2939306401100 DEI INQUENT RETURN SECURED BY TECU 2

Form 990-T	E	cempt Organization				'n	OMB No 1545-0047
Form 330-1				der section 6033(الم	0040
	For cale	ndar year 2019 or other tax year begin				020	ZU 19
Department of the Treasury Internal Revenue Service	N 00	Go to www.bs.gov/Form990					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	700	not enter SSN numbers on this form a Name of organization (Check be		me changed and see instruction			over identification number
address changed		, , , , , , , , , , , , , , , , , , , ,	. , ., ,,,	and and the second	,		oyees' trust, see instructions.)
B Exempt under section	i	LIFESPAN CORPORATION	N				
X 501(C Q 3)-	Print	Number, street, and room or suite no	la P.O	box, see Instructions TRS	RCVD	22-2	861978
408(e) 220(e)	Or	·		08/2	3/202 L		lated business activity code
408A 530(a)	,,,,,,	167 POINT STREET		,		(See 1	nstructions.)
529(a)	1	City or town, state or province, countr	y, and a	ZIP or foreign postal code			
C Book value of all assets	1	PROVIDENCE, RI 0290.	3			5200	00
at end of year	F Gro	up exemption number (See instruct	ions.)	>			
	G Che	ck organization type 🕨 🗴 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
		nization's unrelated trades or busine	sses.	▶ 2	Describe	the only	(or first) unrelated
trade or business he	re PAF	TNERSHIP INVESTMENTS		If only one,	complete Parts I	-V. If mor	e than one, describe the
first in the blank spa	ice al the	end of the previous sentence, cor	mplete	Parts I and II, complete a S	ichedule M for ear	ch additio	nal
trade or business, th	en compl	ete Parts III-V.					
		corporation a subsidiary in an affili	_		controlled group?		▶ Yes X No
		identifying number of the parent co	rporati				
		RY A WAKEFIELD		, 	ne number ▶ 40	1 444	-7093
		or Business Income	,	(A) Income	(B) Expén	888	(C) Net
1a Gross receipts or				,			
b Less returns and allows		c Balance ▶					
-		ule A, line 7)	2		ļ		1
-		2 from line 1c	3	162 462	 		162 462
		ttach Schedule D)	4a	163,462.			163,462.
		Part II, line 17) (attach Form 4797)	4b	2,076.	 	34	2,076.
		rusts	4c	-936,072.	A TICH A	<u></u>	-936,072.
•		ren S corporation (attach statement),	5	-930,072.	ATCH/1		-936,072.
		comp (Cabadula E)	6		-		
	related debt-financed income (Schedule E)						
		nis from II controlled organization (schedule F) 1(c)(7), (9), or (17) organization (schedule G)		·			<u> </u>
		recome (Schedule I)	10				
	_	lde J)	11			····································	
		tions; attach schedule)	12		 		
· ·		ough 12		-770,534.			-770,534.
Part II Deduction	na Not	Taken Elsewhere (See instr	uctio		eductions.) ([Deducti	
		ne unrelated business incom		,			
14 Compensation of	officers.	directors, and trustees (Schedule K)	1			. 14	T
		<i>. f.</i> .					
		<i> </i>					
						17	
18 Interest (allach s	chedule) (ade Instructions)			ATCIL 2		5 305
19 Taxes and license	8		. 				10,282.
20 Depreciation (atla	ich Form	4582),					
21 Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	, , 21a		216	
22 Depletion		. f				. 22	
23 Contributions to d	doforred	enaign plans				. 23	
24 Employee benefit	programs	·				. 24	
25 Excess exempt ex	pénses (S	ichedule I), , , , , , , , , , , , , , , , , , ,				25	
26 Excess readersfilt	costs (S	chedule J)		. <i></i>		. 26	
27 Other deductions	(attach s	chedule)		<i></i>	. ATCH 3.	. 27	46,240.
28 Total deductions.	Add line	s 14 through 27				. 28	61,747.
29 Ungelated busine	sa taxab	le income before net operating	loss	deduction Subtract line	28 from line 1	3 29	-832,281.
30 Deduction for net	operating	g loss arlsing in tax years beginnin	ig on o	er after January 1, 2018 (see	hstructions)	. 30	
31 Unrelated busines	s taxable	Income. Subtract line 30 from line	29 .	<u> </u>	<u></u>	, 31	-832,281.
For Paperwork Reduct	ION ACT N	otice, see instructions					Form 990-T (2019)

