ra Pa			70	$Y' \cap$	
ι <sup>ι</sup>		<b>.</b>		$\mathcal{W}_{ }$	0.10.11 45.15.00.15
Form <b>990-T</b>	Exempt Organization Busin		ax Returi	י ו⊢	OMB No 1545-0047
/	(and proxy tax under		ית כי חב זי	, l	2019
£	For calendar year 2019 or other tax year beginning JUL 1,  Go to www.irs.gov/Form990T for insti			<del>. U</del>	ZU 13
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be			. 50	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if	Name of organization (			D Employ	er identification number
address changed	Name of organization (	g,		instruct	
B Exempt under section2	Print LIFEBRIDGE HEALTH, INC.				-1402373
$X = 501(c)(3 \bigcirc )$	Number, street, and room or suite no. If a P.O. box, s				ed business activity code structions)
408(e)220(e)	7401 MEST DETINEDERG WAST			4	
408A530(a)	City or town, state or province, country, and ZIP or for	oreign postal code		5311	20
529(a) C Book value of all assets	BALTIMORE, MD 21215  F Group exemption number (See instructions.)			12211	1
at end of year	85. G Check organization type ► X 501(c) corpor		401/2	ı) trust	Other trust
	organization's unrelated trades or businesses.   14	•	the only (or first) u	<u> </u>	
	SEE STATEMENT 1		complete Parts I-V		han one,
	ank space at the end of the previous sentence, complete Parts	s I and II, complete a Schedule	M for each addition	nal trade o	r
business, then complete					
	the corporation a subsidiary in an affiliated group or a parent-	subsidiary controlled group?	<b>&gt;</b>	Yes	X No
	nd identifying number of the parent corporation.	<del></del>		/ <b>410</b> \	C01 FCF2
	NANCY KANE Trade or Business Income		ne number	(410)	601-5653 (C) Net
\ \		(A) Income	(B) Expense	s :	(O) Net
1a Gross receipts or sale		10	,	` ;	•
<ul><li>b Less returns and allow</li><li>2 Cost of goods sold (S</li></ul>		2		7	
3 Gross profit. Subtract		3			<u>- 5 7 7 6 5 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7</u>
4a Capital gain net incom		4a .	* ;	20,000	
		4b	- ** *	- 2	
c Capital loss deduction	<b>\</b> '''	4c .	· · · ·	, ,	
5 Income (loss) from a	partnership or an S corporation (attach statement)	5	. <u> </u>		
6 Rent income (Schedu	e C)	6			
7 Unrelated debt-finance	ed income (Schedule E)	7	104		01 100
	alties, and rents from a controlled organization (Schedule F)	8 145,600.	124,4	103.	21,197.
	a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
* · · · · · · · · · · · · · · · · · · ·		10			
11 Advertising income (S		11 587.			587.
	<u> </u>	13 146,187.	124,4	03.	21,784.
Partill   Deductio	ns Not Taken Elsewhere (See instructions for I				
	must be directly connected with the unrelated busines				
14 Compensation of offi	cers, directors, and trustees (Schedule K)			14	
15 Salaries and wages				15	
16 Repairs and mainten	ance RECEIVE	<u>-</u>		16	
17 Bad debts		1001		17	
•	dule) (see instructions)	121 [3]		18	
19 Taxes and licenses	101			19	
20 Depreciation (attach	Form 4562) Imed on Schedule A and elsewhere on returOGDEN,	UT ]   20		21b	
21 Less depreciation cla	imed on Schedule A and elsewhere on return 302.			210	<del></del>
22 Depletion				23	
23 Contributions to defe	rred compensation plans			24	
25 Excess exempt exper				25	
26 Excess readership co	•			26	<u> </u>
27 Other deductions (at	•	SEE STAT	EMENT 3	27	₹797.
	dd lines 14 through 27			28	797.
	axable income before net operating loss deduction. Subtract li	ne 28 from line 13		29	20,987.
	erating loss arising in tax years beginning on or after January				\
(see instructions)				30	0.
	exable income. Subtract line 30 from line 29			31	20,987.
923701 01-27-20 LHA F0	r Paperwork Reduction Act Notice, see instructions.	95	7-60,91	17	Form <b>990-T</b> (2019)

Sign				_				_
Here	Signature of officer	Date   17 ZDZ) EXECU	TIVE VP,	CFO	the prep	e IRS discuss parer shown b tions)?	•	0
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf F	PTIN		
Here Paid				self- employe	ed		-	
-	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/11/21			P0037	0694	
•	Firm's name ► SC&H GROUP,	Firm's EIN	<b></b>	20-59	91824			
OSC Offig	910 RIDGEB							
	Firm's address ► SPARKS, MD	21152		Phone no.	(41	.0) 40	3-1500	
923711 01-27-20	<del></del>		<del></del>			Form	990-T (201	9)

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation > N/A	7			
1 Inventory at beginning of year	1_		6	Inventory at end of year	ar		6	_
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6	<u>,                                     </u>	
3 Cost of labor	3		1	from line 5. Enter here	and in f	Part I,	<u></u>	
4 a Additional section 263A costs			1	line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes N	lo
b Other costs (attach schedule)	4b		1	property produced or a			1 1 1 1 1 1 1	, 1
5 Total. Add lines 1 through 4b	5		1	the organization?	•	, , , , ,	<u> </u>	ζ_
Schedule C - Rent Income	(From Real	Property and	Pers		ease	d With Real Prop		_
(see instructions)	•					-		
Description of property								
(1)								_
(2)								_
(3)								_
(4)								_
	2. Rent receive	ed or accrued	-					_
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)	
(1)								_
(2)								_
(3)	<u> </u>	-						_
(4)								_
Total	0.	Total			0.			_
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	•	· · · · · · · · · · · · · · · · · · ·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0	١.
Schedule E - Unrelated Deb		Income (see	ınstruc	ctions)		, <u>.</u> .,		Ť
			2	Gross income from		3. Deductions directly conn to debt-finance		_
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								_
(2)			1					_
(3)			<u> </u>					_
(4)								_
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column: 3(a) and 3(b))	s
(1)				%				
(2)				%				
(3)			Ī	%				
(4)				<u></u> %				
						nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				<b>•</b>		0.	. 0	
Total dividends-received deductions in	cluded in column	8		,		<b>•</b>	0	_
	·- <u>-</u>						F	

Schedule F - Interest, A	nnuitie	s, Royalt	ies, and	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	structions	s)
				Exempt (	Controlled C	rganızat	ions				
• 1. Name of controlled organizati	on	2. Emp Identific numb	ation	3. Net unr (loss) (see	related income e instructions)		otal of specified ments made	5. Part of included in organization	column 4 in the conti on's gross i	olling	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE								1			
(2) SUBURBAN PHYS:	TCTAN							<u> </u>			
(3) GROUP II, LLC		81-420	9029			<u> </u>					
		01 120	,,,,,,			ľ					
(4) Nonexempt Controlled Organiz	rotiono	<u> </u>		l							
			. ((===)	0.7.4.1	-4		1() Part of colu	0 45-4		44 5	luctions directly connected
7. Taxable Income		Inrelated incomo		9. rotai	of specified payi made	nents	in the controll			with	ATEMENT 5
_(1)											
(2)											
(3) $-117,890.$		-117,	890.		145,	600.		145,6	500.		124,403.
(4)											
							Enter here and	nns 5 and 10 on page 1, I column (A)		Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
Totals						•		145,6	500.l		124,403.
Schedule G - Investmen	nt Incor	ne of a S	ection	501(c)(7	'). (9). or (	17) Or					
(see instr				(-)(-	,, (-), -: (	,	<b>5</b>				
	iption of inco	me			2. Amount of	income	3. Deduction directly connect (attach schedu	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)										-	
(2)											
(3)											
(4)											
(+)					Enter here and Part I, line 9, co		-, ,		<del>~</del> .		Enter here and on page 1 Part I, line 9, column (B)
Totalo						0.	li				٥.
Schedule I - Exploited I		Activity	ncome	e, Other	Than Adv		ng Income				<u>-L</u>
					4 Net incon	ne /loss\	l .		_		7 _
Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly c with pro of unre business	elated	from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				•							
(2)				-							†
(3)					-						
(4)					-		 				<del></del>
(4)		re and on , Part I, col (A)	Enter her page 1 line 10,	, Part I,		<del></del> -	· • • • • • • • • • • • • • • • • • • •	. ,	- ,		Enter here and on page 1, Part II, line 25
Totals		0.		0.	<u> </u>	· .				~	0.
Schedule J - Advertisir	g Incor	ne (see in	struction	s)							
Part I Income From F	Periodic	als Repo	rted or	n a Cons	solidated	Basis					
1 Name of periodical		2. Gross advertising income		3. Direct ertising costs					6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-	-			1	, ,
(2)					<b>⊣</b> ; .	**	`				· ·
(3)	<del>-  </del>			-	<b> </b>					;	· ·
(4)					┥.	-	4				•
1'7					<del> </del>	<u>.</u> . —				<del> </del>	<u> </u>
Totals (carry to Part II line (5))		0		n							0.

Form **990-T** (2019)

0.

0.

