	that	tapp	oly)	compensation from	compensat		aı	mount other	
	week	ector						the	organizatio		con	npens	
		or dir	es l			ated		organization	(W-2/1099-M		ì	rom th	
		ustee	trust		aa	ubeus		(W-2/1099-MISC)	-			ganiza	
		ndividual trustee or director	n stitutional trustee		nploy	st cor					1	nd rela	
		Indiv	Instit	Officer	Key employee	Highest compensated employee	F. F.				org	anizat	IONS
ASAD ISMAIL		-	<u> </u>		╁		┢						
VP MEDICAL SERVICES	32.00			х				218,625.		0.	3	5,8	51.
TEODORO BORDADO													
PSYCHIATRIST	40.00					X		190,731.		0.	2	4,0	10.
IRFAN AFAQ						l				_			
PSYCHIATRIST PRINTER EDDEDGON	40.00					Х		201,404.		0.	<u> </u>	7,6	61.
DENISE EPPERSON PSYCHIATRIST	40.00					х		191,090.		0.	1	0 3	0.1
ERIC JAGGERS	40.00				_	^		191,090.		<u> </u>		9,3	01.
PSYCHIATRIST	40.00	İ				х		172,535.		0.	2	2,7	64.
DANIEL HOWERTON													
PSYCHIATRIST	40.00					X		165,877.		0.	2	2,1	23.
				Щ									
				.									
1b Total						>		1,606,286.		0.	<u>20</u>	4,7	<u>53.</u>
2 Total number of individuals (including those	•							•					1.0
compensation from the organization										<u> </u>		Yes	12 No
3 Did the organization list any former officer,	director or true	staa	kev	/ em	nlov	/00	or h	ighest compensated en	nnlovee on	Γ	(agr	i popeliji	40.00
line 1a? If "Yes," complete Schedule J for su										}	3		Х
4 For any individual listed on line 1a, is the sur										,		2,3	
and related organizations greater than \$150	,000? If "Yes,"	" coi	mple	te S	Sche	edule	J fo	or such individual		[4	Х	
5 Did any person listed on line 1a receive or a								•		, [100	Yalla
the organization? If "Yes," complete Schedu	le J for such p	ers	on				· · · · · · ·				5		X
Section B. Independent Contractors		1							1100 000 -1				
 Complete this table for your five highest con the organization. NONE 	nperisated ind	iepe	nuei	nt ce	Ontra	acto	rs น	iat received more than a	5 TOU,UUU OI COI	npensa	ation t	rom	
(A)							T	(B)			(C		
Name and business a	address						ĺ	Description of se	ervices	Co	omper	, nsatio	n
									:				
									;				
				—			+						
							+						
							T						
- man													
2 Total number of independent contractors (inform the organization ►	cluding those	ın 1) wh	o red	ceiv	ed n	nore	tnan \$100,000 in comp	ensation				
nom the organization -													57797

P	art VI	II Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	2 1 a	Federated campaigns 1	a				
Contributions, gifts, grants	į t	Membership dues1	b				
S, C	c		С				
gift	<u> </u>		d				
S.	e		e 4,302,420.				
tion	f	All other contributions, gifts, grants, and					
ig 4		similar amounts not included above 1	f 7,490.				
a tr	9	Noncash contributions included in lines 1a-1f: \$					
٥ <u>ب</u>	5 h	Total. Add lines 1a-1f		4309910.			
			Business Code				
Ö	2 a	PATIENT SERVICE REVE	NU 900099	14,605,539.	14,605,539.		
هِ جَ	b)					
Š	c	:					
an Seve	d	l					
Program Service Revenue	e						
ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	14,605,539.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	>	52,422.			52,422.
	4	Income from investment of tax-exempt b	ond proceeds			-	
	5	Royalties	>				
		(i) Rea	al (ii) Personal				
	6 a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Secur					
		assets other than inventory	35,674.				
	b	Less: cost or other basis					
		and sales expenses	225.				
	С	Gain or (loss)	35,449.				
		Net gain or (loss)		35,449.			35,449.
ē	8 a	Gross income from fundraising events (n	ot				
eni		including \$ of					
Rev		contributions reported on line 1c). See					
Other Revenue		Part IV, line 18					
₽		Less: direct expenses					
_		Net income or (loss) from fundraising eve					
	9 a	Gross income from gaming activities. See	1				
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activities	es	and the appropriate and the Cartestantial		ASSESSACIONAL TARREST TO THE	ngawan na sala antara katalan na arawan aka
	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
-	С	Net income or (loss) from sales of invento					
-		Miscellaneous Revenue	Business Code	1252010	1252010		
	11 a	OTHER OPERATING REVEN		1353218.	1353218.		360 640
	b	MISC REVENUE	900099	368,649.			368,649.
	C				-		
		All other revenue		1701077	e negre de un orden desegrado a forma		Service (Section 1997)
		Total. Add lines 11a-11d		1721867.	15 050 555		456 FOO
33200	12 19	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	9c, 10c, and 11e	20,725,187.	15,958,757.	0.	
2-02	-09						Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				A STATE OF S
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 265 017	0 070 547	0 206 670	
7	Other salaries and wages	12,365,217.	9,978,547.	2,386,670.	
8	Pension plan contributions (include section 401(k)	660 731	606 064	60 667	
_	and section 403(b) employer contributions)	668,731.		62,667.	
9	Other employee benefits	718,022. 841,545.	573,482. 672,585.	144,540. 168,960.	
10	Payroll taxes	841,545.	0/2,585.	100,900.	
11	Fees for services (non-employees):				
a	Management			-	
	Legal	70,559.		70,559.	
_	Accounting	70,559.		70,559.	
d	, , , , , , , , , , , , , , , , , , , ,		The control of the section of the se	Angel all the action of the SNA call	
e	Professional fundraising services. See Part IV, line 17			galagi Patra Paga di Barata Paga di Pa	
f	Investment management fees	577,648.	475,819.	101,829.	
g 10	Other	35,363.	18,820.	16,543.	
12 13	Advertising and promotion	515,265.	284,870.	230,395.	
14	Office expenses	160,003.	42,127.	117,876.	
15	Royalties	200,003.	12/12/	127,070	
16	Occupancy	750,277.	431,842.	318,435.	· · · · · · · · · · · · · · · · · · ·
17	Travel	295,300.	271,160.	24,140.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
,0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,314.	8,306.	44,008.	
20	Interest	144,204.	73,634.	70,570.	
21	Payments to affiliates	,			. 7-7-1 347-1 3414-1444-1457-1
22	Depreciation, depletion, and amortization	386,778.	148,242.	238,536.	
23	Insurance	446,786.	332,001.	114,785.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	BAD DEBTS	1,453,212.	1,453,212.		
b	GRANT EXPENDITURES	241,123.	241,123.		
С	RESIDENTIAL LIVING ALLO	85,021.	85,021.		
d	DUES AND LICENSES	32,724.	9,597.	23,127.	
е					
f	All other expenses	99,217.	19,177.	80,040.	
25	Total functional expenses. Add lines 1 through 24f	19,939,309.	15,725,629.	4,213,680.	0.
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Without the first
	12-18-08				Form 990 (2008)

Pa	rt X	Balance Sheet							
					(A) Beginning of year			B) of year	
	1	Cash - non-interest hearing			1,990.	1			940
	2	Cash - non-interest-bearing Savings and temporary cash investments			2,963,721.		2,8		
	3	Pledges and grants receivable, net			1,830,412.		2,6		
	4	Accounts receivable, net			1,830,666.		1,7		
	5	Receivables from current and former officers, of							
	•	employees, or other related parties. Complete		-		5			
	6	Receivables from other disqualified persons (as		l e		3333			
		4958(f)(1)) and persons described in section 49							
		Part II of Schedule L				6			
Ś	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges			197,702.	9	20	09,5	534
	10a		10a	12,214,496.		\$2.50 to 1			
	b	Less: accumulated depreciation. Complete							
		Part VI of Schedule D	10b	4,147,618.	6,349,337.	10c	8,06	56,8	378
no en en en en en en en en en en en en en	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			151,962.	15		73,5	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,325,790.	16	15,67		
	17	Accounts payable and accrued expenses	2,274,161.	17	2,18	<u> 38,6</u>	<u> 20</u>		
	18	Grants payable			18				
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
es	21	Escrow account liability. Complete Part IV of So				21		10° 20° 10° 10° 10° 10° 10° 10° 10° 10° 10° 1	
Ħ	22	Payables to current and former officers, directo		· · · ·					
Liabilities		highest compensated employees, and disqualif of Schedule L		22					
	23	Secured mortgages and notes payable to unrel			2,310,911.	23	3,94	2.0	06
	24	Unsecured notes and loans payable			_,	24			
	25	Other liabilities. Complete Part X of Schedule D			151,962.	25	17	73,5	35
	26	Total liabilities. Add lines 17 through 25		4,737,034.	26	6,30			
		Organizations that follow SFAS 117, check h				875/A			
S		lines 27 through 29, and lines 33 and 34.							
nce	27	Unrestricted net assets			8,588,756.	27	9,37	4,6	34
ala	28	Temporarily restricted net assets				28			
Net Assets or Fund Balances	29					29			***************************************
E I		Organizations that do not follow SFAS 117, c							
orl		complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds				30			
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31			
et /	32	Retained earnings, endowment, accumulated in	icome, o	or other funds		32			
Ž	33	Total net assets or fund balances			8,588,756.	33	9,37		
		Total liabilities and net assets/fund balances			13,325,790.	34	15,67	8,7	95.
Par	t XI	Financial Statements and Reporting							
		-						Yes	No
1		unting method used to prepare the Form 990: $\;\;\; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \;$			Other		1,100	2012.2	
2a		the organization's financial statements compiled							Х
þ		the organization's financial statements audited by					2b	Х	
С		s" to lines 2a or 2b, does the organization have a						,,	
_		v, or compilation of its financial statements and s						X	
За		result of a federal award, was the organization re-						,,	
_		nd OMB Circular A-133?						X	
b	If "Yes," did the organization undergo the required audit or audits?						3b	X	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

