990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change LIFE ISSUES INSTITUTE, INC. Name change 31-0814275 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 Final return/ 513-729-3600 1821 W. GALBRAITH ROAD termin-ated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CINCINNATI, OH 45239 H(a) Is this a group return Applica-F Name and address of principal officer: BRADLEY MATTES for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LIFEISSUES.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1991 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATIONAL MATERIALS Governance ABOUT LIFE ISSUES AND THE PRO LIFE MOVEMENT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 11 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 775,412.Contributions and grants (Part VIII, line 1h) 940,799. Revenue 2,150.1,597. Program service revenue (Part VIII, line 2g) 987. 686. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2.564. 90.970. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 945,947, 869,218. 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) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 686,645. 419,441. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 9,202. 5,702. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 496,318. 436,298. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,192,165. 861,441. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,777. -246,218. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 720,553. 730,680**.** 20 Total assets (Part X, line 16) 44,107. 26,203. 21 Total liabilities (Part X, line 26) 686,573. 694,350. 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. Signature of officer Date Sign BRADLEY MATTES, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature **№**00121578 JENNIFER L. RATTERMAN CPAJENNIFER L. RATTERMA Paid Firm's name ► RUDLER, PSC 31-1048275 Preparer Firm's EIN Firm's address SUITE 200 1881 DIXIE HIGHWAY Use Only Phone no. 859 - 331 - 1717 FORT WRIGHT, KY 41011

X Yes No

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

Other program services (Describe in Schedule O.)

including grants of \$ 695,156.

Form 990 (2015) LIFE ISSUES INSTITUTE, INC. 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 22
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2015) LIFE ISSUES INSTITEMENT Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form 990 (2015) LIFE ISSUES INSTITUTE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0° I not applicable 1a 2 0 0 0 0 0 0 0 0 0		Check if Schedule O Contains a response of note to any line in this Fart v					Ш				
be Enter the number of Forms W.2G included in line 1s. Enter - Lf not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If the calendar year ending with or within the year covered by this return. 2c Note. If the sum of lines 1 and 2a dis greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization and the organization have an interest in, or a signature or other authority over, a financial account? for the year? 4d A Lat y 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 accounts? 4d If Yes, a did the organization apparty to a prohibited tax sheller transaction at any time during the tax year? 5d Bo Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction and the party taxable party and the organization shell we are party tax by the party taxable party to a prohibited tax sheller transaction? 5d Did the organization shell we report that the party taxable						Yes	No				
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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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a											
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		Х				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
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		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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	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
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRADLEY MATTES - 513-729-3600			
	1821 WEST GALBRAITH ROAD, CINCINNATI, OH 45239			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	(B)	Ĭ			C)	•		(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Name and Thie	hours per	(do	not c	heck	more	than is bot	one h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	dire				pg G		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	Itrus	nal tr		oyee	din o				and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	nest c	mer			organizations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Fori			
(1) KAREN MERSINO	2.00								_	
DIRECTOR		Х	4					0.	0.	0
(2) RICHARD P. BOTT, II	2.00									
DIRECTOR		Х				K		0.	0.	0
(3) THOMAS J. GRUBER	2.00									
DIRECTOR		Х						0.	0.	0
(4) MARIE WILLKE MEYERS	2.00									
DIRECTOR		Х						0.	0.	0
(5) BRADLEY J MATTES	40.00				7					
PRESIDENT AND CEO				X				85,576.	0.	2,670
					$oxdapsymbol{oxed}$					
	1				\vdash					
		1								
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					igspace					
		-								
		1	l	l		1	l			

532007 12-16-15 Form **990** (2015)