(3) (4)

Totals from Part I

#### 52-1402373 Form 990-T (2019) LIFEBRIDGE HEALTH, INC. Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col 2 minus 2. Gross 6. Readership 3. Direct 5. Circulation advertising col 3) If a gain, compute cols 5 through 7 1. Name of periodical advertising costs costs ıncome (1) (2)

0

Enter here and on

page 1, Part I, line 11, col (B)

Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees

0.

Enter here and on

page 1, Part I, line 11, col (A)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business	,
(1)		%	-	
(2)		%		
(3)		%		
(4)		%		
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>		0.

Form 990-T (2019)

Enter here and

on page 1, Part II, line 26

— HIT BOXIDGE HEAD			
FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
RENTAL INCOME	FROM CONTROLLED ORGANIZATIONS		
TO FORM 990-T,	PAGE 1		
FORM 990-T	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
STATE TAX REFUN	ID .	5	87.
TOTAL TO FORM 9	90-T, PAGE 1, LINE 12	5	87.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		TRUOMA
TAX PREPARATION FEES		797.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	797.

•			
FORM 990-T	SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS S	STATEMENT	5
	DIRECTLY CONNECTED WITH COLUMN 10 INCOME		

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION OPERATING EXPENSE - SUBTOTAL -	20	124,396. 7.	124,403.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN	11		124,403.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service	Do not enter SSN numbers on t	hıs form as it r	may be	made pi	ıblıc if yo	our organ	nization is a	501(c)(3)	).	501(c)(3) Org	anizations Only
Name	of the organization	•						Emplo	yer iden	tıfıcati	on number	
	Ū	LIFEBRIDGE HEALTH	, INC.					52	-14	023'	73	
	Jnrelated Business	Activity Code (see instructions)	541990	Ó								
			SICIAN	AND	TEC	CHNO	LOGY	CHARG	EBAC	KS		
Pai	rt:II. Unrelated	Trade or Business Income			(A	) Incom	ie	(B) Ex	penses		(C	) Net
1a	Gross receipts or s	sales 3,130,578.						1,-, -	-	,	1.	]
b	Less returns and allo		Balance >	1c	3,	130,	578.		```			
2	Cost of goods sold	d (Schedule A, line 7)		2						1	17 ~ ,	<u>.</u> .
3	=	ract line 2 from line 1c	[	3	3,:	130,	578.		м.	'	3,13	30,578.
4 a	Capital gain net in	come (attach Schedule D)		4a				·		4		
b	Net gain (loss) (Foi	rm 4797, Part II, line 17) (attach Forn	n 4797)	4b				<u> </u>	<u>~</u>			
С	Capital loss deduc	ction for trusts		4c				i	 			
5	Income (loss) from	a partnership or an S corporation (a	ttach					, .		`		
	statement)		ļ	5				·				
6	Rent income (Scho	edule C)		6								
7	Unrelated debt-fina	anced income (Schedule E)		7								
8	Interest, annuities,	, royalties, and rents from a controlle	d	1								
	organization (Sche	edule F)	].	8								
9	Investment income	e of a section 501(c)(7), (9), or (17)										
	organization (Sche	edule G)		9								
10	Exploited exempt	activity income (Schedule I)		10								
11	Advertising income	•		11				y		$\longrightarrow$		2 600
12	Other income (See	e instructions, attach schedule)	STMT 6	12			<u>690.</u>				2 4 2	3,690.
<u>13</u>	Total. Combine lin	nes 3 through 12		13	3,	134,	268.				3,13	34,268.
Pai		ns Not Taken Elsewhere (Se nnected with the unrelated b				ations	on de	ductions	) (Ded	uctio	ns must	be
14	Compensation of o	officers, directors, and trustees (Sch	edule K)					-		14		
15	Salaries and wage									15	2,99	7,246.
16	Repairs and maint	enance								16		
17	Bad debts									17		
18	Interest (attach scl	hedule) (see instructions)								18		
19	Taxes and licenses	s								19		
20	Depreciation (attac	ch Form 4562)				20				<u> </u>		
21	Less depreciation	claimed on Schedule A and elsewhe	re on return			21	a			21b		
22	Depletion									22		
23	Contributions to de	eferred compensation plans								23		
24	Employee benefit p	•								_24		<del></del>
25		penses (Schedule I)								25		
26		costs (Schedule J)				a==	am = -		_	26		<u> </u>
27	Other deductions					SEE	STAT	EMENT	/	27	2 00	563.
28		. Add lines 14 through 27								28		7,809.
29		s taxable income before net operatir						13	}	29		36,459.
30		operating loss arising in tax years be	ginning on or	after c	January	1, 2018	(see			—		^
	instructions)								}	30		0. 36,459.
31	Linrelated business	s taxable income. Subtract line 30 fr	om line 29							31	<b></b>	ひっせりフ・

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

FORM 990-T (M) O	THER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
STATE TAX REFUND		3,690.
TOTAL TO SCHEDULE M, PART I, LINE	12	3,690.
FORM 990-T (M) O	THER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		563.
TOTAL TO SCHEDULE M, PART II, LIN	TR 27	563.

Form 990-T (2019) LIFEBRIDG	ים עם אותו	I TNC			52-1402	272	Page 3
Schedule A - Cost of Good	S Sold. Enter	method of inver	ntory valuation N/A		JZ-140Z	13/3	
1 Inventory at beginning of year	1 1	mealog of liver	6 Inventory at end of year		<u> </u>	6	<del></del>
2 Purchases	2		7 Cost of goods sold S		luna 6	7	
3 Cost of labor	3	· <del></del>	from line 5. Enter here		1.	s	
4a Additional section 263A costs	•   -	<del></del>	line 2	allu III i	Taili,	7	
(attach schedule)	40		8 Do the rules of section	. 262A /	L.	Yes	No
b Other costs (attach schedule)	4a		property produced or	,	•	17	1.5
5 Total. Add lines 1 through 4b	5		the organization?	acquirce	rior resaic, apply to	ــــنا	X
Schedule C - Rent Income		Property and		ease	d With Real Prope	ertv)	
(see instructions)							_
Description of property							
(1)							
(2)							
(3)							
(4)			-				
	2. Rent receiv	ed or accrued					
rent for personal property is more than of rent for p			and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	onnected with the income 2(b) (attach schedule)	In
(1)							
(2)				-			
(3)			<u> </u>				
(4)							
Total	0.	Total		0.			
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
	<u> </u>		2. Gross income from		Deductions directly conne to debt-finance		
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule	
(1)							
(2)							<del></del>
(3)	<del></del>						
(4)		-					
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	
(1)			%				
(2)			%				

0.

0.

Enter here and on page 1,

Part I, line 7, column (B)

(3) (4)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

0.

%

%

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	al Revenue Service	▶ Do not enter SSN numbers on this form as	it may be	made public	if your organiz	zation is a 501(c)(	<b>3</b> ).	1(c)(3) Organizations Only
Name	of the organization					Employer ide	ntification i	number
		LIFEBRIDGE HEALTH, INC.	•	_		52-14	102373	
ī	Jnrelated Business	Activity Code (see instructions)   5320	00					
	Describe the unrelate	ed trade or business   RENTAL II	NCOME	THAT	INCLUD	ES SERVI	CES	
Pā	rtilii Unrelated	Trade or Business Income		(A) Ind	come	(B) Expense	es	(C) Net
1a	Gross receipts or s	sales	T		<u>i</u>	. <u> </u>		
	Less returns and allo		▶ 1c		į.		ز الأرخد و	
2		d (Schedule A, line 7)	2		- 1		سِيد أَ إِنْ الْمِرْسِيدِ	
3	=	ract line 2 from line 1c	3		1	A		
4 a	Capital gain net in	come (attach Schedule D)	4a		Į		- ۱ سبه ور	
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Form 4797)	4b		į	-,#		
С	Capital loss deduc		4c		[[		*	
5	Income (loss) from	a partnership or an S corporation (attach		_	ş.	1 -		
	statement)		5		1	T	"	
6	Rent income (Sche	edule C)	6	109	9,079.	24,3	308.	84,771.
7		anced income (Schedule E)	7					
8		royalties, and rents from a controlled			i i			-
	organization (Sche	edule F)	8					
9	Investment income	e of a section 501(c)(7), (9), or (17)						
	organization (Sche		9					
10	Exploited exempt	activity income (Schedule I)	10					
11	Advertising income	-	11					
12	Other income (See	instructions, attach schedule) STMT 8	12		2,346.	entra de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición de la composición de la composición dela compos	=	2,346.
13	Total. Combine lin		13	11:	1,425.	24,3	108.	87,117.
Rai	directly co	ns Not Taken Elsewhere (See instruction nected with the unrelated business in the control of the	tions fo	r limitatio )	ons on ded	uctions.) (De	-T	must be
14	•	officers, directors, and trustees (Schedule K)					14	
15	Salaries and wage						15	
16	Repairs and mainte	enance					16	
17	Bad debts						17	
18	Interest (attach sch	nedule) (see instructions)					18	
19	Taxes and licenses			1	ı		19	
20	Depreciation (attac	•		}	20		<del> </del>	
21	•	claimed on Schedule A and elsewhere on return	n	l	21a		21b	
22	Depletion						22	
23		eferred compensation plans					23	
24	Employee benefit p	•					24	
25		penses (Schedule I)					25	
26	•	costs (Schedule J)		αE	TO CONSTRA	O miaetwa	26	797.
27	Other deductions (			SE	E STATI	EMENT 9	27	
28		Add lines 14 through 27					28	797.
29		s taxable income before net operating loss ded				13	29	86,320.
30		operating loss arising in tax years beginning on	or after J	anuary 1, 2	U18 (see			0.
	instructions)						30	86,320.
<u>31</u>	Unrelated business	s taxable income. Subtract line 30 from line 29			<del></del>		31	00,340.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER	INCOME	STATEMENT 8
DESCRIPTION			AMOUNT
STATE TAX REFUND			2,346.
TOTAL TO SCHEDULE M, PART I	, LINE 12		2,346.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 9
DESCRIPTION			AMOUNT
TAX PREPARATION FEES			797.
TOTAL TO SCHEDULE M, PART I	I, LINE 27		797.