35-1097350 LIFESPRING, INC. Part Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type Ii d Type III - Other c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. support organization (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes Yes No Yes No No (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	nedule A (Form 990 or 990-EZ) 2008 art II Support Schedule for	Organization	e Described in	Sections 170	1/h)/1)/A)/ii/) an	d 170/b)/1)/A)/s	Page 2
F.	(Complete only if you checke	-				a 170(b)(1)(A)(v	''
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(-,					
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 - 3						
	The portion of total contributions	gi s fa mani danasi				8 5 5 4 4 5 5 5 5 5 5 5	
J	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)						
6	Public Support. Subtract line 5 from line 4.						
	ction B. Total Support			Literature e de la entre les especialistes de la companya de la co	The state of the s	and the first of the design of the second se	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(4) 2004	(b) 2000	(6) 2000	(u) 2007	(6) 2000	(i) Total
	Gross income from interest,						
Ü	dividends, payments received on			3			
	securities loans, rents, royalties						
	and income from similar sources						
۵	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain						
IU	or loss from the sale of capital			:			
	assets (Explain in Part IV.)						
4 4	Total support. Add lines 7 through 10			Attaining Vice (Arthur	ANTIQUE THYSIC SA		
	Gross receipts from related activities,	oto (see instructi	one)	I was a second as a second		12	
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			
13	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2008 (column (fl)		14	%
	Public support percentage from 2007		=		†	15	%
	33 1/3% support test - 2008. If the o					t	
. u	stop here. The organization qualifies						
h	33 1/3% support test - 2007. If the o						
	and stop here. The organization quali						
72	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV 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

Schedule A (Form 990 or 990-EZ) 2008

Pa	art III Support Schedule for	Organizations	Described in	Section 509(a	1)(2) (Complete only	if you checked the bo	ox on line 9 of Part I.
<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unu s ual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					Property of the content of the	
	Total support (Add lines 9, 10c, 11, and 12.)	etvis politika (Sidia					
14	First five years. If the Form 990 is for	-			-		
2	check this box and stop here						>
	tion C. Computation of Publi					1	-
	Public support percentage for 2008 (li					15	%
	Public support percentage from 2007					16	<u>%</u>
	tion D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2008. If the						is not
	more than 33 1/3%, check this box ar			· · · · · · · · · · · · · · · · · · ·			▶∟
	33 1/3% support tests - 2007. If the	-					
	line 18 is not more than 33 1/3%, ched					=	
	Private foundation. If the organization						

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990, 990-EZ, and 990-PF.

Schedule of Contributors

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

LI	FESPRING, INC.	35-1097350					
Organization type (check o							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule . (Note . Only a section 501(c)(7), (8), or and a Special Rule. See instructions.)	(10) organization can check boxes					
General Rule							
X For organizations fi	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon ete Parts I and II.	ey or property) from any one					
Special Rules							
509(a)(1)/170(b)(1)(e)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the A)(vi), and received from any one contributor, during the year, a contribution of the grea pool. Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and III	ter of (1) \$5,000 or (2) 2% of the					
aggregate c o ntribu	e)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one tions or bequests of more than \$1,000 for use exclusively for religious, charitable, scier evention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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 of \$5,000 or more during the year.)							
they must answer "No" on P	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Fart IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

	1	4	
age	⊥ of	⊥ of Pa	art

Name of organization

LIFESPRING, INC.

Employer identification number

35-1097350

Part I Contributors (see instructions) (c) (d) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. 1 COUNTY APPROPRIATIONS Person Pavroll Noncash 460 SPRING STREET 1,496,639. (Complete Part II if there is a noncash contribution.) JEFFERSONVILLE, IN 47130 (b) (c) (d) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. 2 JEFF BOOKS BOOKSTORE Person Pavroll Noncash 7,490. 460 SPRING STREET (Complete Part II if there JEFFERSONVILLE, IN 47130 is a noncash contribution.) (a) (b) (c) (d) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 DEPARTMENT OF HEALTH AND HUMAN 3 SERVICES Person Payroll 2,436,478. Noncash 402 W WASHINGTON ST. (Complete Part II if there INDIANAPOLIS, IN 46204 is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. US DEPARTMENT OF HOUSING AND URBAN 4 DEVELOPMENT X Person Payroll 346,073. Noncash 151 NORTH DELAWARE ST. (Complete Part II if there is a noncash contribution.) INDIANAPOLIS, IN 46204 (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II
Employer identification number Name of organization

LIFESPRING, INC.

35-1097350

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	BOOKS		
2			
		\$\$.	12/31/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	Walter Control of the
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raiti			
23453 12-18-	08		90, 990-EZ, or 990-PF) (2008)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

LIFESPRING, INC.

Employer identification number 35-1097350

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Ye s " to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a cons	servation easement on the last day
	of the tax year.		
	•		Held at the End of the Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the taxable
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, violations, ar	nd
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, ar	nd enforcing easements during the year 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing easements during the year >\$	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements t h at describes t	the organization's accounting for
	conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r	•	
	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) Revenues included in 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 trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 11	_	
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

	edule D (FOM1 990) 2006 LIFESPRI						e Z
Pa	rt III Organizations Maintaining Co						
3	Using the organization's accession and other	records, check an	y of the following th	at are a significan	t use of its collection	items (check all	
	that apply):						
а	Public exhibition		d Loan or exc	change programs			
b	Scholarly research		e Other	Marcan 1911			
C	Preservation for future generations						
4	Provide a description of the organization's coll	lections and expla	ain how they further t	the organization's	exempt purpose in F	art XIV.	
5	During the year, did the organization solicit or	receive donations	of art, historical trea	asures, or other si	milar assets		
	to be sold to raise funds rather than to be main	ntained as part of	the organization's c	ollection?		Yes	No
Pa	rt IV Trust, Escrow and Custodial	Arrangements	s. Complete if organ	nization answered	"Yes" to Form 990, F	art IV, line 9, or	
	reported an amount on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodia	n or other interme	diary for contribution	ns or other assets	not included		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIV a						
						Amount	
С	Beginning balance				1c		
d	Additions during the year						
е	Distributions during the year				_		
f	Ending balance						
2a	Did the organization include an amount on For					Yes	No
	If "Yes," explain the arrangement in Part XIV.		***************************************				
Pai	<u> </u>	organization answ	ered "Yes" to Form !	990, Part IV, line	10.		_
		(a) Current year	(b) Prior year	(c) Two years bad		k (e) Four years ba	ck
1a	Beginning of year balance						
b	Contributions						
С	Investment earnings or losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year	end balance held	as:	<u> </u>			
_ a	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
	Term endowment ▶ %						
	Are there endowment funds not in the possess		ration that are held a	and administered	for the organization		
-	by:			.,		Yes N	lo
	(i) unrelated organizations					3a(i)	
	(2)					3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations li					3b	
	Describe in Part XIV the intended uses of the o				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[32]	
Par				. Part X. line 10.			
<u> </u>	Description of investment	(a) Cost or o			c) Depreciation	(d) Book value	
	Description of investment	basis (investr		(other)	b) Depresiation	(d) Book Value	
10	Land	<u>'</u>	/	9,835.		859,83	
					2,010,170.	4,776,36	
	Buildings Leasehold improvements	***************************************	0,70	2,22,1	-, 0 = 0 , = , 0 •		<u>.</u>
	•		2 11	4,634. 1	1,759,946.	354,688	-
	Equipment			3,490.	377,502.	2,075,988	
	Other			J / EJ U •	3//,302.	8.066.878	

Part VII Investments - Other Securities.	See Form 990, Part X, I	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of values ost or end-of-year manager	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				· · · · · · · · · · · · · · · · · · ·
			Lagran and	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valu	
(-,		Co	ost or end-of-year ma	rket value
-				
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		er Strift in 1944		
Part IX Other Assets. See Form 990, Part X, lin		· · · · · · · · · · · · · · · · · · ·		
(8	a) Description			(b) Book value
			·	
WARRIES CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.				1704 - 4-2
Total. (Column (b) should equal Form 990, Part X, col (B)			>	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	// X A	.	
(a) Description of liability		(b) Amount		
Federal income taxes	<u> </u>			
DUE TO RESIDENTIAL PATIENTS		173,535.		
Total. (Column (b) should equal Form 990, Part X, col (B) i	line 25.)	173,535.		