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	Form	990-T (2019) LIFESPAN CORPORATION	85.2	061070
	-	Total Unrelated Business Taxable Income	22-2	861978 Page 2
	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
		matucturals) inspire proper income computer from an university trans- or phaneses (see		
	33	Amounts paid for disallowed fringes	32	
	34	Charitable contributions (see instructions for limitation rules)	33	
	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	34	
		34 from the sum of lines 32 and 33	35	0.
	36	Doduction for net operating loss arising in tax years beginning before January 1, 2018 (see	100	
		instructions)	36	
	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37	
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38.	1,000.
. 1	39		 " 	
11		enter the smaller of zero or line 37	39	0.
	Pai	t IV Tax Computation	<u> </u>	
	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
	41	Trusts Taxable at Trust Rates See instructions for tax computation income tex on		**
		the amount on line 39 from. Tax rate schedule or Schedule D (Form 1041).	41	
	42	Proxy tax See instructions	42	
	43	Alternative minimum tax (trusts only)	43	
	44	Tax on Noncompliant Facility Income. See instructions	44	
1//	45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
•	Par	Tax and Payments		
		Foreign lax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
		Other credits (see instructions)		
		General business credit Attach Form 3800 (see instructions) ,		
		Credit for prior year minimum tax (attach Form 8801 or 8827) J.G 46d 12, 281.		
		Total credits Add lines 46a through 48d	48e	12,281.
	47	Subtract line 46e from line 45 ,	47	-12,281.
	48	Other taxes, Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (altach schedulo).	48	12 201
	49 50	Total tax Add lines 47 and 48 (see instructions)	40	-12,281
	-	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colump (k), line 3	50	
		2019 estimated tax payments		
		Tax deposited with Form 8868,		
		Foreign organizations Tax paid or withheld at source (see instructions)		
		Backup withholding (see instructions)		
		Credit for small employer health insurance premiums (allach Form 8941)		
		Other credits, adjustments, and payments Form 2439		
	Ť	Form 4136 ☐ Other Total ▶ 51g		
	52	Total payments. Add lines 51e through 61g	52	12,500.
	53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
	54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	`55	24,781.
	36	Enter the amount of line 55 you want Credited to 2020 ostimated tax ▶24,781. Refunded ▶	56	
`	Par	Statements Regarding Certain Activities and Other Information (see instructions	3)	
	67	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other a	ultionty Yes No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes" the organization ma	y have	to file
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	, i i
		here ▶BM, CA, IE, KY, VG		X
	58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
		If "Yes," see instructions for other forms the organization may have to file		1 1
	59	Enter the amount of tax-exempt interest received or accrued during the tax year. S Under penalties of penulty, I declare that I have examined this return, including accompanying schedules and statements and to the br	et of my	knowledge and helpt D a
	Cim	true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has one knowledge.		
	Sig: Her	- ID TO A A TOTAL AND STATE OF THE STATE OF		S discuss this return
	nei		i ine pi	reparer shown below
		Print/Type propagate name Propagate algorithm Onlie		PTIN
	Paid	Chick	if لــــا if	P00247720
	Prep	Darer Firm's name		13-5565207
	Use	Only Firm's address > 60 SOUTH STREET, BOSTON, MA 02111 Phone		-988-1000
	JSA			Form 990-T (2019)
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Form 990-T (2019)	····					Pa	
Schedule A - Cost of Go		ter mothod	of inventory valuation	<u> </u>	.,	T 2 T	
1 inventory at beginning of ye	rar . 1				ar		
2 Purchases					ld. Subtract line		
3 Cost of labor	3				here and in Part		
4 a Additional section 263A co	sts						
(attach schedule)	. 4a				section 263A (v		
b Other costs (attach schedul	e) . 4b				or acquired for		
5 Total Add lines 1 through	4b . 5		lo the or	ganization?		<u></u>	
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Propert	y Leased V	Vith Real Prope	rty)	
(see Instructions)							
Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent recei	ved or accrue	d				
(a) From personal property (if the p for personal property is more than more than 50%)		percente	om real and personal proper ge of rent for personal prope if the rent is based on profit	ty exceeds	3(a) Deductions d in columns 2	lirectly connected with the incon (a) and 2(b) (attach schedule)	
(1)	······································						
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of cohere and on page 1, Part I, Ine 6,					(b) Total deducted Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De			e instructions)				
1. Description of deb	,		Gross income from or allocable to debt-financed		Deductions directly connected with or allocable to debt-financed property		
r. Description of deta	tananceu property		properly		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)				1	1	······	
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Ave/age adju of or alloca debt-financed (atlach sch	ible to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable deductions (column 0 x total of columns 3(a) and 3(b))	
(1)			9	6			
(2)			9	6			
(3)			9	6			
(4)			c	6			
1				Enter he Part I, li	re and on page 1, ne 7, column (A)	Enter here and on page Part I, line 7, column (B)	
Totals				·	<u></u>	Form 990-T (2	