LIFEBRIDO	SE HEALTI	H. INC.		52-140	2373				
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation	<u> </u>	······································				
Inventory at beginning of year	1		6 Inventory at end of ye	ar	6				
2 Purchases	2_		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5. Enter here	from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2						
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No				
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property I	_eased With Real Prop	erty)				
Description of property									
(1) RENTAL INCOME WI	TH SERVI	CES							
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (If the percenta personal property exceeds 50% or if ant is based on profit or income)	columns 2(a) an	ectly connected with the income in (a) and 2(b) (attach schedule)  ATEMENT 34				
(1)	0.		109,0		24,308.				
(2)					<del></del>				
(3)									
(4)									
Total	0.	Total	109,0	79.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		ter -	109,0	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>▶</b> 24,308.				
Schedule E - Unrelated Del	bt-Financed	Income (see	e instructions)						
			2. Gross income from	3. Deductions directly conn to debt-finance					
Description of debt-financed property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)	<del></del>		<del></del>						
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		allocable to nced property	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%						
(2)			%						
(3)			%						
(4)			%						
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals			<b>•</b>						

Total dividends-received deductions included in column 8

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 34
DESCRIPTION			ACTIVITY NUMBER	TRUOMA	TOTAL
RENTAL EXPENSES				24,308.	
		- SUBTOTA	ь – 2	0.	24,308.
TOTAL TO FORM 99	0-т, schedui	LE C, COLU	MDV 3		24,308.

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization 52-1402373 LIFEBRIDGE HEALTH, INC. 523920 Unrelated Business Activity Code (see instructions) ▶ PASSTHROUGH INCOME - GREENSPRING OFFICE ONE Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) STATEMENT 10 72,353. 72,353. Rent income (Schedule C) 6 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled R organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 2,003. 2,003. STMT 11 Other income (See instructions, attach schedule) 12 12 74,356. 13 Total. Combine lines 3 through 12 13 Part II. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 20 2<u>1b</u> Less depreciation claimed on Schedule A and elsewhere on return 21 22 22 Depletion 23 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 1,126. SEE STATEMENT 12 Other deductions (attach schedule) 27 27 1,126. 28 Total deductions. Add lines 14 through 27 28 73,230. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 30 instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

73.230.

	<del></del>		
FORM 990-T (M)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION			NET INCOME OR (LOSS)
GREENSPRING OFFICE O	NE - ORDINARY BUS	INESS INCOME (LOSS)	72,353
TOTAL INCLUDED ON SCI	HEDULE M, PART I,	LINE 5	72,353
FORM 990-T (M)	OTHER	INCOME	STATEMENT 11
DESCRIPTION			TUOMA
STATE TAX REFUND			2,003
TOTAL TO SCHEDULE M,	PART I, LINE 12		2,003.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 12
DESCRIPTION			ТИПОМА
TAX PREPARATION FEES			1,126
TOTAL TO SCHEDULE M,	PART II, LINE 27		1,126

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization 52-1402373 LIFEBRIDGE HEALTH, INC. 531120 Unrelated Business Activity Code (see instructions) ▶ RENTAL INCOME FROM CONTROLLED ORGANIZATIONS Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance > Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 109,098. -9,127. 99,971. 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 99,971. 109,098. 13 Total. Combine lines 3 through 12 13 Part II! Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 21b Less depreciation claimed on Schedule A and elsewhere on return 21 22 Depletion 22 Contributions to deferred compensation plans 23 23 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

27

28

29

STMT 14

instructions)

27

28

29

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SEE STATEMENT 13

797.

797.

0.

924

FORM 990-T	(M)	OTHER I	DEDUCTIONS	STATEMENT	13
DESCRIPTION	N			AMOUNT	1
TAX PREPAR	ATION FEES				797.
TOTAL TO S	CHEDULE M, PART I	I, LINE 27			797.
SCHEDULE M	NE:	r operating	LOSS DEDUCTION	STATEMENT	14
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		AVAILABLE THIS YEAR	
06/30/19	46,987.		46,987.	46,9	87.
NOL CARRYO	VER AVAILABLE THIS	S YEAR	46,987.	46,9	87.

		-
52-140237	3	Page -

Schedule F - Interest, A	Annuitie	s, Royalt	ies, an	d Rents	From Co	ntrolle	d Organiza	itions	(see ins	truction	s)
	-			Exempt	Controlled O	rganızatı	ons				-
• 1. Name of controlled organizat	ion	2. Emp identific numb	ation		related income a instructions)			5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1) LIFEBRIDGE		<u> </u>									<u> </u>
(2) SUBURBAN PHYS	TCTAN	-									
(3) GROUP, LLC		45-385	8352			_	<del></del>				
		<del>4</del> 3 303	00332		<del></del>						
(4) Nonexempt Controlled Organiz				l		L		L			
							40. Dod of color	0 41 -4		44 5:	
7. Taxable Income		nrelated income see instructions)		y lotai	otal of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		ition's	with	ductions directly connected income in column 10
/1)						<u> </u>					
(1)	-			<u> </u>							
$\frac{(2)}{(3)}$ -261,363.	-	-261,	363		99	971.	L	99	971.		109,098.
<del></del>		-201,	202.	ļ	, ,	<i>J</i> / ± •			<del>-                                    </del>		100,000.
(4)	)						Add colum Enter here and	nns 5 and 10			d columns 6 and 11 ere and on page 1, Part I,
								column (A)			line 8, column (B)
Tatala								aa ·	971.		109,098.
Totals			aatian	E01/a\/7	() (O) or (	17) 0 =	ronizotion	23,	<u> </u>		109,090.
Schedule G - Investme		ne or a S	ection	50 I(C)(/	), (9), or (	(7) Org	ganization				
(see instr	uctions				<del> </del>	<del></del>	2 Doduction				5 Total deductions
1. Description of income			2. Amount of	income	directly connected (atta			asıdes chedule)	and set-asides		
							(attach sched	ule)	(attaon 3		(col 3 plus col 4)
(1)			·								
(2)					<b></b>						
(3)					ļ						
(4)											
					Enter here and of Part I, line 9, co		,	-		·	Enter here and on page 1, Part I, line 9, column (B)
						, ,	1				
Totals				<u> </u>			<u> </u>	<u> 🏰</u>			-1
Schedule I - Exploited (see instru	-	Activity I	Income	e, Other	Than Adv	ertisir	ng Income				
Description of exploited activity	2 G unrelated incom trade or l	e from		elated	4. Net incom from unrelated business (co minus colum gain, compute through	Itrade or Iumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					Ì						
(2)											
(3)											
(4)		——————————————————————————————————————						-			
(4)	Enter her page 1 line 10,	Part I	Enter her page 1 line 10,		-	,	_	•		-	Enter here and on page 1, Part II, line 25
Totals	<u> </u>				<u> </u>						<u> </u>
Schedule J - Advertisir											
Partile Income From F	Periodic	als Repo	rted or	n a Cons	solidated	Basis					
1 Name of periodical		2. Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, comput	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					]	- <del></del>					·, · -
(2)					7. '						ı
(3)					<b>⊣</b> '			1			
(4)			<u> </u>		_,				-		
					<del>-  </del>		<del>†</del>				
Totals (carry to Part II, line (5))	<b>•</b>								· · ·		Form <b>990-T</b> (2019)

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTION 10	LY CONNECTED		STATEMENT	35
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
RENT EXPENSE DEPRECIATION OPERATING EXPENSE			77,749. 10,763. 20,586.		
	- SUBTOTAL	- 4		109,0	98.
TOTAL OF FORM 990	-T, SCHEDULE F, COLUMN	N 11		109,0	98.

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization 52-1402373 LIFEBRIDGE HEALTH, INC. 531120 Unrelated Business Activity Code (see instructions) ▶ RENTAL INCOME FROM CONTROLLED ORGANIZATIONS Describe the unrelated trade or business Partill Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 193 1a Gross receipts or sales c Balance b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a 4 a Capital gain net income (attach Schedule D) Lidiara Latera b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 5 statement) 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 44,699. 32,828. 77,527. 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 1,237. 1,237. STMT 15 12 Other income (See instructions, attach schedule) 12 78,764. 13 Total. Combine lines 3 through 12 13 Part'III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses Depreciation (attach Form 4562) 20 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) SEE STATEMENT 16 797. 27 27 Other deductions (attach schedule) 797. 28 Total deductions. Add lines 14 through 27 28 139. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 F<sub>V</sub>F N Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

instructions)

STMT 1

30

124.

45,015.