In Part XIV, 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.

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Financial	Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		20,725,187.
2	Total expenses (Form 990, Part IX, column (A), line 25)				19,939,309.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				785,878.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4-8			***************************************	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		785,878.
	t XII Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per	Returi	
1	Total revenue, gains, and other support per audited financial statements				20,725,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants		*		
d	Other (Describe in Part XIV)			7 7	
е	Add lines 2a through 2d		H-100-	2e	0.
3	Subtract line 2e from line 1			3	20,725,187.
. 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1884	* *
a.	Investment expenses not included on Form 990, Part VIII, line 7b	4a		The state of	
b	Other (Describe in Part XIV)				
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			\vdash	20,725,187.
	rt XIII Reconciliation of Expenses per Audited Financial Staten				
1	Total expenses and losses per audited financial statements				19,939,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
- а	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)				
	Add lines 2a through 2d			2 e	0.
3	Subtract line 2e from line 1			3	19,939,309.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				23/303/3034
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a				-	
	Other (Describe in Part XIV)			10	0.
	Add lines 4a and 4b			4c	19,939,309.
5 D o	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) † XIV Supplemental Information			1 5 1	±2,232,302.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	III, lines 1a and	4; Part IV, lines	1b and 2	2b; Part V, line 4; Part

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Employer identification number

35-1097350 LIFESPRING, INC. Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a: X a Receive a severance payment or change of control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х X **b** Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X **b** Any related organization?

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

not described in lines 5 and 6? If "Yes," describe in Part III

If "Yes" to line 6a or 6b, describe in Part III.

initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III Schedule J (Form 990) 2008

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Page 2

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	178,903.		9,103.	15,020.	20,124.	223,150.	0
TERRY STAWAR	€			0		1 1	.	0
דוראשד תמשמ	€ (218,625.	700000000000000000000000000000000000000	0	17,470.	18,381.	254,476.	0
птыкт	EE	190.731.	0	0	15.258	0 8 752	0.0	0
TEODORO BORDADO	€	•	The state of the s	0	5	-	†	000
	Ξ.	201,404.		0	16,020.	1,641.	219,065.	0.
TKFAN AFAQ				0	- 1	- 1	li	• 0
DENTSE FEDEROSIA	Ξ 🤅	191,090.		0	15,277.	4,024.	210,391.	0.
	EE	172.535.			13 798	0 9 8	195 200	0
ERIC JAGGERS	€	0	0	0	5	-	-	000
	Ξ	165,877.	0	0	13,211.	8,912.	188,000.	000
DANIEL HOWERTON	Ξ	0	0	0	0	·l	0	0
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	Ξ				The state of the s			AND AND AND AND AND AND AND AND AND AND
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	≣							
							Schedul	Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

LIFESPRING, INC.

Employer identification number 35-1097350

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY OF LIFE IN OUR COMMUNITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
LIFESPRING PROVIDES A WIDE ARRAY OF SERVICES TO OUR CLIENTS RANGING
FROM OUTPATIENT COUNSELING TO PSYCHIATRIC SUB-ACUTE RESIDENTIAL
SERVICES. WE ALSO PROVIDE CASE MANAGEMENT SERVICES WHICH ASSIST OUR
CLIENTS IN OBTAINING ANY AVAILABLE BENEFITS FOR WHICH THEY MAY BE
ELIGIBLE. THIS INVOLVES LINKING, REFERRING AND MONITORING OF CLIENTS,
WITH FOLLOW THROUGH SERVICES TO MAINTAIN THOSE BENEFITS ONCE ACQUIRED.
LIFESPRING'S OVERARCHING GOAL IS TO IMPROVE THE QUALITY OF LIFE FOR ITS
CLIENTS.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A
NONPROFIT CORPORATION WITH A BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 10: THE CFO AND CEO REVIEW THE FORM
990. IN ADDITION A COPY OF THE FORM 990 IS PRESENTED/PROVIDED TO THE BOARD
OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY AND/OR AT ANY TIME A
CONFLICT OF INTEREST ARISES BOARD MEMBER MUST FULLY DISCLOSE THIS CONFLICT
TO THE REST OF THE BOARD AND REFRAIN FROM VOTING ON ANY ISSUES RELATING TO
THIS CONFLICT; PRESIDENT/CEO FULLY DISCLOSE THIS CONFLICT TO THE BOARD AND
REFRAIN FROM PARTICIPATING IN THE DECISION MAKING PROCESS RELATING TO THIS

CONFLICT; EXECUTIVE MANAGEMENT TEAM MEMBERS INCLUDING ANY KEY EMPLOYEES

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LIFESPRING, INC. **Employer identification number** 35-1097350

FULLY DISCLOSE THIS CONFLICT TO THE PRESIDENT/CEO AND REFRAIN FROM PARTICIPATING IN THE DECISION MAKING PROCESS RELATING TO THIS CONFLICT. DISCLOSURE DURING BOARD MEETINGS IS NOTED IN THE BOARD MINUTES. FAILURE TO DISCLOSE CONFLICTS OF INTEREST SHALL BE SUBJECT TO DISCIPLINARY ACTION IN ACCORDANCE WITH THE BOARD'S BY-LAWS AND THE CENTER'S PERSONNEL POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION: ANNUAL EVALUATIONS IS PERFORMED BY THE BOARD OF DIRECTORS FOR THE CEO AND ANY WAGE INCREASES. HUMAN RESOURCE MANAGER CONDUCTS A SALARY SURVEY AS NEEDED FOR REVIEW BY THE BOARD OF DIRECTORS. THE RESOLUTIONS OF THE BOARD ARE DOCUMENTED AND INCLUDED IN THE BOARD MINUTES.

OTHER OFFICERS: HUMAN RESOURCE MANAGER MAINTAINS AND UPDATES INFORMATION REGARDING OTHER OFFICERS/ KEY EMPLOYEE'S SALARY AND WAGE PLANS THAT ARE COMPETITIVE AND FAIR. EACH PLAN IS REVIEWED ON THE EMPLOYEE'S ANNIVERSARY DATE OF HIRE AND ANY CHANGES ARE APPROVED BY THE CEO. WAGE INCREASES ARE DETERMINED BY THE BOARD OF DIRECTORS. HR MANAGER PARTICIPATES IN SALARY SURVEYS AS NEEDED AND ON A CONTINUOUS BASIS WITH OTHER LOCAL/STATE AGENCIES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization **Employer identification number** 35-1097350 LIFESPRING, INC. OVERSIGHT OF THE AUDIT THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service

Name of the organization SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions.

2008 Open to Public Inspection OMB No. 1545-0047

Employer identification number 35-1097350 Direct controlling Œ End-of-year assets Œ Total income 0 Legal domicile (state or foreign country) Primary activity <u>B</u> INC. LIFESPRING, Identification of Disregarded Entities Name, address, and EIN of disregarded entity

(A)	(B)	(5)	(Q)	(E)	(F)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire
of related organization		foreign country)	section	0)	•
Tributa de la company	THE PARTY OF THE P			//>	
LIFESPRING FOUNDATION OF INDIANA, INC	SUPPORT OF LOCAL			77775 8774	
20-0177427, 460 SPRING ST., JEFFERSONVILLE, NON-PROFITS COMMUNITY	NON-PROFITS COMMUNITY				
IN 47130	MENTAL HEALTH AGENCY	INDIANA	501C3	LINE 9	N/A
	100000000000000000000000000000000000000				The state of the s
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Identification of Related Tax-Exempt Organizations

Part II

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

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Page 2

Part III Identification of Related Organizations Taxable as a Partnership

3	General or managing partner?	Yes No		 		 							 _
(E)	Cod amor 20 of	K-1 (Form 1065)											
E	oportion- ocations?	8 8		 						•			
				 	 -				 				_
(5)	Share of end-of-year assets										-		
(F)	Share of total income							***************************************					
(E)	Predominant income (related, investment, unrelated)				THE PARTY OF THE P			The second secon					
(a)	Direct controlling entity												
(0)	Legal domicile (state or foreign	country)			- Total Annual Control								
(B)	Primary activity	THE SAME			The state of the s			110000			Transfer.		
(A)	Name, address, and EIN of related organization	The state of the s	Transition and the second seco				The state of the s		1000				

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Fart IV Identification of Related Organizations Taxable as a Corporation or	ration or Trust						
(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
						The state of the s	
							THE PERSON NAMED IN COLUMN NAM
832162 12-23-08						Schedule R (Form 990) 2008	m 990) 2008