Section A. Officers, Directors, Trus	itees, Key Em	ploy	ees	, and	<u> 1H L</u>	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box,	not c	Position check more than one less person is both an and a director/trustee)			h an	(D) Reportable compensation	(E) Reportable compensati	on	an	(F)	
	(list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	าร	com fr org and	other pensa om the anization d relate	e ion ed
	line)	Individ	Instituti	Officer	Key employee	Highest employ	Former				Urga	anizatio	
		Ш											
		-											
		-											
								4					
		\square											
		\square											
		H											
		igdash	_				7						
		Ш					4						
1b Sub-total c Total from continuation sheets to Part V	II. Section A				····			85,576.		0.		2,6	70.
d Total (add lines 1b and 1c)								85,576.		0.		2,6	
Total number of individuals (including but n compensation from the organization	ot limited to th	ıose	liste	ed at	DOVE	e) wł	no re	eceived more than \$100	0,000 of reportat	ole			C
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		1		-	-	-		highest compensated e			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15		le co	omp	ensa	ation	n and	d oth	ner compensation from			4		Х
5 Did any person listed on line 1a receive or a									idual for services	s	7		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	uch į	oers	son .					5		X
Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith	or w	ithir I		year.			••	
(A) Name and business	address	NC	INC	Ξ				(B) Description of s	ervices	С	(C compe		n
2 Total number of independent contractors (i		ot lir	 mite	d to	tho	se li	sted	I above) who received n	nore than				
\$100,000 of compensation from the organi	zation >				_	J						000 /	

31-0814275 LIFE ISSUES INSTITUTE, INC. Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 775,412. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 775,412. h Total. Add lines 1a-1f Business Code 515100 2,150. 2,150. 2 a PROGRAM REVENUE Program Service Revenue f All other program service revenue 2,150. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 686. 686. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 5,600. Part IV, line 18 a Other 4,274. **b** Less: direct expenses 1,326. 1,326. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 89,644 89,644. b d All other revenue

89,644.

91,794.

869,218.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) (A)
Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 85,576. 45,351. 16,225. 24,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 221,834. 273,734. 51,900. 7 Other salaries and wages Pension plan accruals and contributions (include 2,669 1,985. 506 178. section 401(k) and 403(b) employer contributions) 28,307. 21,049. 5,367. 1,891. Other employee benefits 9 29,155. 5,528. 1,947. 21,680. 10 Payroll taxes Fees for services (non-employees): 11 a Management Legal 18,783. 18,783. Accounting Lobbying 5,702. 5,702. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 202,622. 202,190. 432. column (A) amount, list line 11g expenses on Sch O.) 4,214. 347. 4,561. Advertising and promotion 12 47,944. 3,437. 74,658. 23,277. 13 Office expenses 18,621. 18,621. Information technology 14 Royalties 15 29,687. 21,280. 4,951. 3,456. 16 Occupancy 44,486. 43,151. 1,335. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,116. 7,116. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 2,334. 15,535. 10,874. 2,327. Depreciation, depletion, and amortization 22 9,894. 3,562. 5,046. 1,286. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,147. BANK SERVICE CHARGES 5,803. 3,656. 0. 477. TAX AND LICENSES (STATE 3,181. 2,227. 477. GIFTS AND GRATUITIES 720. 612. 108. 631. 536. 95. GRAPHICS e All other expenses 861,441. 695,156. 101,744. 64,541. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 11,403. 5,702. 0. 5,702.

Form 990 (2015) Part X Balance Sheet

(B)
End of year
404,859.
2
3
4
5
6
7
8 1,424.
9 1,424.
312 200
10c 313,290.

12
13
14
15 16 720,553.
06 000

18
19
20
21
00
22 23
24
24
25
26,203.
20 = 37 = 33
616,235.
. 28 78,115.
29
30

32
694,350.
720,553.
• 33

OIII	1000 (2010)			ı u	90		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{18}{41}$.		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				50.		
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h				

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

10

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LIFE ISSUES INSTITUTE, INC. 31-0814275 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 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.) 8 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.