FORM 990-T (M)	OTHER INCO	ME	STATEMENT 15				
DESCRIPTION			AMOUNT				
STATE TAX REFUND			1,237.				
TOTAL TO SCHEDULE M, PART	TOTAL TO SCHEDULE M, PART I, LINE 12						
FORM 990-T (M)	OTHER DEDUC	CTIONS	STATEMENT 16				
DESCRIPTION			TUOMA				
TAX PREPARATION FEES			797.				
TOTAL TO SCHEDULE M, PART	II, LINE 27		797.				
SCHEDULE M N	ET OPERATING LOSS	3 DEDUCTION	STATEMENT 17				
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR				
06/30/19 124.		124.	124.				

Page 4

52-1402373	5	2	-1	4	0	2	3	7	3
------------	---	---	----	---	---	---	---	---	---

Schedule F - Interest, A	nnuitie	s, Royaltie	s, an	d Rents	From Co	ntrolle	d Organiza	itions	(see ınst	ructions	i)	
	-			Exempt	Controlled O	rganızatı	ons					
、1. Name of controlled organization	on	2. Emplo identificat number	ion	3. Net uni	related income e instructions)	<b>4</b> To	tal of specified ments made	5. Part of organization	the contro	lling	6 Deductions directly connected with income in column 5	
(1) GENERAL SURGE	RV							-				
		20-3828	2075		<del></del>			<del></del>				
	LLC	20-3020	3073							-		
(3)								<del> </del>		<del></del>		
_(4)		l .			_					!		
Nonexempt Controlled Organiz	ations											
7. Taxable Income		inrelated income ( see instructions)	loss)	9. Total	of specified payr made	nents	10. Part of coluing the controlling the controlling gross	mn 9 that is ir ing organizati s income	ncluded on's	with	luctions directly connected income in column 10  ATEMENT 36	
_(1)												
(2) -1,302,892.	_	1,302,8	392.		77.	527.		77,5	27.		32,828.	
					,			, -				
(3)												
(4)				-			Enter here and	nns 5 and 10 on page 1, P	art I,	Enter he	d columns 6 and 11 tre and on page 1, Part I, tine 8, column (B)	
						_					22.020	
Totals						<u> </u>		77,5	2/.		32,828.	
Schedule G - Investme		ne of a Se	ction	501(c)(7	7), (9), or (	17) Org					T :=	
1. Descr	1. Description of income					ілсоте	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set-as (attach sc	5 Total deductions and set-asides (col 3 plus col 4)		
(1)												
(2)												
(3)												
(4)		-										
Totals		A		<b>&gt;</b>	Enter here and of Part I, line 9, co	lumn (A)		200		5 50	Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited I (see instru		Activity in	come	e, Other	inan Adv	ertisir	g income					
Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly of with pro of unri- business	onnected duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expe attributat colum	ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					1							
(3)					1						<u> </u>	
					1							
(4)		re and on , Part I, col (A)	Enter her page 1 line 10,	, Part I,		118					Enter here and on page 1, Part II, line 25	
Schedule J - Advertisir	a Incor	ne (see inst	truction	s)	1		<u>ملادهه که پید</u>				<u>vi</u>	
[Partill Income From F					solidated	Basis						
1 Name of periodical		2. Gross advertising income		3. Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat e income		6. Reader costs	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					क्रिक्र व	र स्ट्रें हुं सू	R.			18	THE PERSON NAMED IN COLUMN	
(2)			<del>                                     </del>			لأمرقة ( معاقع العلال						
	-		+			ا بر ام رئيديام مايکرست				Î	The second to the second	
(3)			+		- Trans	· 利	`. <del> </del>			{	Si	
(4)			+		يتست نست تعلما		25				التعميد المستنداء المستنداء المستنداء	
Totals (carry to Part II, line (5))	<b>•</b>										Form <b>990-T</b> (2019)	
											romi 220-1 (2019)	

FORM 990-T (M)	STATEMENT 36			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	5	32,828.	32,828.
TOTAL OF FORM 99	0-т, schedule f, column	11		32,828.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

6

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL~1, 2019, and ending JUN~30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	al Revenue Service	Do not enter SSN numbers on this form as it	t may be i	made public if your org	anızatıon is a 501(c)(	3). <u>  t</u>	501(c)(3) Organizations Only
Name	of the organization	LIFEBRIDGE HEALTH, INC.	_		Employer ide 52-14		
ī	Jnrelated Business A	Activity Code (see instructions) > 53112	20				
		ed trade or business RENTAL IN	COME	FROM CONTE	ROLLED ORG	ANIZ.	ATIONS
Pai	rt I Unrelated	Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or s	ales	T		<del>  -= -= -</del>	F	
b	Less returns and allo		1c				
2		(Schedule A, line 7)	2		,		
3	_	act line 2 from line 1c	3		L		
4 a	•	come (attach Schedule D)	4a		1		
b		m 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>		
С	Capital loss deduct		4c		1		
5	•	a partnership or an S corporation (attach			( r		
	statement)		5			<u></u>	
6	Rent income (Sche	dule C)	6				
7		nced income (Schedule E)	7				
8	Interest, annuities,	royalties, and rents from a controlled					
	organization (Sched	-	8	166,509.	70,5	07.	96,002.
9	_	of a section 501(c)(7), (9), or (17)					
	organization (Sched		9				
10	Exploited exempt a	activity income (Schedule I)	10				
11	Advertising income		11				
12		instructions, attach schedule) STMT 1	8 12	2,657.		7	2,657.
13	Total. Combine line	•	13	169,166.	70,5	07.	98,659.
	directly cor	s Not Taken Elsewhere (See instruct			eductions.) (Ded	<del>, ,</del>	ns must be
14	·	fficers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					15	
16	Repairs and mainte	enance				16	
17	Bad debts					17	
18	·	edule) (see instructions)				18	
19	Taxes and licenses			امما		19	<del></del>
20	Depreciation (attack	•		20		<u> </u>	
21	•	claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion					22	
23		ferred compensation plans				23	
24	Employee benefit p	_				24	
25	Excess exempt exp	,				25	·
26	Excess readership	•		SEE STA	TEMENT 19	26	797.
27	Other deductions (a	·		SEE SIA	TEMENT TA	27	797.
28		Add lines 14 through 27		h	- 40	28	
29		taxable income before net operating loss dedu			ie 13	29	97,862.
30		perating loss arising in tax years beginning on o	or aπer Ja	anuary 1, 2018 (see	STMT 20		268.
^4	instructions)	Assemble manage Outstand Los 2007 L 200			DIMI Z		97,594.
31	Unrelated business	taxable income. Subtract line 30 from line 29				31	31,334.

LHA For Paperwork Reduction Act Notice, see instructions.

	<del></del>		
FORM 990-T (M)	OTHER	INCOME	STATEMENT 18
DESCRIPTION			AMOUNT
STATE TAX REFUND			2,657
TOTAL TO SCHEDULE M,	PART I, LINE 12		2,657
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 19
DESCRIPTION			AMOUNT
TAX PREPARATION FEES			797
TOTAL TO SCHEDULE M,	PART II, LINE 27		797
SCHEDULE M	NET OPERATING	LOSS DEDUCTION	STATEMENT 20
TAX YEAR LOSS SUST	LOSS PREVIOU AINED APPLI	ISLY LOSS	AVAILABLE THIS YEAR
06/30/19	268.	20	68. 268.
NOL CARRYOVER AVAILAB	LE THIS YEAR	20	68. 268.

Page	

Schedule F - Interest, F		,		Controlled O		<u>-</u>		(see ins		
• 1. Name of controlled organizati	on 2	Employer dentification number		related income e instructions)		tal of specified ments made	included	of column 4 to In the control	olling	6. Deductions directly connected with income in column 5
(1) SURGICENTER OF	F		-	<del> </del>						· · · -
(2) BALTIMORE, LL	C 52-	1658841								
(3)										· · · · · · · · · · · · · · · · · · ·
_(4)			<u></u>							
Nonexempt Controlled Organiz	zations					·				
7. Taxable Income	8. Net unrelated (see instru		9. Total	of specified payr made	nents	10 Part of colui in the controlli gross	mn 9 that is ng organiza s income	included ation's	with	eductions directly connected in income in column 10
(1)								1		3/
(2) 346,780.	3.	46,780.		166,	509.		166,	509.		70,507.
(3)							<u></u>			·
(4)										
						Enter here and	nns 5 and 1 on page 1, column (A)			id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					<b></b>		166,	509.		70,507.
Schedule G - Investmer (see instru		a Section	501(c)(7	7), (9), or (	17) Org	ganization				
1. Descr	iption of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)							L			
Totals			•	Enter here and o Part I, line 9, co	on page 1, lumn (A)	}	-		•	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I	-	ity Income	, Other	Than Adv	ertisin	g Income	<u> </u>			<u>-:</u>
Description of exploited activity	2 Gross unrelated business income from trade or business	directly c	elated	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Expenditure 6	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		_					Ì			
(2)										
(3)	,						Ī		_	
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	, Part I,	,		. ,	,	<b>.</b>		Enter here and on page 1, Part II, line 25
Totals ►   Schedule J - Advertisin	a Income /s	ee instruction	<u>e)</u>	1	_ <del> •</del>		<u>- 2 - 4 -</u>		<u> </u>	1
Part'II Income From F				solidated	Basis	· <u>-</u>		_		
1. Name of periodical	2 Gro advertis incom	ing adve	3. Direct extising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, comput	5. Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-				
(3)	<del> </del>	<del>-  </del>		<b>-</b>  }	•	<u> </u>		_		1
(4)				<u></u>	<u> </u>					
Totals (carry to Part II, line (5))	<b>•</b>									
					-		1		1	Form <b>990-T</b> (2019)