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Form 990-T (2019)	LIFESPAN	CORPORA	OITA	พ						22-2	861978 Page 4
Schedule F - Interest, Ann					fled O	rganiz	zations	(see			861978 Page 4
				ontrolled Or				1000	11/10/1/000	<u>.</u>	
Name of controlled organization	2. Employer identification numb	ner J. Ne	d unre	lated income instructions)	4. lotal		ned inc	luded is	column 4 to the controls of s gross li	enillo	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4) [Nonexempt Controlled Organi	motions.	ــــــا			<u> </u>						
7. Taxable Income	8. Net unrelated in (loss) (see Instruc			Total of specific		Inc	Part of co	he cont	roiling		1. Deductions directly needed with Income in
(1)						orga	inization's	giossi	rcome	 	calumn 10
(2)						\vdash				_	
(3)								-			
(4)											
Totak					>	Ent	id calumi ter here ei rt I, line 8	nd on pa	ige 1,	En	dd columns 6 and 11 ler here and on page 1, it 1, line 8, column (B)
Totals	come of a Sec	tion 501(c	:)(7).	(9), or (17		nizati	on (see	instru	ictions)	!	
1. Description of income	2. Amount of			1. Doduct directly con (atlach sch	tions nected			4. Set a			5. Total deductions and set-asides (col 3 plus col 4)
(1)		<u></u>								7	· · · · · · · · · · · · · · · · · · ·
(2)											
(3)		`	$oldsymbol{ol}}}}}}}}}}}}}}$								
(4)											
	Enter here and Part I, line 9, c	on page 1, olumn (A)							,		Enter here and on page 1, Part I, line 9, column (8).
Totals	1	1	<u> </u>								
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	sing Ir	come	(see ir	struct	ions)		,
1. Description of exploited activity	2. Gross unrelated business income from trade cr business	3 Expens directly connected production unrelate business ind	with of d	4. Net incomfrom unreint or business 2 minus col if a gain, co cols 5 thro	ed trede (column umn 3) xmpute	from is n	ross Incor activity ti ot unrelate ness Incor	nat ed	8. Expe attributa colum	of elde	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	†	``		† · · · · ·		-					
(2)				1						,	
(3)										•	
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ıt I,		,						Enter here and on page 1, Part II, line 25
Totals				1							1
Schedule J - Advertising to				lalated De-							
Part I Income From Per	ionicais Report	ed on a Co	onsoi	latea nas	315			Т			
1. Name of penodical	2. Gross advanising Income	3. Olrec advertising		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col. il. 3). If inpute		Circulation income	n	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				T							
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))			···-		,						Form 990-T (2019)

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2 through 7 on a line-by-line basis.)

2. Gross

advartising

income

Enter here and on

page 1, Part I,

line 11, col (A).

Form 990-T (2019)

Totals from Part I.

(1) (2) (3) (4)

(1) (2) (3) (4) 1. Name of periodical

Totals, Part II (lines 1-5) ▶

Total Enter here and on page 1, Part II, line 14

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22-2861978 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 7. Excess readership costs (column 6 5. Circulation 6 Readership minus column 5, but costs not more than column 4) Enter here and on page 1, Part II, Ilne 26

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 2. Title

LIFESPAN CORPORATION

3 Direct

advertising costs

Enter here and on

page 1, Part I,

line 11, col (B)

4 Advertising gain or (loss) (col.

2 minus col. 3) If

a gain, compute

cols 5 through 7

Income

Compensation attributable to unrelated business

Form 990-T (2019)

