Form 990-T	E	·	OMB No 1545-0687					
, a	For ca	(and proxy tax und		2018				
Provide Contract Cont	For Ca	Go to www.irs.gov/Form990T for II	-	2010				
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may		Open to Public Inspection for 01(c)(3) Organizations Only				
A Check box if address changed		Name of organization (Check box if name c	DEmployer identification number (Employees' trust, see instructions)					
B Exempt under section	Print	LIFESPACE COMMUNITIES,	42-1068850					
X 501(c 1) 3)	or	Number, street, and room or suite no. If a P.O. bo		E Unrelated business activity code (See instructions)				
408(e) 220(e)	Туре	4201 CORPORATE DRIVE	,					
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code WEST DES MOINES, IA 50266						930	
C Book value of all assets	F Group exemption number (See instructions.)							
at end of year		G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust	
		ition's unrelated trades or businesses.	1	Describe	the only (or first) uni	related		
The state of the s		RKING LOT FRINGE BENEFI			complete Parts I-V.			
describe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	or	
business, then complete								
		poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ L	Yes	X No	
		tifying number of the parent corporation.		T-1		1 5 4	000 5005	
J The books are in care of		TIM NEVINS de or Business Income		(A) Income	one number > 5 (8) Expenses		(C) Net	
L		de or Business income	Г	(A) IIIcollie	(D) Expenses	' 	(0) 1001	
1 a Gross receipts or sale		- Peloneo	ا ۱				į	
b Less returns and allow		c Balance	1c 2		, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	
2 Cost of goods sold (S3 Gross profit. Subtract			3		-	- +	,	
4a Capital gain net incon			4a			\dashv		
		Part II, line 17) (attach Form 4797)	4b		•			
c Capital loss deduction			4c			<u></u>		
•		ship or an S corporation (attach statement)	5			ightharpoonup		
6 Rent income (Schedu		(6					
7 Unrelated debt-financed income (Schedule E)					 			
	· · · · · · · · · · · · · · · · · · ·							
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								
					,			
12 Other income (See in:	struction	ns; attach schedule)	12		`			
13 Total. Combine lines								
Part II Deduction	ons No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions)				
(Except for	contribi	utions, deductions must be directly connecte	d with	the unrelated busines	s income)			
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)				14		
15 Salaries and wages						15		
16 Repairs and mainter	nance					16		
17 Bad debts						17		
18 Interest (attach sche	edule) (s	ee instructions)				18		
19 Taxes and licenses		and the second of the second o				19 20		
		e instructions for limitation rules)		Last		. 20		
21 Depreciation (attach				21 22a		22b		
-	aimeo o	n Schedule A and elsewhere on return				23		
23 Depletion		managation along				24		
24 Contributions to def		impensation plans	ÆΛ	VED.		25		
25 Employee benefit pr		26						
	mpt expenses (Schedule I) dership costs (Schedule J)							
<u></u>	Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28							
	deductions. Add lines 14 through 28							
	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see distructions)							0.	
· · · · · · · · · · · · · · · · · · ·						32	0.	
		work Reduction Act Notice, see instructions.	-				Form 990-T (2018)	

Sign Here	Under penalties of perjury, I declare that I have exacorrect, and complete Declaration of preparer (other Signature of officer	mined this return, including accompanying schedule or than taxpayer) is based on all information of which INTE. Date AND Title	RIM PRESI	DENT CFO	y the IRS discuss this return with preparer shown below (see ructions)? X Yes No
Paid Preparer Use Only	Print/Type preparer's name JED CHENEY	Preparer's signature	Date 11/8/19	Check if self- employed	PTIN P01587750
		Fırm's EIN ▶	41-0746749		
	Firm's address ► MINNEAPO	Phone no. 612-376-4500			
					OOO T /0040

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Form **990-T** (2018)