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	STATEMENT 37		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	6	70,507.	70,507.
TOTAL OF FORM 99	0-T, SCHEDULE F, COLUMN	11		70,507.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it	may b	e made public if your orga	nization is a 501(c)(3	3).	501(c)(3) Organizations Only
Name	of the organization  LIFEBRIDGE HEALTH, INC.			Employer ide 52-14		
	Jurelated Business Activity Code (see instructions) ► 53112	0				
	Describe the unrelated trade or business RENTAL IN	COM	E FROM CONTRO	OLLED ORG	ANIZ	ATIONS
Pai	TIL Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales			; ————————————————————————————————————		<u>"</u>
b	Less returns and allowances c Balance ▶	1c		<u>}_</u>		4 - F
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>		<u> </u>
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				<del></del>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		<u> </u>		
5	Income (loss) from a partnership or an S corporation (attach			,		
	statement)	5		1	- '	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	15,067.	42,0	07.	<u>-26,940.</u>
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				···
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	<u></u>			·
<u>13</u>	Total. Combine lines 3 through 12	13	15,067.	42,0	07.	<u>-26,940.</u>
Par	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions f	or limitations on de	ductions.) (Dec	ductio	ns must be
	——————————————————————————————————————	COITIC	···)			
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	·	21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	····
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)		SEE STAT	EMENT 21	27	797 <b>.</b>
28	Total deductions. Add lines 14 through 27				28	797 <b>.</b>
29	Unrelated business taxable income before net operating loss deduced	ction. S	Subtract line 28 from line	13	29	<u>-27,</u> 737.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see			
	instructions)			STMT 22	30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29			<u></u>	31	-27,737.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T	STATEMENT 21			
DESCRIPTIO	N			AMOUNT
TAX PREPAR	— ATION FEES			797.
TOTAL TO S	CHEDULE M, PART II	, LINE 27		797.
SCHEDULE M	NET	OPERATING	LOSS DEDUCTION	STATEMENT 22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI		AVAILABLE THIS YEAR
06/30/19	11,956.		11,95	11,956.
NOL CARRYO	VER AVAILABLE THIS	YEAR	11,95	11,956.

Form 990-T (2019) LIFEBR	IDGE	HEALTI	H, IN	c					52-14	0237	3 Page
Schedule F - Interest, A	Annuitie	s, Royal	ties, an					tion	S (see ins	struction	ns)
				Exempt	Controlled O	rganızat	ions				
. 1 Name of controlled organizat	ion	2. Em identifi num	cation		related income e instructions)		tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE LA	В							<u> </u>			
	LC	82-11	13874					<u> </u>			
(3)								1			
(4)											
Nonexempt Controlled Organiz	zations	·		•				•			
7. Taxable Income	8 Netu	inrelated incom see instructions		9. Total	of specified payn made	nents	10. Part of colu in the controlli gross	mn 9 tha ing orgai s income	nızatıon's	with	eductions directly connected in income in column 10
(1)											
(2) $-51,084$ .		-51	,084.		15,	067.		_ 15	,067.		<u>42,</u> 007.
(3)											
(4)											
				-"			Add colum Enter here and line 8, c		e 1, Part I,		id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								15	,067.		42,007.
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7	7) (9) or (	17) Ord	nanization		,0074		127007
(see instr		iic oi a c	ection	301(0)(1	), (o), o. (	.,, Οιξ	gamzadon				
	ription of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)				-							
(2)					1				1		
(3)											
(4)											
					Enter here and o Part I, line 9, col		·		E a gar maga		Enter here and on page 1 Part I, line 9, column (B)
Totals							<u> </u>		- 4- <u></u>		<del>-</del>
Schedule I - Exploited I (see Instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	unrelated	e from	3. Exp directly c with pro of unr business	duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributs colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter her page 1 line 10,	, Part I,	Enter her page 1 line 10,	, Part I,	,					. 5	Enter here and on page 1, Part II, line 25
Schedule J - Advertisin	l			<del>- ,</del>	1	- 1, +-	<u></u>		-		7/
				•	- alidatad	Doois					
Part L Income From F	erioaic	ais Repo 	ortea or	a Cons	solidated	Basis ———					
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1		1	-+-					1
(2)	1				7,	**	,[				1
(3)					<u> </u>	•	1				ŧ
(4)					<b>司:</b> '		_				∯ <u>_</u>

Form **990-**T (2019)

Totals (carry to Part II, line (5))

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	CONNECTED		STATEMENT 38
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE DEPRECIATION OPERATING EXPENSE			33,771. 5,958. 2,278.	
	- SUBTOTAL -	- 7		42,007.
TOTAL OF FORM 990	-T, SCHEDULE F, COLUMN	11		42,007.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

8

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	l Revenue Service	▶ Do not enter SSN numbers on this form as it	may be	made public	ıf your org	anization is a 501(c)(	3).	501(c)(3) Organizations Only
Name	of the organization	LIFEBRIDGE HEALTH, INC.			-	Employer ide		
	Inrelated Business	Activity Code (see instructions)   53112	20					
		ed trade or business RENTAL IN		E FROM	CONTR	ROLLED ORG	ANIZ	ATIONS
		Trade or Business Income		(A) Inc		(B) Expense		(C) Net
1 a	Gross receipts or s	sales						7
b	Less returns and allo	owancesc Balance	1c					,
2	Cost of goods sold	d (Schedule A, line 7)	2			1,	_	<u> </u>
3	Gross profit. Subti	ract line 2 from line 1c	3			1	_	
4 a	Capital gain net in	come (attach Schedule D)	4a			i .		
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Form 4797)	4b				-	
С	Capital loss deduc	ction for trusts	4c				J	
5	Income (loss) from	a partnership or an S corporation (attach				<b>1</b> **		
	statement)		5				_	
6	Rent income (Sche	edule C)	6					
7	Unrelated debt-fina	anced income (Schedule E)	7					
8	Interest, annuities,	royalties, and rents from a controlled		_				
	organization (Sche	edule F)	8	862	2,317	. 1,271,9	74.	-409,657.
9	Investment income	e of a section 501(c)(7), (9), or (17)						
	organization (Sche	edule G)	9					
10	Exploited exempt	activity income (Schedule I)	10					
11	Advertising income	e (Schedule J)	11					
12	Other income (See	e instructions, attach schedule)	12					
13	Total. Combine lin	es 3 through 12	13	862	2,317	. 1,271,9	74.	-409,657.
'Pai	t II Deduction	is Not Taken Elsewhere (See instruct	ions f	or limitatio	ns on d	eductions.) (De	ductio	ons must be
	directly co	nnected with the unrelated business ır	icome	e.)				
14	Compensation of o	officers, directors, and trustees (Schedule K)					14	
15	Salaries and wage						15	
16	Repairs and maint						16	
17	Bad debts						17	
18		hedule) (see instructions)					18	
19	Taxes and licenses	• • • • • • • • • • • • • • • • • • • •					19	
20	Depreciation (attac				20		· ·	
21	•	claimed on Schedule A and elsewhere on return			21a	· · · · ·	21b	
22	Depletion			_	•		22	
23	=	eferred compensation plans					23	
24	Employee benefit	•					24	
25		penses (Schedule I)					25	
26	•	costs (Schedule J)					26	
27	Other deductions	,		SE	E STA	TEMENT 23	27	797.
28		Add lines 14 through 27					28	797.
29		s taxable income before net operating loss dedu	ction. S	Subtract line:	28 from li	ne 13	29	-410,454.
30		operating loss arising in tax years beginning on o						
	instructions)			• ,	•	STMT 24	30	0.
31		s taxable income. Subtract line 30 from line 29					31	-410,454.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T	FORM 990-T (M) OTHER DEDUCTIONS					
DESCRIPTION	N			AMOUNT		
TAX PREPAR	- ATION FEES			797.		
TOTAL TO S	CHEDULE M, PART II	, LINE 27		797.		
SCHEDULE M	NET	OPERATING	LOSS DEDUCTION	STATEMENT 24		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		AVAILABLE THIS YEAR		
06/30/19	30,717.		30,717.	30,717.		
NOL CARRYO	VER AVAILABLE THIS	YEAR	30,717.	30,717.		