Part V Transactions With Related Organizations

Page 3

110000	The state of the s		
Note. Complete line	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Vac
1 During the tax	f the following		_
of December of (1)	Power and agreement of the following transactions will one or more related organizations listed in Parts II-IV?		
	neceipt of V) interest (ii) armunites (iii) royantes (iv) rent from a controlled entity	1 a	×
b Gift, grant, or c	Gift, grant, or capital contribution to other organization(s)	╀	 >
O to tack the o	Analysis from the state of the	+	+
	Girt, grant, or capital contribution from otner organization(s)	2	×
d Loans or loan g	Loans or loan guarantees to or for other organization(s)	7	 >
o I cans or loan	Dane or han attarantage by other everyingtion(a)	2	4
	gdalainees by onlei orgalization(s)	1 e	×
			\$4 4 4 1
f Calo of accorde	to other engine ()		
	ode of assets to other organization(s)	#	×
g Purchase of as	Purchase of assets from other organization(s)	7	×
h Evokonos of or		20	4
	SIBOO	f	×
 Lease of facilities 	Lease of facilities, equipment, or other assets to other organization(s)	F	×
			:
	Lease of racilities, equipment, or other assets from other organization(s)	Ţ.	×
k Performance of	Performance of services or membership or fundraising solicitations for other organization(s)	*	×
l Performance of	Performance of services or membership or fundraising solicitations by other organization(s)	;	1
Charina of facil	Histor continues and the second control of grant	4	+
	Stating of facilities, equipment, mailing lists, of other assets	Ē	 ×
n Sharing of paid employees	J employees	1	×
		+	
O Doinhundan	the market of the section of the sec	4	
	The indusering the organization for expenses	္	— ⋈
p Reimbursemen	Reimbursement paid by other organization for expenses	10	×
		<u> </u>	
a Other transfer	of complete of the orthorn and the contraction of		
	ories transfer of cash of property to other organization(s)	P	×
.	Other transfer of cash or property from other organization(s)	+	×
2 If the answer to	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line including conjugated and transfer the transfer of the answer to any of the above is "Yes." see the instruction and transfer the transfer of the answer to any of the above is "Yes."		
Table 1	The state of the s		
	(A) (B)	3	
	Name of other organization(s)	Amount involved	olved
White the state of			
3			
(1)			
Ę,			
(7)			
(3)			
(4)			
			-
(5)			
(9)			
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002.00.12-20.00	behov	Schedule R (Form 990) 2008	100) 2008

35-1097350

Page 4

Schedule R (Form 990) 2008 LIFESPRING, INC.

Part VI Unrelated Organizations Taxable as a Partnership

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.

Œ	General or managing partner?	1.		 					•					 			-				 	
(5)	Code V-UBI amount in box 20	(Form 1065)				***************************************					**************************************							WAR TO THE TOTAL OF THE TOTAL O				
(F)	Dispropor- tionate allocations?																					
(E)	Share of end-of- year assets												AND STREET									
(<u>Q</u>)	Are all partners section 501(c)(3) organizations?	Yes No		 			 									 						
(C)	ign	country)																				
(B)	Primary activity	TOTAL TOTAL			THE RESERVE AND THE PROPERTY OF THE PROPERTY O															TANKS CONTRACTOR CONTR		
(A) (B)	Name, address, and EIN of entity		THE PARTY OF THE P	Transition of the control of the con			TARGET TO THE TA	THE PARTY OF THE P	The state of the s	Comments property pro		Table 1			The state of the s						Transfer Control of the Control of t	

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

• If you	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
-	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
-	complete Part II unless you have already been granted an automatic 3-month extension on a previously		
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete	
Part I o	nly		▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a acome tax returns.	n exter	nsion of time
noted b (not aut you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction of the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for a gov/efile and click on e-file for Charities & Nonprofits.	nically i	f (1) you want the additional lated Form 990-T. Instead,
Type or		Emp	loyer identification number
print			- 1005050
File by the	LIFESPRING, INC.	3	55-1097350
due date f filing your return. See	or Number, street, and room or suite no. If a P.O. box, see instructions. 460 SPRING STREET		
instruction			
Check	type of return to be filed (file a separate application for each return):		
F	orm 990 Form 990-T (corporation) Form 4 orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 orm 990-EZ Form 990-T (trust other than above) Form 6 orm 990-PF Form 1041-A Form 8	227 069	
Telepoint If the	CHERYL STUPPY, CFO cooks are in the care of 460 SPRING STREET - JEFFERSONVILLE, IN condone No. 812-206-1484 FAX No. corganization does not have an office or place of business in the United States, check this box sis for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all	is is fo	r the whole group, check this
-	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unifEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for:		The extension
2 lf	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	onrefundable credits. See instructions.	3a	\$
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	x payments made. Include any prior year overpayment allowed as a credit.	3b	\$
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	20	\$ N/A
56	ee instructions.	3с	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM NP-20

FOR THE YEAR ENDING

June 30, 2009

Prepared for	LifeSpring, Inc. 460 Spring Street Jeffersonville, IN 47130
Prepared by	Blue & Co., LLC One American Square, #2200 Indianapolis, IN 46282
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Indiana Department of Revenue Tax Administration P.O. Box 7147 Indianapolis, Indiana 46207-7147
Return must be mailed on or before	February 16, 2010
Special Instructions	The return should be signed and dated by an authorized individual.

Indiana Department of Revenue

Indiana Nonprofit Organization's Annual Report

Beginning For the Calendar Year or Fiscal Year 07/01/2008 and Ending 06/30/2009

Check if:	Change of Address
	Amended Report
;	Final Report: Indicate Date
	Closed

NP-20

State Form 51062 (R2 / 3-09)

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

Name of Organization		Telephone Number
LIFESPRING, INC.	-	812-280-2080
Address	County	Indiana Taxpayer Identification Number
460 SPRING STREET	CLARK	70303004
City State	e ZIP Code	Federal Identification Number
JEFFERSONVILLE, IN 47130		35-1097350
Printed Name of Person to Contact CHERYL STUPPY		Contact's Telephone Number
If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 99	90PF.	
Note: If your organization has unrelated business income of more than \$1,000 as d must also file Form IT-20NP.	efined under Secti	on 513 of the Internal Revenue Code, you
Current Information		
1. Have any changes not previously reported to the Department been made in your or other instruments of similar importance? If yes, attach a detailed description	•	uments, (e.g.) articles of incorporation, bylaws,
2. Indicate number of years your organization has been in continuous existence.	4 5 .	
3. Attach a schedule, listing the names, titles and addresses of your current office	ers. S	EE STATEMENT 1
4. Briefly describe the purpose or mission of your organization below.		
LIFESPRING, INC. IS A COMMUNITY MENTAL HEA	LTH CENTE	R WITH THE PURPOSE OF
PROVIDING A FULL RANGE OF BEHAVIORAL HEALT IN CLARK, FLOYD, HARRISON, JEFFERSON, SCOT		S. THE CENTER OPERATES HINGTON COUTIES IN
INDIANA.		
WWW.LIFESPR.COM		
Email Address:		
I declare under the penalties of perjury that I have examined this return, including a true, complete, and correct.	ll attachments, and	to the best of my knowledge and belief, it is
CFO/EX	ECUTIVE VI	P
Signature of Officer or Trustee Title	<u> </u>	Date
Name of Person(s) to Contact Daytime Te	lephone Number	
Important: Please submit this completed f Indiana Department of Revenue, Ta	orm and/or extension ax Administration	on to: Carrie & marrill, CPA
P.O. Box 7147	74 477	BLUE & CO.,LLC 35-1178661
Indianapolis, IN 46207- Telephone: (317) 232-4		ONE AMERICAN SQ., STE 2200
Extensions of Time to File		BOX 82062 INDIANAPOLIS, IN 46282
The Department recognizes the Internal Revenue Service application for automatic of your federal extension, identified with your Nonprofit Taxpayer Identification Tax Administration by the original due date to prevent cancellation of your sale	Number (TID), to	the Indiana Department of Revenue,

filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-4015.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

Identification number on your request for an extension of time to file.

FORM NP-20	LIST	OF	OFFICERS,	DIRECTORS	AND	TRUSTEES	STATEMENT	1

NAME AND ADDRESS		TITLE
SHANE GIBSON 460 SPRING STREET JEFFERSONVILLE, IN	47130	PAST BOARD CHAIR
PAMELA A. CLOVER 460 SPRING STREET JEFFERSONVILLE, IN	47130	BOARD CHAIR
RONALD CRAIG 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER
JUDY STEEDLY 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER
CARY DYSON 460 SPRING STREET JEFFERSONVILLE, IN	47130	BOARD CHAIR ELECT
DAVID FOWLER 460 SPRING STREET JEFFERSONVILLE, IN	47130	BOARD TREASURER
RICHARD GWALTNEY 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER
DIANE HARRISON-WEST 460 SPRING STREET JEFFERSONVILLE, IN	47130	BOARD SECRETARY
BILL KEENEY 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER
KATHERIN DANNER 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER
CHAD LEWIS 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER
LARRY MEDLOCK 460 SPRING STREET JEFFERSONVILLE, IN	47130	MEMBER

т .	т	T	T	ď	D	D	т	ħΤ	G	INC	
Lı.	1.	r	r.	O	Ľ	ĸ	- 1	IV	17	I INC.	