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Department of the Treasury Internal Revenue Service Name of the organizatio LIFESPAN COR	For calendar year 2019 or other tax year Go to www.lrs.gov/F Do not enter SSN numbers on the CORATION Iness Activity Code (see instructions) RENT	r beginning 10/0 prim9907 for instruc- lis form as it may be in 530000 FROM CONTROL	1 , 2018, and s tions and the la tade public if you	nding U973 test information r organization la	a 501(c)(3) Employer 22 - 28	Open to P Struck 30 Hentification of	1543-0047 19 John Inspection Transfer Common Comm	tor nby	
Describ	unrelated trade or Business Incom			\				,	
12 Gross receip	ad allowances								
b Less teturns un	ods sold (Schedule A, line 7)	$\frac{3}{4a}$							
2 Cost at 900	ods sold (Schedule A, line 7). (it. Subtract line 2 from line 1c. (in net income (allach Schedule D). (in net income (allach Schedule D).		T						
3 Gross pro-	fit. Subtract income (allach Schadule D) sin net income (allach Schadule D) (boss) (Form 4797, Part II, line 17) (atlach (boss) (Form 4797 trusts	Form 4787). 4c				1			
L Net gain	ain net mounts (loss) (Form 4797, Part II, line 17) (attach oss deduction for frusts (loss) from a partnership or an S corp	(anach	T						
c Capilal N	and stable of all 5 days	oration (audate							
- Incame	(1030)		1						
stateme	come (Schedule C)		<u>'</u>			106,869.			
a Rentin	come (Schedule E	- controlled		106,869.			\		
7 Unrela	come (Schedule E ted debt-financed income (Schedule E st, annulties, royalties, and rents from ization (Schedule F)	ATCH 4.	8		1				. 1
					 		1		-
organi	ization to a section 501(c)(1)	· · · · · L	9		 				_
g Inves	(Cabadula G)		10		+				
orga	Alzabor (Scheduly income (Schedu		11-		-	106,869			
10 Exp!	nization (Scriedal) loited exempt activity income (Schedu eritising income (Schedula J) eritising income (See instructions, attach sc	hedule)	12	106,869			st be direct	lγ	
11 Adv	retising income (Schedula J). Pertising income (Schedula J). Per Income (See instructions, attach so Per Income (See instructions, attach so Per Income (See instructions).	 شىشىشىشىشىشىشىشە	133	on deduc	tions.) (De	Juctions in			
12 011	ner Income (See Instructions, augusticate Income (See Instructions, augusticate Income	ross instructi	ons for limitat	Ouz ou a			· 1		
13_10	Not Taken Elsew	here (See income.)				}	15		
Part II	pertising Income (Schedule J) ter Income (See Instructions, attach so tal Combine lines 3 through 12 Deductions Not Taken Elsew connected with the unrelated compensation of officers, directors, and wakes	business income	K)		•	}	16		
	connected Will uto compensation of officers, directors, and salaries and wages and maintenance	d trustees (Schedule				• • • • • • •	17		
14 C	compensation of officers, diversity	. 				• • • • • •	18		
45 5	Salaries and the						19		
16	Salaries and wages Repairs and maintenance Bad debts.								
17	Bad debts.	ictions).		20			215		
18	Interest (allaon			1912	1		. 22		
19	Repairs and maintenance Bad debts. Interest (attach schedule) (see instru- i axes and ikcenses Depreciation (attach Form 4562). Less depreciation claimed on Schi Depletion Contributions to deferred compen	and elsewher	e ou tefatu · ·		, ,		. 23		
20	Depreciation (an elalmed on Scho	BOTTLE YOUR					24		
21	I ess deplecian			• • •			25		
22	Deplation to deferred comper	ISSUUT PIE			, , , , , , [,]		26		
23	Countrace			_			1 21		
24	+ Fublisher	ne i				• •	28	1	
2	5 Excess readership costs (Schedu	ile 3).			ine	28 from line	13 29	1	
	Contributions to deferte Employee henefit programs Excess exempt expenses (Schedi Excess readership costs (Schedi Cother deductions (attach schedi Total deductions. Add lines 14 Unrelated business taxable i Unduction for net operation	through 27	loss	deduction Su	EUnel Journal	y 1, 2018	(see)	1	
	Other deductions (aliaements) Total daductions. Add lines 14 Unrelated business taxable is Unduction for nel operation Instructions).	ncome before net	operanna beg	nning on or	Sitter garren			T	200 T) 2019
	28 linedated business taxable	a loss arising in	fax Acord			ششششث	تصلششند	Schedule M (For	יים או יישונפ חו
	29 United for net operation		us from line 29	نسنسنسنسند	- سنسنسنسن				
			30 1100						
	Total deductions: Unrelated business taxable is Unrelated business taxable is Unrelated business taxable is Unrelated business taxable is Reduction Act Notice,	see instructions.							
	31 Unrelated business taxable in For Paperwork Reduction Act Notice,								