52-1402373

Form 990-T (2019) LIFEBR	IDGE	HEALTH	I, INC	C.					52-14	023 <u>7</u>	3	Page 4
Schedule F - Interest, A	nnuitie	s, Royalt	ies, and	d Rents	From Co	ntrolle	d Organiza	ations	see ins	struction	s)	
					Controlled O							
. 1. Name of controlled organization		2. Employer identification number		3. Net unr	related income a instructions)	ated income 4 To		includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1) LIFEBRIDGE								<del>                                     </del>				
(2) COMMUNITY				l		-				_		
	NTC	00 07	I O O O E								_	
<del></del>	NC.	80-07	19003					-				
_(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	inrelated income (loss) see instructions)		Total of specified payments made		nents	10. Part of column 9 that is in the controlling organiza gross income		nization's	ation's with		rarement 39	
(1)												
(2)		0 00E	E10		060	217		060	217		1 271	071
(3) $-2,985,510$ .		-2,985,510.		862,317.		<u>31/.</u>	862,3		,31/.	7. 1,271,974		,9/4.
(4)												
							Add colur Enter here and line 8,		1, Part I,	Enter h	id columns 6 and tere and on page line 8, column (E	1, Part I,
Totals						<b>&gt;</b>		862	,317.		1,271	,974.
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7	'), (9), or (	17) Or	ganization					
(see instr					,, (-,, -, (	,	•					
1. Description of income				2. Amount of income		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		and se	leductions t-asides lus col 4)	
(1)							- ,,-,	,			,	,
(2)												
											+	
(3)	<del></del>		<del></del>						<u> </u>		<del>                                     </del>	
(4)					Enter have and	1	UT-MERCULA A PERSON	AT THE SECTION	 	- 1	목 Enter here an	d on page 1
				_	Enter here and o Part I, line 9, co						Part I, line 9,	
Totals		<b>A</b> 11 11		041	The sear A she		125		La Mar Miran	_ 5 Bun. 16 4		<u> </u>
Schedule I - Exploited I (see Instru	_	Activity	Income	e, Other	Inan Adv	erusir	ng income		,		1	
1 Description of exploited activity			of unrelated		Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess expenses 6 minus c but not m colum	(column olumn 5, ore than
(1)												
(2)												
(3)												-
(4)		-									<del></del>	
Totals			e and on , Part I, col (B)				er er er			Enter here and on page 1, Part II, line 25		
Schedule J - Advertisir	ng Incor	ne (see ir	nstruction	s)	<u> </u>						*.	
Part II Income From F					solidated	Basis						
Tranting moonie From	CHOCIC					<u> </u>	·- <del>-</del>					
1. Name of periodical		2. Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput			6. Reade cost		7. Excess re costs (column column 5, but than column	n 6 minus not more
(1)						42.30	32 51				<b>经</b>	
(2)						100					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 10 10 10 10 10 10 10 10 10 10 10 10 10
(3)						可不能	Qu				1 00 mm	
(4)						100						
	<del>-  -</del>				T							
Totals (carry to Part II, line (5))	<b>&gt;</b>										Form <b>990</b>	-T <sub>(2019)</sub>

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	STATEMENT 39		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSE RENT EXPENSE DEPRECIATION	- SUBTOTAL -		82,853. 1,124,469. 64,652.	1,271,974.
TOTAL OF FORM 990	-T, SCHEDULE F, COLUMN			1,271,974.

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

444,706.

444,706.

-278,241.

OMB No 1545-0047

Department of the Treasury

3

► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Internal Revenue Service Name of the organization

LIFEBRIDGE HEALTH, INC.

Employer identification number 52-1402373

531120 Unrelated Business Activity Code (see instructions) ▶ RENTAL INCOME FROM CONTROLLED ORGANIZATIONS Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income 1 a Gross receipts or sales c Balance ▶ b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a 4a Capital gain net income (attach Schedule D) 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach

8

9

10

11

12

13

statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8

organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9

organization (Schedule G) Exploited exempt activity income (Schedule I) 10

Advertising income (Schedule J) 11

Other income (See instructions, attach schedule) 12

Total. Combine lines 3 through 12

5 6 7

722,947.

722,947.

Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Depreciation (attach Form 4562)	20	0		
21	Less depreciation claimed on Schedule A and elsewhere on return	21	a	21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)	SEE	STATEMENT 25	27	797.
28	Total deductions. Add lines 14 through 27			28	797.
29	Unrelated business taxable income before net operating loss deduction. Subtract	lıne 28	from line 13	29	-279,038.
30	Deduction for net operating loss arising in tax years beginning on or after January			<u></u>	
	instructions)		STMT 2	26 30	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

-279,038.

FORM 990-T (M)	OTHER DEDUC	OTHER DEDUCTIONS			
DESCRIPTION			TRUOMA		
TAX PREPARATION FEES		797.			
TOTAL TO SCHEDULE M, PART	II, LINE 27		797.		
SCHEDULE M N	ET OPERATING LOSS	DEDUCTION	STATEMENT 26		
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/19 19,465.		19,465.			
NOL CARRYOVER AVAILABLE TH	IS YEAR	YEAR 19,465.			

		 _		
40237	3		Page	4
netruetier	ne)			

				Exempt	Controlled O	rganızatı	ons				
. 1. Name of controlled organizate	on	2. Emp identific humb	ation		related income e instructions)		tal of specified ments made	includ	t of column 4 t ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1) LIFEBRIDGE											
(2) COMMUNITY											
(3) PEDIATRICS, LI	C	46-284	2468								
(4)											
Nonexempt Controlled Organiz	ations										
		unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of coluin the controllingross	nn 9 thai ng organ income	is included ization's	11. Deductions directly connected with income in column 10  STATEMENT 40		
(1)							-				<del>-</del>
(2)											
(3) -49,550.		-49,	550.		444,	706.		444	,706.		722,947.
(4)		·			<u> </u>						
								on page column (A	1, Part I, \)	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals						<u> </u>		444	<u>,706.</u>		722,947.
Schedule G - Investmer (see instru		ne of a S	ection	501(c)(7	7), (9), or ( <sup>-</sup>	(7) Org	janization				
1. Descri	ption of incor	ne			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)							-				
(4)											
<sup>Totals</sup> Schedule I - Exploited E	xempt	Activity I	ncome	► . Other	Enter here and of Part I, line 9, col	umn (A)	a Income	<u></u>	<u></u>	<u>-</u>	Enter here and on page 1, Part I, line 9, column (B)
(see instruc	-				1 .	<del></del> -		<del></del>			<u> </u>
Description of exploited activity	2. Gr unrelated l income trade or b	business e from	3. Exp directly co with prod of unre business	nnected duction lated	4. Net income (loss) from unrelated trade or business (collumn 2 minus column 3) If a gain, compute cols 5 through 7		irom activity that attribu		6. Expo attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-	-							
(2)										_	
(3)											
(4)											
	Enter here page 1, line 10, c	Part I	Enter here page 1, line 10, c	Part I,			•			-	Enter here and on page 1, Part II, line 25
rotals ► Schedule J - Advertisin	a Incom	20 /555	ntw.ct.cc	-/		<del></del>				<del></del>	· <u> </u>
Part I Income From P					solidated	Basis		-		_	
1. Name of periodical		2. Gross advertising income		, Direct tising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati income	on	6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										j	***
(2)					];						``
(3)											•
(4)					i	<u> </u>				?	<u> </u>
Totals (carry to Part II, line (5))	<b>•</b>							ľ		- 1	
					<u> </u>						Form 990-T (2019)

FORM 990-T (M)	STATEMENT 40			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSE RENT EXPENSE DEPRECIATION			43,326. 567,321. 112,300.	
	- SUBTOTAL -	9		722,947.
TOTAL OF FORM 990-	T, SCHEDULE F, COLUMN	11		722,947.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

	I Revenue Service Do not enter SSN numbers on this form as it	may be	made public if your organ	ernal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  501(c)(3) Organizations Only,									
Name	of the organization			Employer ide		on number							
	LIFEBRIDGE HEALTH, INC.			52-14									
ι	Jurelated Business Activity Code (see instructions) ▶ 53112	0			•								
	Describe the unrelated trade or business RENTAL IN	COM	E FROM CONTRO	OLLED ORG	<u>ANIZ</u>	ATIONS							
Pā	til: Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net							
1a	Gross receipts or sales			· "	-1	1							
b	Less returns and allowances c Balance ▶	1c	<del>, , · ·</del>	<u>L                                    </u>									
2	Cost of goods sold (Schedule A, line 7)	2		· _ `		1							
3	Gross profit. Subtract line 2 from line 1c	3		<u> </u>	`								
4 a	Capital gain net income (attach Schedule D)	4a		<u> </u>									
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		1									
С	Capital loss deduction for trusts	4c			·	<del> </del>							
5	Income (loss) from a partnership or an S corporation (attach				<i>'</i>								
	statement)	5		<u> </u>		<del></del>							
6	Rent income (Schedule C)	6											
7	Unrelated debt-financed income (Schedule E)	7											
8	Interest, annuities, royalties, and rents from a controlled			_		0.406							
	organization (Schedule F)	8	2,990.	5	04.	2,486.							
9	Investment income of a section 501(c)(7), (9), or (17)				- 1								
	organization (Schedule G)	9											
10	Exploited exempt activity income (Schedule I)	10											
11	Advertising income (Schedule J)	11		7									
12	Other income (See instructions, attach schedule) STMT 27	-	69.	<u></u>		69.							
13	Total. Combine lines 3 through 12	13	3,059.		04.	2,555.							
Pai	Part IIi Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)												
	-		·		1 1								
14	Compensation of officers, directors, and trustees (Schedule K)				14								
15	Salaries and wages				15								
16	Repairs and maintenance				16	<del></del>							
17	Bad debts				17								
18	Interest (attach schedule) (see instructions)				18								
19	Taxes and licenses		1 1		19								
20	Depreciation (attach Form 4562)		20	**									
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	<del></del>	21b								
22	Depletion				22	<del></del>							
23	Contributions to deferred compensation plans				23								
24	Employee benefit programs				24								
25	Excess exempt expenses (Schedule I)				25								
26	Excess readership costs (Schedule J)	EMENT 28	26	797.									
27	Other deductions (attach schedule)	EMENT 28	27	797.									
28	Total deductions. Add lines 14 through 27		2.11 .11 . 22.4	40	28	1,758.							
29	Unrelated business taxable income before net operating loss deduce	13	29	1,/50.									
30	Deduction for net operating loss arising in tax years beginning on o	r atter	January 1, 2018 (see			0.							
	instructions)				30	1,758.							
31	Unrelated business taxable income Subtract line 30 from line 29				31	1,730.							