460 SPRING STREET

JEFFERSONVILLE, IN 47130

JACK VISSING 460 SPRING STREET JEFFERSONVILLE, IN	47130	FOUNDATION EX-OFFICIO
TERRY STAWAR 460 SPRING STREET JEFFERSONVILLE, IN	47130	CEO/PRESIDENT
CHERYL STUPPY 460 SPRING STREET JEFFERSONVILLE, IN	47130	CFO/EXECUTIVE VP
KAREN JONES 460 SPRING STREET JEFFERSONVILLE, IN	47130	SENIOR VP HR
JANA KIXMILLER 460 SPRING STREET JEFFERSONVILLE, IN	47130	SENIOR VP CLINICAL SERVICES
ASAD ISMAIL		VP MEDICAL SERVICES

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	1 Just a departed approach for ederificant.		
If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of t	his for	rm).
Do not o	omplete Part II unless you have already been granted an automatic 3-month extension on a previously	y filed	Form 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpor	·		
Part I onl	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and c		
to file inc	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ome tax returns.	an ex	tension of time
(not autor	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exten ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic over and click on e-file for Charities & Nonprofits.	onicall	y if (1) you want the additional
Type or	Name of Exempt Organization	En	nployer identification number
print	LIFESPRING, INC.		25 400555
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	L	35-1097350
filing your return. See	460 SPRING STREET		
nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JEFFERSONVILLE, IN 47130		
Check tvr	e of return to be filed (file a separate application for each return):		
X Form	2000		
	000 Pl		
	Form 8		
	- 000 DF		
	1990-PF	870	
	CHERYL STUPPY		
The boo	ks are in the care of \triangleright 460 SPRING STREET - JEFFERSONVILLE, IN	471	130
Telepho	ne No. ► 812-206-1484 FAX No. ►		
If the or	ganization does not have an office or place of business in the United States, check this box		▶ □
If this is	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is fo	or the whole group, check this
ox ▶ ∟	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	meml	pers the extension will cover.
is for ►	lest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-months for a corporation required to file Form 990-T) extension of time unto be set an automatic 3-months for a corporation required to file Form 990-T) extension of time unto be set as a corporation required to file Form 990-T) extension of time unto be set as a corporation required to file Form 990-T) extension of time unto be set as a corporation required to file for a corporation required to file Form 990-T) extension of time unto be set as a corporation required to file Form 990-T) extension of time unto be set as a corporation required to file Form 990-T) extension of time and the corporation required to file Form 990-T) extension of time file Form 990-T).	il Ibove.	The extension
►LX	tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u>		·
if this	tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	undable credits. See instructions.	За	\$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	yments made. Include any prior year overpayment allowed as a credit.	3b	\$
	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		-
	t with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
See ins	structions.	3с	\$ N/A
u tio n. If y	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

JUL 1, For the 2008 calendar year, or tax year beginning 2008 and ending JUN Check if applicable: C Name of organization D Employer identification number Please use IRS label or Address change LIFESPRING, INC. print or Name change type. 35-1097350 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-460 SPRING STREET 812-280-2080 Instruc-Amended 20,725,412. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-JEFFERSONVILLE, IN H(a) Is this a group return pending F Name and address of principal officer: CHERYL for affiliates? Yes X No SAME AS C ABOVE **H(b)** Are all affiliates included? Tax-exempt status: X 501(c) (3 527) (insert no.) If "No," attach a list. (see instructions) 4947(a)(1) or J Website: ► WWW.LIFESPR.COM H(c) Group exemption number ▶ K Type of organization: Corporation Trust Association X Other L Year of formation: 1964 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE COMPREHENSIVE BEHAVIORAL Activities & Governance HEALTH, ADDICTION & RELATED SERVICES TO IMPROVE & SUSTAIN THE oxdot if the organization discontinued its operations or disposed of more than 25% of its assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 5 254 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 13 6 $\overline{0}$. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 4,908,830. Contributions and grants (Part VIII, line 1h) 4,309,910. Revenue 15,074,102. 14,605,539. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 82,032. 87,871. 1,721,867. 2,391. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,067,355. 20,725,187. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14,437,193. 14,593,515. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 5,057,157 5,345,794. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 19,494,350. 19,939,309. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 573,005. 785,878. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Year **End of Year** 13,325,790 15,678,795. 20 Total assets (Part X, line 16) 4,737,034. 6,304,161. 21 Total liabilities (Part X, line 26) 8,588,756. 9,374,634. Net assets or fund balances. Subtract line 21 from line 20 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. Sign Signature of officer Here CHERYL STUPPY, CFO/EXECUTIVE VP Type or print name and title Date Preparer's Paid selfsignature employed Preparer's Firm's name (or BLUE & CO., LLC EIN > yours if self-employed), Use Only ONE AMERICAN SQUARE, #2200 INDIANAPOLIS, IN 46282 Phone no. \triangleright (317) 633-4705 X Yes May the iRS discuss this return with the preparer shown above? (see instructions)

Forn	n 990 (2008) LIFESPRING, INC.	35-109	7350	Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)			
1	Briefly describe the organization's mission:			
	LIFESPRING'S MISSION IS TO IMPROVE AND SUSTAIN THE QUA		LIFE	IN
	OUR COMMUNITIES BY PROVIDING COMPREHENSIVE BEHAVIORAL	HEALTH,		
	ADDICTION AND RELATED SERVICES.	····		
	Did the agreement in an electric converge from the program consists during the year which were not listed on			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Vos	X No
	the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.		163	22 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	25?	Yes	X No
•	If "Yes", describe these changes on Schedule O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount			
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
	SEE SCHEDULE O FOR CONTINUATION		***************************************	
4a				187.)
	LIFESPRING, INC. IS A COMMUNITY MENTAL HEALTH CENTER W			SE
	OF PROVIDING A FULL CONTINUUM OF BEHAVIORAL HEALTHCARE			-
	CLIENTS WHO LIVE PRIMARILY IN CLARK, FLOYD, HARRISON, AND WASHINGTON COUNTIES IN SOUTHERN INDIANA. DURING T	HE FISCA		OTT P
	2009, LIFESPRING PROVIDED 427,319 BEHAVIOR HEALTH SERV			
	INDIVIDUAL CLIENTS. LIFESPRING PROVIDES CARE TO CERTA			
	REIMBURSEMENT AGREEMENTS WITH MEDICAID, MEDICARE AND C			
	PAYORS. ADDITIONALLY, LIFESPRING ACCEPTS CLIENTS REGA			
	CLIENT'S ABILITY TO PAY, THEIR RACE, AGE, SEX, CREED C			
		FISCAL Y	EAR 2	009,
	WE PROVIDED \$4,493,045 IN UNCOMPENSATED CARE TO CLIENT		····	
	REPRESENTED 21.7% IN UNCOMPENSATED CARE TO OPERATING R			
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)

		A CONTRACTOR OF THE CONTRACTOR		
				
4d	Other program services. (Describe in Schedule O.)	,		
10	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ \$ 15,725,629 • (Must equal Part IX, Line 25, column (E			
le	Total program service expenses F \$\psi \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	1.1		

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	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	many to the second of the seco			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
				_

			Yes	No
2 8 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	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	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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	37		х

Form **990** (2008)