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

See section 509(a)(2). (Complete Part III.)

organization. You must complete Part IV, Sections A and B.

organization(s). You must complete Part IV, Sections A and C.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included			1	1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(4) 2011	(6) 2012	(6) 2010	(u) 2014	(6) 2010	(i) rotal
	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties	4					
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital		1				
	·	1					
44	assets (Explain in Part VI.)						
	·	ata (aga inatu uti	iona)			12	
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth t			
13	organization, check this box and stop	· ·	•		•	. , . ,	ightharpoonup
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			column (f))		14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						or more,
_	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				=	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organizatio						

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

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

Se	ction A. Public Support	elow, please comp	nete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(-,	(-, : -	(-, : : -	(-,	(=, == : :	(7
-	membership fees received. (Do not						
	include any "unusual grants.")	680,159.	1227963.	1246446.	921,597.	763,957.	4840122.
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 organ-						
·	ization's benefit and either paid to or expended on its behalf				4		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	680,159.	1227963.	1246446.	921,597.	763,957.	4840122.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	345,240.	456,000.	570,100.	383,250.	147,500.	1902090.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	345,240.	456,000.	570,100.	383,250.	147,500.	1902090.
	Public support. (Subtract line 7c from line 6.)				·		2938032.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	680,159.	1227963.	1246446.	(d) 2014 921, 597.	(e) 2015 763, 957.	(f) Total 4840122.
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,865.	1,434.	1,038.	987.	686.	8,010.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	3,865.	1,434.	1,038.	987.	686.	8,010.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	684,024.	1229397.	1247484.	922,584.	764,643.	4848132.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	vided by line 13, c	column (f))		15	60.60 %
16	Public support percentage from 2014					16	58.75 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colun	nn (f) divided by Iir	ne 13, column (f))		17	.17 %
	Investment income percentage from 2					18	.45 %
19	33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the						X and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Ju		
<u> </u>	3b		
	3c		
	1a		
	4b		
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9	9b		
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1	0a		
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	0b		
m 990	or 99	90-EZ)	2015

Par	rt IV Supporting O	rganizations _(continued)			
		(continued)		Yes	No
11	Has the organization acc	epted a gift or contribution from any of the following persons?			
		indirectly controls, either alone or together with persons described in (b) and (c)			
_		dy of a supported organization?	11a		
b		rson described in (a) above?	11b		
	, ,	of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		orting Organizations			
				Yes	No
1	Did the directors trustee	es, or membership of one or more supported organizations have the power to			110
		at least a majority of the organization's directors or trustees at all times during the			
		be in Part VI how the supported organization(s) effectively operated, supervised, or			
		on's activities. If the organization had more than one supported organization,			
		s to appoint and/or remove directors or trustees were allocated among the supported			
	•	onditions or restrictions, if any, applied to such powers during the tax year.	1		
2		rate for the benefit of any supported organization other than the supported	•		
_		ated, supervised, or controlled the supporting organization? If "Yes," explain in			
	• , , ,	uch benefit carried out the purposes of the supported organization(s) that operated,			
	· -	the supporting organization.	2		
Sec		porting Organizations			
	ст. турс п сарр	artaing organizations		Yes	No
1	Were a majority of the or	ganization's directors or trustees during the tax year also a majority of the directors			
		e organization's supported organization(s)? If "No," describe in Part VI how control			
		pporting organization was vested in the same persons that controlled or managed			
	the supported organization		1		
Sec		Supporting Organizations			
	71			Yes	No
1	Did the organization prov	vide to each of its supported organizations, by the last day of the fifth month of the			
		i) a written notice describing the type and amount of support provided during the prior tax			
		rm 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		documents in effect on the date of notification, to the extent not previously provided?	1		
2		ation's officers, directors, or trustees either (i) appointed or elected by the supported			
		ring on the governing body of a supported organization? If "No," explain in Part VI how			
		ed a close and continuous working relationship with the supported organization(s).	2		
3		ship described in (2), did the organization's supported organizations have a			
		ganization's investment policies and in directing the use of the organization's			
	income or assets at all ti	mes during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations	played in this regard.	3		
Sec	tion E. Type III Fund	ctionally-Integrated Supporting Organizations			
1	Check the box next to th	e method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization s	atisfied the Activities Test. Complete line 2 below.			
b	The organization is	the parent of each of its supported organizations. Complete line 3 below.			
С	The organization s	upported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activities Test. Answer (a	a) and (b) below.		Yes	No
а	Did substantially all of th	e organization's activities during the tax year directly further the exempt purposes of			
	the supported organizati	on(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organiza	ations and explain how these activities directly furthered their exempt purposes,			
	how the organization was	s responsive to those supported organizations, and how the organization determined			
	that these activities cons	tituted substantially all of its activities.	2a		
b		ed in (a) constitute activities that, but for the organization's involvement, one or more			
		ported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ion's position that its supported organization(s) would have engaged in these			
	activities but for the orga		2 b		
3	Parent of Supported Org	anizations. Answer (a) and (b) below.			
а	~	e the power to regularly appoint or elect a majority of the officers, directors, or			
		upported organizations? Provide details in <i>Part VI.</i>	3a		
b		rcise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organiza	ations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		1	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integrate	ed Type III supporting org	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2015