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER INCOME	STATEMENT 27
DESCRIPTION		TRUOMA
STATE TAX REFUND		69.
TOTAL TO SCHEDULE M, PART I,	69.	
FORM 990-T (M)	OTHER DEDUCTION	S STATEMENT 28
FORM 990-T (M) DESCRIPTION	OTHER DEDUCTION	S STATEMENT 28  AMOUNT
<u> </u>	OTHER DEDUCTION	

52-1402373 Page 4

Schedule F - Interest, A	nnuitie	s, Royalt	ies, an	d Rents	From Co	ntrolle	d Organiza	itions (see in	struction	s)
	-			Exempt	Controlled O	rganizati	ons			
, 1. Name of controlled organizati	on	2. Emp identific numb	ation	3. Net unr	related income e instructions)	4. To	tal of specified ments made	5. Part of column 4 included in the contorganization's gross	rolling	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE ME	DTCAL			<u> </u>		1				
		46-294	11505	<del> </del> -						
	<u> </u>	<u> </u>	11505							
(3)		-								
(4)		<u> </u>		L		L		L		
Nonexempt Controlled Organiz				г					т	
7. Taxable Income 8. Net unrelated income ( (see instructions)			9. Total	of specified payr made	nents	10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10  STATEMENT 41		
(1)										
$\frac{(1)}{(2)}$ -101,407.		-101,	407.		2.	990.		2,990.		504.
								2,5500		
(3)										
(4)										
							Enter here and	nns 5 and 10 on page 1, Part I, column (A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totala								2,990.		504.
Schedule G - Investme	nt Incon	no of a S	action	501/a\/7	() (0) or (	17) Ord	ranization	2,550.	L	3010
		ne or a S	ection	501(C)( <i>1</i>	), (9), 01 (	17) 019	gariization			
(see instr	uctions)				<u> </u>		0			T =
1 Desci	ription of inco	me			2 Amount of	ıncome	3 Deduction directly conne	cted   4. Set-		<ol><li>Total deductions and set-asides</li></ol>
					ļ <sup>-</sup>		(attach sched	lule) (attach	schedule)	(col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
					Enter here and		Ī	<i>u</i>		Enter here and on page 1,
Totals				<b>&gt;</b>	Part I, line 9, co	lumn (A)				Part I, line 9, column (8)
Schedule I - Exploited I	Exempt	Activity	Income	e, Other	Than Adv	ertisin	g Income			
(see instru		•		•						
Description of exploited activity	unrelated incom	eross business e from business	directly o with pro of unr	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a e cols 5	attribi		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<del></del>								
(1)										<del>                                     </del>
(2)					<del> </del>			+		
(3)										<del> </del>
(4)					<del></del>		<u> </u>		<del></del>	F.A. David
		e and on , Part I, col (A)	page 1 line 10,				•			enter here and on page 1, Part II, line 25
Totals	a Incar	no /-			[1	<del> ·</del>			- ~	٠
Schedule J - Advertisir					l: al - t !	Dasi-				· · · · · · · · · · · · · · · · · · ·
Part I Income From F	eriodic	als Hepo	rted or	n a Cons	solidated	Basis				
Name of periodical		2. Gross advertising income		3. Direct extising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th		5. Circulat e income			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1		Ī			_	* ;			
(2)			1		¬;. '		ì			
(3)		<del>,</del>	1		<b></b> !		,;			<u> </u>
(4)	<del></del>		<del>                                     </del>		<b>⊣</b> !					<u>,</u>
\7/			+		<del></del>		-		<del> </del>	· · · · · · · · · · · · · · · · · · ·
Totals (carry to Part II, line (5))	<b>•</b>					-				Form <b>990-T</b> (2019)
										(2013)

FORM 990-T (M)	STATEMENT 41			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE	- SUBTOTAL -	10	504.	504.
TOTAL OF FORM 99	0-т, schedule f, column :	11		504.

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning  $\underline{JUL~1~,~2019}$  , and ending  $\underline{JUN~30~,~2020}$ 

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

interna	■ Nevenue Service Do not enter SSN num	ibers on this form as it i	may be	made public	if your o	rganizat	ion is a 50	1(C)(3).	1 5	ou i(c)(3) Organiza	tions Only,
Name	of the organization LIFEBRIDGE HE	EALTH, INC.					Employe 52-	r identifi 1402			
	Unrelated Business Activity Code (see instruction	ons) <b>&gt;</b> 53112	0								
		► RENTAL INC	COME	FROM	CON	roli	LED O	RGAN	IZA	TIONS	
Pai	rt Ii Unrelated Trade or Business Ir	icome		(A) Ind	come		(В) Ехре	enses		(C) Ne	t
1a	Gross receipts or sales					ŧ		•		— <sub>-</sub> -	-
b	Less returns and allowances	c Balance ▶	1c			F _					
2	Cost of goods sold (Schedule A, line 7)		2			7			17		
3	Gross profit. Subtract line 2 from line 1c		3			í			1		
4 a	Capital gain net income (attach Schedule D)		4a			Ł.			1		
b	Net gain (loss) (Form 4797, Part II, line 17) (att	ach Form 4797)	4b			ı .	1,				
c	Capital loss deduction for trusts	, l	4c			<u>;                                    </u>		-			
5	Income (loss) from a partnership or an S corpe	oration (attach				<b>\$</b>			-		
•	statement)	,	5						_		
6	Rent income (Schedule C)		6								
7	Unrelated debt-financed income (Schedule E)		7								
8	Interest, annuities, royalties, and rents from a	controlled									
Ū	organization (Schedule F)		8	16	7,48	8.	254	,955	j <b>.</b>	-87,	467.
9	Investment income of a section 501(c)(7), (9),	or (17)		,				•			
Ū	organization (Schedule G)	( )	9								
10	Exploited exempt activity income (Schedule I)	Ì	10						1		
11	Advertising income (Schedule J)		11								
12	Other income (See instructions, attach schedu	ıle)	12			: :					
13	Total. Combine lines 3 through 12	10,	13	16'	7,48	B a T	254	,955		-87	467.
	directly connected with the unre	lated business inc							<u> </u>		
14	Compensation of officers, directors, and trust	ees (Schedule K)							4		
15	Salaries and wages							<u> </u>	5		
16	Repairs and maintenance								6		
17	Bad debts								7		
18	Interest (attach schedule) (see instructions)								8		
19	Taxes and licenses			1	1			1	9		
20	Depreciation (attach Form 4562)			}	20			-			
21	Less depreciation claimed on Schedule A and	elsewhere on return		l	21a				1b		
22	Depletion							<u> </u>	2		
23	Contributions to deferred compensation plans	<b>,</b>							3		
24	Employee benefit programs								4		
25	Excess exempt expenses (Schedule I)								5		
26	Excess readership costs (Schedule J)			~-	_ ~-		·		6		707
27	Other deductions (attach schedule)			SE	E ST	ATEM	ENT 2		7		797
28	Total deductions. Add lines 14 through 27								8		797.
29	Unrelated business taxable income before net							2	9	-88,	264.
30	Deduction for net operating loss arising in tax	years beginning on or	r after c	lanuary 1, 2	018 (se	9	am er	_ ال	<del></del>		0
	instructions)						STMT		0		0.
31	Unrelated husiness taxable income. Subtract	line 30 from line 29						1 3	11	-88,	264.

LHA For Paperwork Reduction Act Notice, see instructions.