5008) LIFESPRING, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	19			
b		1b	0			
C		-	1	N. A.		
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				25 CONT.	
	filed for the calendar year ending with or within the year covered by this return	2a	254			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ıms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instruct	ions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by thi	s return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	/ over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank an	d			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regardi	ng Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or g	jifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than \$7	'5?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	,		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal				
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as requ	ired?	7h	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 509	(a)(3)	4.66		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganizatio	n, have			
	excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter: N/A		1		16 V. S.A. 18 A DAV	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		HORSE STATE	
	officer, director, trustee, or key employee?	2		X
3	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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	345.25	10 (10 %)	3433
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		37	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
sec	tion B. Policies		Vaa	No
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes X	NO
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
D		12b	х	
	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ü	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1,146	5200	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)	14.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		100	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 610	or		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	d finai	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	on: 🕨		
	CHERYL STUPPY, CFO - 812-206-1484			
	160 CDDING CORPER TEFFFECONVILLE IN 17130			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not of	compensate ar	ny of	fficer	r, dir	ecto	or, tr	uste	ee, or key employee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١.		Pos				Reportable	Reportable	Estimated
	hours	(0	hecl	k all	that	app	oly)	compensation	compensation from related	amount of other
	per week	ector						from the	organizations	compensation
	, wook	or dir	98			ated		organization	(W-2/1099-MISC)	from the
		ustee	trust		98	ubeus		(W-2/1099-MISC)		organization
		ndividual trustee or director	nstitutional trustee		Key employee	stcor	<u></u>			and related
		Indivi	Institu	Officer	Key e	Highest compensated employee	Form			organizations
SHANE GIBSON		<u> </u>					·······			
PAST BOARD CHAIR	2.00	X						0.	0.	0.
PAMELA A. CLOVER										
BOARD CHAIR	2.00	X						0.	0.	0.
RONALD CRAIG										
MEMBER	2.00	X				L		0.	0.	0.
JUDY STEEDLY								_	_	_
MEMBER	2.00	X						0.	0.	0.
CARY DYSON										
BOARD CHAIR ELECT	2.00	X						0.	0.	0.
DAVID FOWLER										
BOARD TREASURER	2.00	X						0.	0.	0.
RICHARD GWALTNEY	2 00	37						0		0
MEMBER	2.00	X						0.	0.	0.
DIANE HARRISON-WEST BOARD SECRETARY	2.00	Х						0.	0.	0
BILL KEENEY	2.00	_						U • I	<u></u>	0.
MEMBER	2.00	x						0.	0.	0.
KATHERIN DANNER	2.00	^						V •	V •	<u> </u>
MEMBER	2.00	х						0.	0.	0.
CHAD LEWIS	2.00							•		
MEMBER	2.00	х						0.	0.	0.
LARRY MEDLOCK				_	-					
MEMBER	2.00	Х		ĺ	ı	ĺ		0.	0.	0.
JACK VISSING										
FOUNDATION EX-OFFICIO	2.00	Х						0.	0.	0.
TERRY STAWAR						T				***************************************
CEO/PRESIDENT	40.00			X				188,006.	0.	35,144.
CHERYL STUPPY				Ì						
CFO/EXECUTIVE VP	40.00			X				106,589.	0.	9,292.
KAREN JONES										
SENIOR VP HR	40.00			X			İ	77,329.	0.	6,828.
JANA KIXMILLER										
SENIOR VP CLINICAL SERVI	40.00			Χ				94,100.	0.	11,779.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	oyee	es, a	ınd i	High	ıest	Compensated Employ	ee s (continued)	<u>) </u>			
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportabl		ı	stimat	
	hours	(c	hecl	k all	that	app	oly)	compensation	compensat		ar	nount	
	per week	cto						from the	from relate organizatio		com	other pensa	
	WCCK	or di	92			ated		organization	(W-2/1099-M			rom th	
		ustee	truste		e,	Suadi		(W-2/1099-MISC)	`	,	org	anizat	tion
		lual tr	tional		ploy	t con				İ	i	d relat	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orga	anizati	ions
			_		_		L_	4					
ASAD ISMAIL	20.00					Ì		010 605		_	_	- 0	- 1
VP MEDICAL SERVICES	32.00	_	<u> </u>	X		_		218,625.		0.	3	5,8	<u>51</u> .
TEODORO BORDADO	40 00					7.		100 721		_	3	4 O	1 0
PSYCHIATRIST	40.00		-	<u> </u>		X		190,731.		0.		4,0	<u> </u>
IRFAN AFAQ	40.00					х	l	201,404.		0.	1	7,6	61
PSYCHIATRIST DENISE EPPERSON	40.00	<u> </u>		\vdash		Λ		201,404.	~.	0.		7,0	0 1
PSYCHIATRIST	40.00					Х		191,090.		0.	1	9,3	Λ1
ERIC JAGGERS	40.00	 		Н	-	^		191,090.		· ·		9,5	01.
PSYCHIATRIST	40.00					X		172,535.		0.	2	2,7	64
DANIEL HOWERTON	40.00		-	\vdash		Δ.		172,333.		- 0 •		<u>, , , , , , , , , , , , , , , , , , , </u>	0 = 0
PSYCHIATRIST	40.00					x		165,877.		0.	2	2,1	23.
FSICIIIAIRISI	40.00			H		22		103,077				<u>, , , , , , , , , , , , , , , , , , , </u>	25.
											ı		
				\vdash									
											ı		
		-		\Box									
1b Total							L	1,606,286.		0.	20	4,7	53.
2 Total number of individuals (including those						n \$1	00,0	000 in reportable					
compensation from the organization								***************************************		🕨			12
												Yes	No
3 Did the organization list any former officer,	director or tru	stee	, key	/ em	ploy	yee,	or h	ighest compensated en	nployee on	[TOWNS A		
line 1a? If "Yes," complete Schedule J for su	ıch individual			.							3		X
4 For any individual listed on line 1a, is the sur	m of reportabl	le cc	mpe	∍ns౭	ation	anc	d oth	ner compensation from t	the organization	. [為鐵	特别的	Mili
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elate	ed organization for servi	ces rendered to	,			Yeller
the organization? If "Yes," complete Schedu	ıle J for such p	oers	on								5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of cor	npensa	ation f	rom	
the organization. NONE													
(A)	adroos							(B)	antioos	C	(C		_
Name and business a	3001622						\dashv	Description of se	ei vices	<u> </u>	omper		
							+			<u> </u>			
	Marin Marin Toler						\dashv						
							-						
A STATE OF THE STA							+						
										i			
							_						
										ı			
2 Total number of independent contractors (in	cludina those	in 1) wh	o re	ceiv	ed r	nore	e th a n \$100,000 in com	pensation	1444	1 314		. Bijilar
from the organization	0		-					·					

Pa	ırt V	/III Statemer	nt of Reve	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	 a Federated camp b Membership due c Fundraising evel d Related organiza e Government gra f All other contribution g Noncash contributions 	es nts ations ints (contributions, gifts, gran ot included abo	1b 1c 1d ions) 1e ts, and ve 1f	4,302,420. 7,490.				
<u>≅</u> ∑		h Total. Add lines	1a-1f			4309910.			
Service nue		a PATIENT b			Business Code 900099	14,605,539.	14,605,539.		
Program Service Revenue		e All other progran	n service reve	nue	·	14,605,539.			
\dashv		g Total. Add lines				14,000,000.			
	3 4 5	Investment incor other similar amo Income from inve Royalties	ounts) estment of ta	k-exempt bond p	oroceeds	52,422.			52,422.
	6	a Gross Rents b Less: rental expe	enses	(i) Real	(ii) Personal				
	7	d Net rental income a Gross amount fro assets other than b Less; cost or oth	e or (loss) om sales of n inventory	(i) Securities	(ii) Other 35,674.				
		and sales expens c Gain or (loss) d Net gain or (loss)			225. 35,449.	35,449.			35,449.
Other Revenue		contributions rep	orted on line	of 1c). See a					
₹	•	Less: direct expe Net income or (lo Gross income fro	ss) from fund	raising events					
	(Part IV, line 19 Less: direct expe Net income or (lo	nses ss) from gam	ng activities	>				
	i	a Gross sales of invances of Less: cost of goo	ods sold	a b					
Ļ		Net income or (lo						Sansijus alis errei vas erse	
	11 a	OTHER OPE			Business Code 900099 900099	1353218. 368,649.	1353218.		368,649.
	c	>							
	c								
	e				> [1721867.			
	12	Total Revenue. Add				20,725,187.	15,958,757.	0.	456,520.

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,365,217.	9,978,547.	2,386,670.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	668,731.		62,667.	
9	Other employee benefits	718,022.		144,540.	
10	Payroll taxes	841,545.	672,585.	168,960.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	70,559.		70,559.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	577,648.	475,819.	101,829.	
12	Advertising and promotion	35,363.		16,543.	
13	Office expenses	515,265.	284,870.	230,395.	
14	Information technology	160,003.	42,127.	117,876.	
15	Royalties				
16	Occupancy	750,277.	431,842.	318,435.	
17	Travel	295,300.	271,160.	24,140.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,314.	8,306.	44,008.	
20	Interest	144,204.	73,634.	70,570.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	386,778.	148,242.	238,536.	
23	Insurance	446,786.	332,001.	114,785.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	BAD DEBTS	1,453,212.	1,453,212.		
b	GRANT EXPENDITURES	241,123.	241,123.		
С	RESIDENTIAL LIVING ALLO	85,021.	85,021.		
d	DUES AND LICENSES	32,724.	9,597.	23,127.	
e			•		
	All other expenses	99,217.	19,177.	80,040.	
25	Total functional expenses. Add lines 1 through 24f	19,939,309.	15,725,629.	4,213,680.	0.
26	Joint Costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	12 10 00				Form 990 (2008)

Form 990 (2008)
Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	T 4	Cook, non interest heaving	1,990.	-	1,940
	1 2	Cash - non-interest-bearing	2,963,721.		2,821,157
	3	Savings and temporary cash investments	1,830,412.		2,654,468
	4	Pledges and grants receivable, net	1,830,666.		1,751,283
	5	Accounts receivable, net	1,830,800.	4	1,731,203
	3	Receivables from current and former officers, directors, trustees, key		_	
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
"	7	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	***************************************
Ass	8	Inventories for sale or use	197,702.	8 9	209,534.
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis 10a 12,214,496.	131,102.	9	403,334
	1	Land, buildings, and equipment: cost basis 10a 12,214,496. Less: accumulated depreciation. Complete			
	"	Part VI of Schedule D	6,349,337.	10c	8,066,878.
	11	Investments - publicly traded securities	0,313,337.	11	0,000,070
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	va. va v ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	151,962.	15	173,535.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,325,790.	16	15,678,795.
	17	Accounts payable and accrued expenses	2,274,161.	17	2,188,620.
	18	Grants payable	······································	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow account liability. Complete Part IV of Schedule D		21	
litie	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,310,911.	23	3,942,006.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	151,962.	25	173,535.
	26	Total liabilities. Add lines 17 through 25	4,737,034.	26	6,304,161.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	8,588,756.	27	9,374,634.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	***************************************
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	W MANAGEMENT
Net	32	Retained earnings, endowment, accumulated income, or other funds	0 500 756	32	0 274 624
_	33	Total net assets or fund balances	8,588,756. 13,325,790.	33	9,374,634. 15,678,795.
Par		Total liabilities and net assets/fund balances Financial Statements and Reporting	13,323,730.	34	15,070,795.
1 41	r Vi	Financial Statements and Reporting			Yes No
1	Accou	unting method used to prepare the Form 990: Cash X Accrual	Other		
' 2а		the organization's financial statements compiled or reviewed by an independent a			2a X
b			occountant:		- 37
		s" to lines 2a or 2b, does the organization have a committee that assumes respons			
-		v, or compilation of its financial statements and selection of an independent accou	•		1 1
За		esult of a federal award, was the organization required to undergo an audit or aud			
		nd OMB Circular A-133?	•		
b		s," did the organization undergo the required audit or audits?			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008
Open to Public

Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number LIFESPRING, INC. 35-1097350 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: (Please check only one organization.) 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.) 3 X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d ____ Type III - Other **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (vi) Is the organization in col. (i) organized in the U.S.? (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section No Yes No Yes (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 4 Total. Add lines 1 - 3 _____ 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) 6 Public Support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. 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 IV 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. Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. 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 - 2007. 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

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990, 990-EZ, and 990-PF.

2008

Employer identification number

LI	FESPRING, INC.	35-1097350					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule . (Note. Only a section 501(c)(7), (8), or a Special Rule. See instructions.)	(10) organization can check boxes					
General Rule							
X For organizations fi	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon ete Parts I and II.	ey or property) from any one					
Special Rules							
509(a)(1)/170(b)(1)()(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of t A)(vi), and received from any one contributor, during the year, a contribution of the great 30, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II	ter of (1) \$5,000 or (2) 2% of the					
aggregate contribut)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one tions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scien evention of cruelty to children or animals. Complete Parts I, II, and III.	, , ,					
s o me contributions \$1,000. (If this box i etc., purpose. Do no	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did r is checked, enter here the total contributions that were received during the year for an expect complete any of the parts unless the General Rule applies to this organization because, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, charitable, use it received nonexclusively					
hey must answer "No" on P	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Forth IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page	1 of	1 of Part I
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Name of organization

Employer identification number

LIFESPRING, INC.

35-1097350

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COUNTY APPROPRIATIONS 460 SPRING STREET JEFFERSONVILLE, IN 47130	\$1,496,639.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JEFF BOOKS BOOKSTORE 460 SPRING STREET JEFFERSONVILLE, IN 47130	\$7,490.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	DEPARTMENT OF HEALTH AND HUMAN SERVICES 402 W WASHINGTON ST. INDIANAPOLIS, IN 46204	\$_2,436,478.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 151 NORTH DELAWARE ST. INDIANAPOLIS, IN 46204	\$346,073.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Name of organization

Page 1 of 1 of Part II
Employer identification number

LIFESPRING, INC.

35-1097350

Part II	Noncash Property (see instructions)		1097330
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
2	BOOKS		
		\$7,490 .	12/31/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		_	
-		_ _	
3453 12-18-0	18	\$ Schedule B (Form 99	0, 990-EZ, or 990-PF) (200

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

TTEECDDTMA

Employer identification number

	LIFESPRING, INC.	15	35-109/350
Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's	=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Did the organization inform all grantees, donors, and donor ac		
U			
Da	for charitable purposes and not for the benefit of the donor or		
Pa			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or pl		torically important land area
	Protection of natural habitat	Preservation of certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a cons	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2 a
b	-		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		TO THE STATE OF TH
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the taxable
_	year -		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, violations, an	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and	d enforcing easements during the year $lacktriangle$	·
7	Amount of expenses incurred in monitoring, inspecting, and el	nforcing easements during the year $lacksquare$ $\$$ $_{lacksquare}$	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(l	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservatio	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and ha	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	•	
	the footnote to its financial statements that describes these ite		inc service, provide, if i art XIV, the text of
D	If the organization elected, as permitted under SFAS 116, to re-	•	•
	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) Revenues included in Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116	3 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

	edule D (Form 990) 2008 LIFESPRI					.09/350 Page	2
Pa	rt III Organizations Maintaining C			• • • • • • • • • • • • • • • • • • • •			_
3	Using the organization's accession and other	records, check ar	ny of the following the	at are a significant u	se of its collection	items (check all	
	that apply):						
а			d Loan or exc	change programs			
b	,		e Other		. 240		_
С							
4	Provide a description of the organization's co		· · · · · · · · · · · · · · · · · · ·	=		art XIV.	
5	During the year, did the organization solicit or				_		
	to be sold to raise funds rather than to be ma					Yes No	2
Pa	rt IV Trust, Escrow and Custodial		s. Complete if organ	nization answered "Y	es" to Form 990, F	art IV, line 9, or	
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodia						
	on Form 990, Part X?				L	Yes No)
b	If "Yes," explain the arrangement in Part XIV a	ind complete the f	ollowing table:		I I		
						Amount	_
	Beginning balance						
	Additions during the year						_
_	Distributions during the year						_
f	• • • • • • • • • • • • • • • • • • • •					V N	_
	Did the organization include an amount on Fo	rm 990, Part X, iine	3217		L	Yes No	,
	rt V Endowment Funds. Complete if	organization answ	ered "Yes" to Form	990 Part IV line 10			_
·	Endowment and complete in	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back	_
10	Beginning of year balance	(a) current year	(b) Hor year	(O) TWO YOURS DUCK	(a) Three years but	(C) Tour yours back	3.
	Contributions						
	Investment earnings or losses						
	Grants or scholarships						
	Other expenditures for facilities						ं
_	and programs						
f	Administrative expenses						٦
	End of year balance						
2	Provide the estimated percentage of the year	end balance held	as:		<u>* </u>		
а	Board designated or quasi-endowment		%				
	Permanent endowment	%					
С	Term endowment ▶ %						
За	Are there endowment funds not in the possess	sion of the organiz	ation that are held a	ınd administered for	the organization		
	by:					Yes No	_
	(i) unrelated organizations					3a(i)	_
	6770 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					0 (**)	_
b	If "Yes" to 3a(ii), are the related organizations I	isted as required of	on Schedule R?			3b	_
4	Describe in Part XIV the intended uses of the o	organization's end	owment funds.				_
Par	rt VI Investments - Land, Buildings	s, and Equipm	ent. See Form 990	, Part X, line 10.			
	Description of investment	(a) Cost or c			Depreciation	(d) Book value	
		basis (investr	,	(other)			
1a	Land			9,835.		859,835	
b	Buildings		6,78	6,537. 2,	010,170.	4,776,367	
С	Leasehold improvements						_
d	Equipment				759,946.	354,688	
е	Other			3,490.	377,502.	2,075,988	,
- 4 - 1	Add lines to to (Column (d) should say at Fore	000 Dout V!	mm (D) line 10/-11			8 066 878	

Schedule D (Form 990) 2008

Part VII Investments - Other Securities.		line 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
	*			
A A ANGUERO DE PROPERTO DE CONTROL DE CONTRO				
The second secon				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	>			
Part VIII Investments - Program Related.		line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
		C	Cost or end-of-year mari	ket value
				······································
		· · · · · · · · · · · · · · · · · · ·		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	>			
Part IX Other Assets. See Form 990, Part X, line				
(a) Description			(b) Book value
	MANAGEMENT OF THE STATE OF THE			
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15.)			
Part X Other Liabilities. See Form 990, Part X	, line 25.		-	
(a) Description of liability	NI W. W. W. W. W. W. W. W. W. W. W. W. W.	(b) Amount	_	
Federal income taxes		4 m 2 m 2 m 2 m	4	
DUE TO RESIDENTIAL PATIENTS		173,535	4	
			-	
			-	
		· · · · · · · · · · · · · · · · · · ·	1	
		common control of	1	
			1	
			1	
]	
Total. (Column (b) should equal Form 990, Part X, col (B) I	line 25.)	173,535		

In Part XIV, 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. 832053 12-23-08

	edue D (FOITI 990) 2006 LIFESFRING, INC.				109/330 Fage.
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financi			00 705 105
1	Total revenue (Form 990, Part VIII, column (A), line 12)			*****	20,725,187
2	Total expenses (Form 990, Part IX, column (A), line 25)				19,939,309
3	Excess or (deficit) for the year. Subtract line 2 from line 1				785,878
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4-8				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				785,878
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per	Retur	
1	Total revenue, gains, and other support per audited financial statements			1	20,725,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			,
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	20,725,187
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	******		5	20,725,187.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	n Expenses pe	r Retu	ırn
1	Total expenses and losses per audited financial statements			1	19,939,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			100 C 100 C	
а	Donated services and use of facilities	2 a			
b	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	19,939,309.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1937.5	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		7	
	Add lines 4a and 4b	L		4c	0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	19,939,309.
	t XIV Supplemental Information				
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III It XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	, lines 1a a	nd 4; Part IV, lines	1b and 2	2b; Part V, line 4; Part
					- MATERIAL MATERIAL AND ADMINISTRATION AND ADMINIST

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

LIFESPRING, INC.