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SCHEDULE D

Capital Gains and Losses

UMB No 1545-0123

(Form 1120) Mattach to Form \$120, 1120 C, 1120 F, 1120 FSC, 1120 H, 1120 IC DISC, 1120 L, 1120 ND, 1120 PC, 2019 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or cartain Forms 990-T. Department of the Treasury ► Go to www.irs gov/Form1120 for instructions and the latest information. Internal Revenue Service Name Employer identification number 22-2861978 LIFESPAN CORPORATION Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Part | Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) the lines below. or toss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 1a Totals for all short-term transactions reported on For 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, loave this line blank and go to fine 1b . . 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 6949 3 Totals for all transactions reported on Form(s) 8949 274 274. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 274. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions. (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below. Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whale dollars 8a Totals for all tong-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, the provided the control of t if you choose to report all these transactions on Form 8949. eave this line black and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box Echecked Totals for all transactions reported on Form(s) 8949 16,974. 16,974. 146,214. 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 3/ 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions (see Instructions) 15 163,188. 15 Not long-term capital gain or (loss). Combine lines 8s through 14 in column h Part III Summary of Parts I and II 274. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 163,188. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 163,462. Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

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Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.lrs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

(h)

Department of the Treasury nternal Revenue Senice Name(s) shown on return

Social security number or taxpayer identification number 22-2861978

LIFESPAN CORPORATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	(A) Short-term transactions(B) Short-term transactions(C) Short-term transactions	reported on F	om(s) 1099-	B showing basis		
1	(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Procests (asks nace)	(9) Cost or other basis See the Note below and see Column (9)	 Ga Subt

- (a)	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below			Gain or (loss). Subtract column (e)
Description of property (Example, 100 sh XYZ Co.)	(Mo , day, yr)	disposed of (Mo , day, yr.)	(sales price) (see instructions)	and see Column (e) In the separate enstructions	(f) Code(s) from Instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (1065)			274.				274.
			,		•		
,							
***************************************				,			
•							
	 						
-	<u> </u>						
	-		- 20-120-22-				
		<u> </u>					
2 Totals. Add the amounts in columningative amounts) Enter each total Schedule D, line 1b (If Box A above above is checked), or line 3 (if Box C a	al here and inc a is checked), lin	tude on your e 2 (if Box B	274.				274.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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cre 0949 (2019) ame(s) shown on return. Name and SSN or tex	n not Manifester a	A and sharehad of an	Num en arber -14-	Cantal		tachment Sequence No.	
LIFESPAN CORPORATION	payer menuncauch n	o nor required it si	IOWN OR DEDBY SIGE	200191 860	urity number of	taxpayer identificei	ion number
						22 2861978	
efore you check Box D, E, or F below, talement will have the same informat roker and may even tell you which bo	tion as Form 10	ou received an 99-B. Eilher wi	y Form(s) 1099∙B o ¶ show whether you	r substitute state ir bəsis (usually)	ment(s) from yo rour cost) was i	our broker. A subst reported to the IRS	itute by your
Part II Long-Term. Transac instructions). For sh	ctions involved	ing capital a	assets you held ee page 1	more than 1	year are ge	enerally long-te	rm (see
Note: You may agg to the IRS and for v 8a; you aren't requit	vhich no ad	iustments o	or codes are re-	guired. Enter	the totals di	irectly on Sche	was reporte dule D, line
ou must check Box D, E, or F t separate Form 8949, page 2, fo oro of the boxes, complete as m	or each applic	able box. If y	ou have more lo	ng-term transa	es for your lo actions than v	ing-term transac vill fit on this pa	tions, complet ge for one or
(D) Long-term transactions (E) Long-term transactions (X) (F) Long-term transactions (F)	reported on F	orm(s) 1099-	B showing basis			Note above)	
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e)	Adjustment, if any, to gain or loss, if you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (i from column (d) ar
(Example 100 sh XYZ Co)	(Mo , day, yr.)	(Mo , day, yr)	(see instructions)	In the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	combine the resu with column (g)
ROM SCHEDULE K-1(1965)			16,974.				16,97
			-				
	,						
					,		
						·	
							
	<u> </u>						
						}	
2 Totals. Add the amounts in columns							
negative amounts) Enter each total Schedule D, line 8b (if Box D above			16,974.	į.			16,97

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Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

(Rev May 2020) Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return. ▶ Go to www.irs.gov/Form8827 for the latest information.