Pai	1 v Type III Non-Functionally Integrated 50s	(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	T	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
	Excess from 2014 Excess from 2015			
е	LAUGOO HUHI ZU IO			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Cumplemental Information Decide the evaluations required by Datil Box 10, Datil Box 17, and 75, Datil Box 10.
. art VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	ine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	$_{A}$
-	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2015

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
ALVORD, MR. & MRS. RICHARD	30,000.	20,000.	20,000.	20,000.	20,000.
ANDERSON, MR. & MRS. THOMAS	5,000.	5,000.	5,000.	5,000.	5,000.
JEAGER, DIANE	10,000.	15,000.	16,000.	10,000.	10,000.
GARDNER, JAMES	0.	50,000.	50,000.	0.	50,000.
GARVEY, LARRY	40,000.	40,000.	40,000.	40,000.	40,000.
CLARK, RAYMOND	10,000.	0.	5,100.	5,000.	5,500.
VANDENBOSCH, MICK	13,000.	10,000.	10,000.	15,000.	5,000.
YEAGLE, CHARLES	6,000.	6,000.	12,000.	0.	12,000.
WILLKE, JOHN	10,240.	0.	0.	0.	0.
FIRSTGREEN FOUNDATION, INC.	156,000.	260,000.	212,000.	213,250.	0.
HODGDON, ROBERT	15,000.	0.	100,000.	0.	0.
BINDON, RUTH (GREAT LAKES CHRISTIAN FOUN	50,000.	50,000.	100,000.	75,000.	0.
Total to Schedule A, Part III, Line 7a	345,240.	456,000.	570,100.	383,250.	147,500.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

31-0814275 LIFE ISSUES INSTITUTE, INC.

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-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. O	niy a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
		nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

C certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

LIFE ISSUES INSTITUTE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$197,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP +4	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LIFE ISSUES INSTITUTE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 15,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
10	Name, aggress, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Trumo, addi 600, and En TT	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

LIFE ISSUES INSTITUTE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 10,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and ZIP +4	\$5,644.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LIFE ISSUES INSTITUTE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$15,600 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, aggress, and Zir + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LIFE ISSUES INSTITUTE, INC. 31-0814275

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

LIFE ISSUES INSTITUTE, INC.

se duplicate copies of Part II if ad	dditional space is needed.	
perty given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
pperty given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
pperty given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
pperty given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
perty given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
perty given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ø	
		\$ Schedule B (Form

Name of organization Employer identification number 31-0814275 LIFE ISSUES INSTITUTE, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LIFE ISSUES INSTITUTE, INC.

Employer identification number 31-0814275

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other account 1 Total number at end of year	No No
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Q Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	No No
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6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	No No
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b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	∟ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	e year
<u> </u>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	r
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	└── No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, an	
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for	tor
conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in P.	of art
the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, h	
	in Part XIII,
	in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a	in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items:	in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	in Part XIII,