Employer identification number 35-1097350

	art I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel		165	NO
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		2	28.52.52.	4470
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b	Ī	Х
	If "Yes" to line 6a or 6b, describe in Part III.			W. F
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ.	178,90	0	9,103.	15,020.	20,124.	223,150.	0.
TEKKI STAWAK		2	0	0	- 1	0.		0
	€ !	218,62	0	0	17,470.	18,381.	254,476.	0
ASAU ISMAIL		9	0	0	- 1	- 1		0
	€ :	190,73	And position	0	15,258.	8,752.	214,741.	0
TECHORO BORDADO		3		0			0	0
()	Ξ	201,40	0	0	16,020.	1,641.	219,065.	0
IKFAN AFAQ	▣		0	0		0	0	0
	Ξ	191,09	0	0	15,277.	4,024.	210,391.	0
DENTSE EFFERSON	▣	,	0	0		i l	0	0
	Ξ	172,53	0.	0	13,798.	8,966.	195,299.	0
EKIC JAGGEKS	▣		0	0.		0	0	0
	Ξ	165,87	0	0	13,211.	8,912.	188,000.	• 0
DANIEL HOWERTON	Ξ	0	0	0	0	0	0	0
	Ξ							
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Schedule J (Form 990) 2008

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

▶ At

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

LIFESPRING, INC.

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

Employer identification number 35-1097350

QUALITY OF LIFE IN OUR COMMUNITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
LIFESPRING PROVIDES A WIDE ARRAY OF SERVICES TO OUR CLIENTS RANGING
FROM OUTPATIENT COUNSELING TO PSYCHIATRIC SUB-ACUTE RESIDENTIAL
SERVICES. WE ALSO PROVIDE CASE MANAGEMENT SERVICES WHICH ASSIST OUR
CLIENTS IN OBTAINING ANY AVAILABLE BENEFITS FOR WHICH THEY MAY BE
ELIGIBLE. THIS INVOLVES LINKING, REFERRING AND MONITORING OF CLIENTS,
WITH FOLLOW THROUGH SERVICES TO MAINTAIN THOSE BENEFITS ONCE ACQUIRED.
LIFESPRING'S OVERARCHING GOAL IS TO IMPROVE THE QUALITY OF LIFE FOR ITS
CLIENTS.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A
NONPROFIT CORPORATION WITH A BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: THE CFO AND CEO REVIEW THE FORM 990. IN ADDITION A COPY OF THE FORM 990 IS PRESENTED/PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY AND/OR AT ANY TIME A

CONFLICT OF INTEREST ARISES BOARD MEMBER MUST FULLY DISCLOSE THIS CONFLICT

TO THE REST OF THE BOARD AND REFRAIN FROM VOTING ON ANY ISSUES RELATING TO

THIS CONFLICT; PRESIDENT/CEO FULLY DISCLOSE THIS CONFLICT TO THE BOARD AND

REFRAIN FROM PARTICIPATING IN THE DECISION MAKING PROCESS RELATING TO THIS

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

LIFESPRING, INC.

Employer identification number 35-1097350

PARTICIPATING IN THE DECISION MAKING PROCESS RELATING TO THIS CONFLICT. THE DISCLOSURE DURING BOARD MEETINGS IS NOTED IN THE BOARD MINUTES. FAILURE TO DISCLOSE CONFLICTS OF INTEREST SHALL BE SUBJECT TO DISCIPLINARY ACTION IN ACCORDANCE WITH THE BOARD'S BY-LAWS AND THE CENTER'S PERSONNEL POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION: ANNUAL

EVALUATIONS IS PERFORMED BY THE BOARD OF DIRECTORS FOR THE CEO AND ANY WAGE

INCREASES. HUMAN RESOURCE MANAGER CONDUCTS A SALARY SURVEY AS NEEDED FOR

REVIEW BY THE BOARD OF DIRECTORS. THE RESOLUTIONS OF THE BOARD ARE

DOCUMENTED AND INCLUDED IN THE BOARD MINUTES.

OTHER OFFICERS: HUMAN RESOURCE MANAGER MAINTAINS AND UPDATES INFORMATION
REGARDING OTHER OFFICERS/ KEY EMPLOYEE'S SALARY AND WAGE PLANS THAT ARE
COMPETITIVE AND FAIR. EACH PLAN IS REVIEWED ON THE EMPLOYEE'S ANNIVERSARY
DATE OF HIRE AND ANY CHANGES ARE APPROVED BY THE CEO. WAGE INCREASES ARE
DETERMINED BY THE BOARD OF DIRECTORS. HR MANAGER PARTICIPATES IN SALARY
SURVEYS AS NEEDED AND ON A CONTINUOUS BASIS WITH OTHER LOCAL/STATE
AGENCIES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. THE GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number LIFESPRING, 35-1097350 INC. OVERSIGHT OF THE AUDIT THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service

Name of the organization SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2008

OMB No. 1545-0047

Employer identification number 35-1097350

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

INC.

LIFESPRING,

Identification of Disregarded Entities

Part

▶ See separate instructions.

Direct controlling Œ End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) <u></u> Primary activity <u>@</u> Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of disregarded entity

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Page 2

35-1097350

Schedule R (Form 990) 2008 LIFESPRING, INC.

Part III Identification of Related Organizations Taxable as a Partnership

5	General or managing partner?	N Se				-			 -			\perp		
€	JBI box edule	K-1 (Form 1065) Ye												
Œ	portion- cations?	å			 									-
	Dispro ate allo	Yes			 				_					
(9)	Share of end-of-year assets													
(F)	Sharir													
(E)	Predominant income (related, investment, unrelated)	TO CONTRACT OF THE CONTRACT OF				- Transferred						The state of the s		
(a)	Direct controlling entity												 	
(0)	Legal domicile (state or foreign country)	//												
(B)	Primary activity	THE STATE OF THE S							77.750070			THE PARTY PROPERTY PR		
(A)	Name, address, and EIN of related organization	The state of the s	7,000	Tribute special specia			1000	770701		THE STATE OF THE S				

	9	end a	
	(F)	Share of total income	
	(E)	Type of entity (C corp, S corp, or trust)	- Managara
	(D)	Direct controlling entity	The second secon
	<u>(</u>)	Legal domicile (state or foreign country)	
	(B)	Primary activity	
THE PROPERTY OF THE PROPERTY O	(A)	Name, address, and EIN of related organization	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Percentage ownership

Œ

Schedule R (Form 990) 2008	Sched		7	832162 12-23-08
			700	THE THE PROPERTY CONTRACTOR OF THE PROPERTY CONT

Page 3

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV,	- Anna Carlo	Vos	2
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?		3	2
Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlle	1a		×
b Gift, grant, or capital contribution to other organization(s)	2	×	
	2		×
d Loans or loan guarantees to or for other organization(s)	7		×
e Loans or loan guarantees by other organization(s)	a		×
f Sale of assets to other organization(s)	 =		×
	19		×
	두		×
i Lease of facilities, equipment, or other assets to other organization(s)	=		×
Lease of facilities, equipment, or other assets from other organization(s	11		×
K Performance of services or membership or fundraising solicitations for other organization(s)	*		×
	=		×
	ᄩ	×	
II Sharing of paid employees	두	×	
O Doimht promont poid to other committee for a second to the committee of		1	
	£	×	
p Kelmbursement paid by other organization for expenses	₽		×
	5		×
.	+		×
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.	ds.		
(A) (B)		<u>(</u>)	
Name of other organization(s) Transaction (s) type (a-r)	Amount	Amount involved	-
(1)	TAMAGE BACK		
(2)			
(3)			
(4)			
(9)			
(9)			
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35-1097350

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Schedule R (Form 990) 2008 LIFESPRING, INC.

Part VI Unrelated Organizations Taxable as a Partnership

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.

Œ	General or managing partner?	Yes No																																	990) 2008
(5)	Code V-UBI amount in box 20 of Schediule K-1						THE PROPERTY OF THE PROPERTY O							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																					Schedule R (Form 990) 2008
<u>(F)</u>	or- e ns?										*********																							•	
(E)	Share of end-of- year assets																						A CONTRACTOR OF THE CONTRACTOR								THE PERSON NAMED IN COLUMN NAM				
(Q)	Are all partners section 501(c)(3) organizations?	Yes No																																	
(O)	ile	country)																																	
(B)	Primary activity													The state of the s					- Control of the Cont				The second secon				THE PARTY OF THE P								
(A) (B)	Name, address, and EIN of entity		The state of the s	The state of the s			The state of the s		TABLES TO THE PROPERTY OF THE	Territoria seriageas denomina de la companya de la	THE STATE OF THE S	Manual Institution of the Control of		THE PROPERTY OF THE PROPERTY O	THE STATE OF THE S			Triple Tr			PROPERTY PRO							The state of the s	THE PROPERTY OF THE PROPERTY O	The second secon		Table Control			