For calendar year 2019 or other tax year beginning

... 990-T

Department of the Treasury Internal Revenue Service

Check box if

B Exempt under section

408(e) 408A

529(a) Book value of all assets

X 501(c)(3 **ゆう**

trade or business here

address changed

530(a)

,903,294.

Print

Type

or

H Enter the number of the organization's unrelated trades or businesses.

Exempt Organization Business Income Tax Return							OMB No 1545-0047				
	(and proxy tax und				191	2		- A	•		
cal			and ending		• • •	_	Z	<u> </u>	j		
▶	► Go to www irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	be mad	le public if your organiz		501(c)(3)		50 1(c)(3)	Public Inspec Organization	s Only		
	Name of organization (Check box if name changed and see instructions)							D Employer identification number (Employees' trust, see instructions)			
t	CDS LIFE TRANSITIONS, INC.							47-5672694			
r	Number, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions)			
е	860 HARD RD] ,,,,,,		,							
	City or town, state or province, country, and ZIP of WEBSTER, NY 14580										
	F Group exemption number (See instructions.)	<u> </u>									
	G Check organization type ► X 501(c) corp	oration	501(c) trust		401(a) trust		Other	trust		
ıza	tion's unrelated trades or businesses.			-	(or first) ui						
			If only one					ne,			
	ce at the end of the previous sentence, complete Pa	rts I and	III, complete a Schedul	e M for ea	ch additior	ial trade	e or				
-						<u> </u>					
-	oration a subsidiary in an affiliated group or a parer ifying number of the parent corporation.	ıt-SUDSIC	nary controlled group?			Y	es _	No			
	JUDY CONSADINE		Talant	none numi	oer 🕨	585	1341	1-460	<u></u>		
	le or Business Income	Т	(A) Income				/3= -	(C) Net	-		
			Receive	1: : : : .	aik "U	33	 		, 		
s	c Balance ▶	1c		3∠6							
	A, line 7)	2		1	~~~			7			
	om line 1c	3	ÍÝÚ	N U	FAFA						
acl	h Schedule D)	4a		Ī							
, Pa	art II, line 17) (attach Form 4797)	4b			1.17						
rus	its	4c		yuu.	· • •						
ers	hip or an S corporation (attach statement)	5									
		6		ļ	\angle		<u> </u>				
on	ne (Schedule E)	7					<u> </u>				
, ar	nd rents from a controlled organization (Schedule F)	8					<u> </u>				
	n 501(c)(7), (9), or (17) organization (Schedule G)	9		/			<u> </u>				
COI	me (Schedule I)	10					ــــــ				
	J)	11									
	s; attach schedule)	12		 			 				
	gh 12 t Taken Elsewhere (See instructions fo	13	0.	L			<u> </u>				
	e directly connected with the unrelated busing										
	rectors, and trustees (Schedule K)					14	Τ				
unectors, and trustees (Schedule K)						15	 				
						16	<u> </u>				
						17	† ·				
(se	ee instructions)					18					
,						19					
45	(62)		20								
on	Schedule A and elsewhere on return		21a			21b					
						22					
con	npensation plans					23					
s						24					
Sc	hedule I)					25					
Sch	nedule J)					26	<u> </u>				
ch	edule)					27					
es	14 through 27					28	<u> </u>		0.		
e income before net operating loss deduction. Subtract line 28 from line 13						29	<u> </u>		0.		
g lo	oss arising in tax years beginning on or after Januar	y 1, 201	18			1			_		

PF-	.)		45 56	70604
Form 994	ATT Total Unrelated Business Taxable Income		47-56	72694 Page
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	0
33	Amounts paid for disallowed fringes		33	<u>-</u>
34	Charitable contributions (see instructions for limitation rules)		34	0
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtact line 34 from the sum of lines 32 and	33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 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)	8 2	38_	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		1	
	enter the smaller of zero or line 37	;	39	0
Part				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	P H	40	0
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		_	
40	Tax rate schedule or Schedule D (Form 1041)		41	
42	Proxy tax. See instructions Alterestvia managements (Arrests each)	· -	42	
43	Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions		43 44	
I	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0
	Tax and Payments		45 [
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	Other credits (see instructions) 46b		- 1	
	General business credit. Attach Form 3800		į	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
	Total credits. Add lines 46a through 46d	4	6e	
47	Subtract line 46e from line 45		47	0
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach school	ule) 4	48	
49	Total tax. Add lines 47 and 48 (see instructions)		49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0
51 a	Payments: A 2018 overpayment credited to 2019			
ь	2019 estimated tax payments Lib 2,50	0.		
С	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d			
е	Backup withholding (see instructions) 51e			
	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g		52	2,500
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<u> </u>	53	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	0.500
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	2,500
56 Part	Enter the amount of line 55 you want. Credited to 2020 estimated tax VI Statements Regarding Certain Activities and Other Information (see instructions)	,	56	2,500
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Van Na
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			$-\frac{x}{x}$
	If "Yes," see instructions for other forms the organization may have to file.			
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr	nowledge	and belief, it i	s true,
Sign	correct, and complete Declaration of propaler (other than taxpayer) is based on all information of which preparer has any knowledge EXECUTIVE VP OF			
Here	FINANCE		he IHS discus eparer shown	s this return with below (see
	Signature of officer C Date Page Title	- 1	ctions)?	
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN	
Paid		_ ı		
Prep	DIGUADO LEIGUM COM CONTROL CON		P013	78913
Use	DOMESTIC COO LED	v ▶		131146
Joe	171 SULLY'S TRAIL			
	Firm's address ▶ PITTSFORD, NY 14534 Phone no	. (5	85) 3	81-1000
				1'990-T (201