Pai	t III Organizations Maintaining C	ollections of Art	, Historical T	reasures,	or Other	Similar As	sets(continued)
3							
	(check all that apply):						
а	Public exhibition	d	Loan or ex	change progr	ams		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further	the organizat	ion's exemp	t purpose in l	Part XIII.
5	During the year, did the organization solicit or	receive donations of	art, historical tre	asures, or oth	er similar as	ssets	
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's o	collection?			Yes No
Pai	t IV Escrow and Custodial Arran						IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	ns or other as	ssets not inc	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII						
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo					?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has bee	n provided or	Part XIII		<u></u>
Pai	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on F	Form 990, Par	t IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years ba	ack (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment \(\bigsectric \)						
b	Permanent endowment \> %						
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held	and administe	ered for the	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R	?			3b
4	Describe in Part XIII the intended uses of the	organization's endow	vment funds.				
Pai	t VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a.	See Form 99	0, Part X, lin	e 10.	
	Description of property	(a) Cost or oth	ner (b) Cos	t or other	(c) Accı	umulated	(d) Book value
		basis (investme	•	s (other)	depre	ciation	
1a	Land			24,750.			24,750.
	Buildings			87,187.		1,060.	56,127.
	Leasehold improvements			66,850.		8,746.	218,104.
d	Equipment			93,121.		9,017.	14,104.
<u>e</u>	Other			63,003.	6	2,798.	205.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	, column (B), line	10c.)			313,290.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 LIFE ISSUES	INSTITUTE	, INC.	31-0814275 Page
Part VII Investments - Other Securities.			<u>_</u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part I\	, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV	/ line 11d. See Form 990.	Part X. line 15.
	Description	,	(b) Book value
(1)			, ,
(1)			
(3)			
(4)	1		
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	? 15.)		>
Complete if the organization answered "Yes"	on Form 990, Part I\	, line 11e or 11f. See Form	m 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			

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

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

Part	XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	869,218.
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a l	Net unrealized gains (losses) on investments	2a		
b [Donated services and use of facilities	2b		
c F	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
е А	Add lines 2a through 2d		2e	0.
3 8	Subtract line 2e from line 1		3	869,218.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a I	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b (Other (Describe in Part XIII.)	4b		
c A	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	869,218.
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1 7	Total expenses and losses per audited financial statements		1	861,441.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a [Donated services and use of facilities	2a		
b F	Prior year adjustments	2b		
c (Other losses	2c		
d (Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			0.
3 5	Subtract line 2e from line 1		3	861,441.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a I	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b (Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b			0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	861,441.
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part X,	ine 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
ום גם	m v ithe 2.			
PAR	T X, LINE 2:			
mur	ORGANIZATION BELIEVES IT IS NO LONGER	CIID TECM MO T	NICOME DAY	
11111	ORGANIZATION BELIEVES II IS NO LONGER	SUBUECT TO I.	NCOME IAA	
ומעם	MINATIONS FOR YEARS PRIOR TO 2012. THE	יסה אסה כווססה	אייד.ע אור אוור	TTC FOD
TIVAL	MINATIONS FOR TEARS FRIOR TO 2012: THE	KE AKE COKKE	NIDI NO AOD	TIS FOR
ΔΝΥ	TAX PERIODS IN PROGRESS.			
	IIM I IMIODD IN INCOMEDD.			

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection

Name of the organization **Employer identification number** 31-0814275 LIFE ISSUES INSTITUTE, INC. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAD NO COMMITTEES WITH THE AUTHORITY TO ACT ON ITS BEHALF IN 2015. FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TWO BOARD MEMBERS PRIOR TO SIGNATURE. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY AND RELATED ISSUES ARE DISCUSSED WITH THE PRESIDENT AND EXECUTIVE DIRECTOR PERIODICALLY. FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR'S COMPENSATION IS REVIEWED BY DR. WILLKE. THE EMPLOYEES' COMPENSATION IS REVIEWED BY THE DIRECTOR. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, MD, ME, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH OK, OR, PA, SC, TN, UT, VA, WA, WV, WI, AK FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

CONSULTING FEES AND SERVICES :

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization LIFE ISSUES INSTITUTE, INC.	Employer identification number 31-0814275
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	155.
SYNDICATION AND PRODUCTION :	
PROGRAM SERVICE EXPENSES	196,333.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	196,333.
PAYROLL EXPENSES: PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	432.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	432.
TELECOMMUNICATION :	
PROGRAM SERVICE EXPENSES	5,702.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,702.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	202,622.