Name	Employer k	Employer identification number		
LIFESPAN CORPORATION	22-2861	978		
1 Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form	1 8827 1	12,281.		
2 Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see ins				
3 Enter the refundable minimum tax credit (see instructions)		12,281.		
4 Add lines 2 and 3	1 4 1	12,281.		
5a Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership chang				
pre-acquisition excess credits, see instructions		12,281.		
b Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on For Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a pownership change or has pre-acquisition excess credits, see instructions. If you made an entre	m 1120, ost-1986 ry on line			
3, go to line 5c. Otherwise, skip line 5c. c Subtract line 5b from line 5a. This is the current year refundable minimum tax credit Inc.	· · · · · 			
amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	12,281.		
6 Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amoun forward and use in future years				

Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Refundable minimum tax credit. For tax years beginning in 2018 and 2019, a corporation is allowed an AMT refundable credit amount equal to 50% (100% for tax years beginning in 2019) of the excess minimum tax credit over the corporation's regular tax liability. The corporation can make an election to take 100% of the refundable credit in 2018 If the corporation makes this election, no credit is allowed for 2019. See section 53(e). Also, see the instructions for line 3

Purpose of Form

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward.

Who Should File

Form 8827 should be filed by corporations that had a minimum tax credit carryover from 2018 to 2019.

Enter the corporation's 2019 regular income tax liability, as defined in section 26(b), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J. Part I, line 2).

Line 3

The minimum tax credit limitation is increased by the AMT refundable credit amount. If the corporation did not make an election under section 53(e)(5) to take the entire refundable credit amount in 2018, 100% of the available minimum tax credits in excess of the 2019 regular tax liability is refundable for 2019 If the corporation made the election under section 53(e)(5) no refundable credit is allowed for 2019

If applicable, complete the Worksheet for Calculating the Refundable Minimum Tax Credit Amount, later in the instructions Enter the amount from line 3 of the worksheet on Form 8827, line 3.

Note: A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year. See section 53(e)(4).

For Paperwork Reduction Act Notice, see Instructions.

Form 8827 (Rev. 5-2020)

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PAGE 23 OF 78

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LIFESPAN CORPORATION

123

22-2861978

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INVESTMENT INCOME FROM PARTNERSHIPS

-936,072.

INCOME (LOSS) FROM PARTNERSHIPS

-936,072.

ATTACHMENT 1

01/12/2022 10:12:24 AM -0600 IRS

PAGE 24 OF 78

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24 /78

LIFESPAN CORPORATION

22-2861978

ATTACHMENT 2

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST

5,225.

PART II - LINE 18 - INTEREST

5,225.

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LIFESPAN CORPORATION

22-2861978

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE

46,240.

PART II - LINE 27 - OTHER DEDUCTIONS

46,240.

ATTACHMENT 3

					ATTACHMENT	JENT 4			į	9 6 10 7 7	
SCHEDULE M - SCHEDUL	SCHEDULE F INCOME FROM CONTROLLED ORGANIZATIONS	M CONTROLLES	ORGANIZA	TIONS							
		- Ava xa	EXEMP* CONTROLLED ORGANIZATION	ORGANIZATION			MONEXEMPT	HONEXEMPT CONTROLLED ORGANIZATION	RGANIZATION		
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ORGANIZATION	NIPABER		- WAPE	GRCSS INCOME	COLUMN (5)	INCOPE	(1055)	MADE	GROSS INCOME	COLUMN (18)	
LIFESPAN RISK SERVICES	05-0459767	•)			106 369.	106, 869.	106, 569.	106,869.	106, 259.	
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									TOTAL OF	TOTAL CF	
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									COLUMN 10	COLUMN 1.	
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LIFESPAN CORPORATION FAE 08/30/5050

ATTACHMENT 6 EIN 22-2861978

FORM 990-T NON-SRLY NOL DEDUCTION

TAX YEAR ENDED	LOSS GENERATED	LOȘS UTILIZED	AMOUNT REMAINING
09/30/2010	315,636	(233,477)	82,159
09/30/2011	446,995		446,995
09/30/2012	438,448		438,448
09/30/2013	339,699		339,699
09/30/2014	183,383		183,383
09/30/2015	51,646		51,646
09/30/2017	19,521		19,521
09/30/2018	197,329		197,329
09/30/2019	770,559		770,559
09/30/2020	832,281		832,281
TOTAL	3,595,497	(233,477)	3,362,020