31 Unrelated business taxable income Subtract line 30 from line 29

FORM 990-T (M)	OTHER DEDUCT	IONS	STATEMENT	29	
DESCRIPTION			AMOUNT		
TAX PREPARATION FEES		•	797.		
TOTAL TO SCHEDULE M, PART II	, LINE 27		•	797.	
SCHEDULE M NET	OPERATING LOSS	DEDUCTION	STATEMENT	30	
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/19 25,285.		25,285.	25,28	35.	
NOL CARRYOVER AVAILABLE THIS	25,285. 25,28				

Schedule F - Interest,	Annuitie	s, Royalt	ies, an					itions (see ir	struction	ıs)
				├ <u>`</u>	Controlled O	<u> </u>		<u> </u>		
、1. Name of controlled organizat	ion	2. Emp identific numb	ation		related income e instructions)		otal of specified ments made	5. Part of column included in the cororganization's gross	itrolling	6 Deductions directly connected with income in column 5
(1) LIFEBRIDGE				-		-				
(2) COMMUNITY										
	LLC	46-140	1312	-						
(4)						-				
Nonexempt Controlled Organi	zations							<u> </u>		
7 Taxable Income		nrelated income	e (loss)	<b>Q</b> Total	of specified payr	nents	10 Part of colur	nn 9 that is included	11 De	ductions directly connected
	(see instructions)		made			in the controll	ng organization's s income	with	PATEMENT 42	
(1)										
(2)									1	
(3) -130,798 <b>.</b>		-130,	798.		167,	488.		167,488.		254,955.
(4)		•							1	
						_	Enter here and	on page 1, Part I, olumn (A)	Enter h	id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•		167,488.		254,955.
Schedule G - Investme		ne of a S	ection	501(c)(7	7), (9), or (	17) Org			<u>,                                      </u>	
1. Descr	ription of inco	me			2 Amount of	2 Amount of income 3. Deductions directly connecte (attach schedule			-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
Totals				•	Enter here and o Part I, line 9, co			-		Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	•	Activity I	ncome	, Other	Than Adv	ertisir	g Income		<del></del>	<u></u>
Description of exploited activity		e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		irom activity that attri		penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter her page 1, line 10,	Part I,	Enter here page 1, line 10, o	Part I,		· .				Enter here and on page 1, Part II, line 25
Totals	I ·	L			hr	<u>+ + ' -</u>	<del></del>	<u> </u>		.1
Schedule J - Advertisir					- 11.1 2 11	D				
Partil Income From F	'eriodic	als Repo	rted on	a Cons	solidated	Basis ——-				
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circulati e income	on 6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						,	'			
(2)										į
(3)										, . ]
(4)					L	<u> +</u>	'			<u> </u>
Totals (carry to Part II, line (5))	•									
										Form 990-T (2019)

FORM 9'90-T (M) SCHEDULE ORGANIZAT	STATEMENT 42		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSE RENT EXPENSE DEPRECIATION	- SUBTOTAL - 11	28,627. 218,608. 7,720.	254,955.
TOTAL OF FORM 990-T, SCHEDU	LE F, COLUMN 11		254,955.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning  $\underline{JUL}$  1,  $\underline{2019}$ , and ending  $\underline{JUN}$  30,  $\underline{2020}$ ► Go to www.irs.gov/Form990T for instructions and the latest information.

	Revenue Service Do not enter SSN numbers on this form as it	may be	made public if your orga	nızation ıs a 501(c)(	3).	501(c)(3) Organizations Only
Name	of the organization			Employer ide		on number
	LIFEBRIDGE HEALTH, INC.			52-14	023	73
	Unrelated Business Activity Code (see instructions) > 53112	0		-		
	Describe the unrelated trade or business RENTAL IN	COM	E FROM CONTR	OLLED ORG	ANIZ	ATIONS
!Pai	til_ Unrelated Trade or Business Income		(A) Income	(B) Expense	:s	(C) Net
	Gross receipts or sales			1	•	
	Less returns and allowances c Balance	1c		1	-	<u>'                                     </u>
2	Cost of goods sold (Schedule A, line 7)	2			`* <del>-</del> -	L
3	Gross profit. Subtract line 2 from line 1c	3		;		
4 a	Capital gain net income (attach Schedule D)	4a		,		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			-	
c	Capital loss deduction for trusts	4c_				
5	Income (loss) from a partnership or an S corporation (attach	5		į.	,	
	statement) Rent income (Schedule C)	6			- "	
6 7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
0	organization (Schedule F)	8	118,806.	126,3	70.	-7,564.
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12			'	
13	Total. Combine lines 3 through 12	13	118,806.	126,3	70.	-7,564.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (De	ductio	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	
20	Depreciation (attach Form 4562)		20		<u>-</u>	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)		ann ans	TO STATES OF	26	707
27	Other deductions (attach schedule)		SEE STAT	TEMENT 31	27	797.
28	Total deductions. Add lines 14 through 27			40	28	797.
29	Unrelated business taxable income before net operating loss deduc			9 13	29	-8,361.
30	Deduction for net operating loss arising in tax years beginning on o	raπer	January 1, 2018 (see		20	0.
04	Instructions)				30	-8,361.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29				J O I	3,301.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 31
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		797.
TOTAL TO SCHEDULE M, PART II, I	INE 27	797.

52-1402373

Schedule F - Interest, A	Innuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions (see	instruction	ns)
				Exempt	Controlled O	rganızat	ions			
, 1. Name of controlled organizat	on	2 Em Identifi num	cation	3. Net uni (loss) (see	related income e instructions)	<b>4</b> . To pay	tal of specified ments made	5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE							-			
(2) NEUROSCIENCES	, LLC	45-07	19598							
(3)							•			
(4)		_		<u> </u>						
Nonexempt Controlled Organia	zations								<del></del>	
7. Taxable Income	8. Net u	inrelated incom see instructions		9. Total	of specified payi made	nents	in the controlli	mn 9 that is include ing organization's s income	with	aductions directly connected in income in column 10
						•			3.	PATEMENT 43
(1)		2 161	200		118,	906	<del>-</del>	118,806	-	126,370.
(2) $-2,461,288$ .		2,461	, 200.		110,	000.	ļ	110,000	•	120,370.
(3)								<del> </del>		
_(4)								<del></del>	+	<del></del>
							Enter here and	nns 5 and 10 i on page 1, Part I, column (A)		dd columns 6 and 11 nere and on page 1, Part I, Iine 8, column (B)
Totala								118,806		126,370.
Totals Schedule G - Investme	nt Incor	no of a S	ection	501/c)/7	7) (Q) or (	17) Or		110,000	• 1	120,3700
(see instr		ne or a s	ection	301(0)(7	), ( <del>9</del> ), or (	17) (1)	garnzanom			
\acc man	actions)				Γ		3 Deduction	ns 4 a		5. Total deductions
1. Desc	iption of inco	ome			2 Amount of	income	directly conne (attach sched	Cieu /attac	et-asides h schedule)	and set-asides (col 3 plus col 4)
(1)					<u> </u>		,			
(2)										
(3)										
(4)								İ	<del>-</del>	
Totals Schedule I - Exploited	Exempt	Activity	Income	•, Other	Enter here and Part I, line 9, co	lumn (A)	ng Income			Enter here and on page 1, Part I, line 9, column (B)
(see Instru  1. Description of exploited activity	ctions)  2 Gunrelated incom	Gross I business ie from business	3. Exp directly c with pro of unr	penses onnected	4. Net incon from unrelated business (oc minus colum gain, compute through	ne (loss) I trade or Iumn 2 n 3) If a	5. Gross inco from activity t is not unrelat business inco	hat attri	Expenses butable to blumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals •		re and on i, Part I, col (A)	Enter her page 1 line 10,	, Part I,						Enter here and on page 1, Part II, line 25
Schedule J - Advertisir	g Incor	ne (see ii	nstruction	s)	1					
िPart।। Income From F					solidated	Basis	-			
1 Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (cool 3) If a groot 5 th	ol 2 minus an, compul			adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1	2017-07	m			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(2)					4. 4.					1997年
(3)					The Part	State S. A.	4			
(4)					5: 156-1	4 15 m	<u>.</u>			<b>尼亚亚人的</b>
	-		1	· ·			1			
Totals (carry to Part II, line (5))	<b>•</b>			—.					_	Form <b>990-T</b> (2019)

FORM 990-T (M)	STATEMENT 43			
DESCRIPTION .		ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSE RENT EXPENSE			10,961. 115,409.	126 270
	- SUBTOTAL -	14		126,370.
TOTAL OF FORM 990	T, SCHEDULE F, COLUMN	11		126,3

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Il Revenue Service	▶ Do not enter SSN numbers on this form as it	may be	made public if yo	ur orga	nization is a 501(c)(3	3).	501(c)(3) Organizations Only
Name	of the organization	LIFEBRIDGE HEALTH, INC.			_	Employer idei		
	Jnrelated Business	Activity Code (see instructions) ▶ 53112	0					
			COM	E FROM CO	NTR	OLLED ORGA	ANIZ	ATIONS
Pa	rtili Unrelated	Trade or Business Income		(A) Incom	e	(B) Expense	s	(C) Net
1 a	Gross receipts or s	sales						7 - 7
b	Less returns and allo	owances c Balance	1c			<u>                                    </u>		1 1
2		d (Schedule A, line 7)	2					إياسا المستاد المستوات
3	=	ract line 2 from line 1c	3			1. 5 1		
4 a	Capital gain net in	come (attach Schedule D)	4a					
b	Net gain (loss) (Foi	rm 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduc		4c			<u>-</u>	- i	
5	Income (loss) from	a partnership or an S corporation (attach						
	statement)		5			<u> </u>		
6	Rent income (Sche	edule C)	6					
7		anced income (Schedule E)	7	-				
8	Interest, annuities,	royalties, and rents from a controlled						
	organization (Sche	edule F)	8	316,8	352.	316,9	41.	-89.
9	-	e of a section 501(c)(7), (9), or (17)						<del></del>
	organization (Sche		9		_			
10	Exploited exempt	activity income (Schedule I)	10					
11	Advertising income	-	11					
12	_	e instructions, attach schedule)	12					
13	Total. Combine lin		13	316,8	352.	316,9	41.	-89.
Pãi	rt II	ns Not Taken Elsewhere (See instruct	ions f	or limitations	on de	ductions.) (Ded	ductio	ns must be
		nnected with the unrelated business in						
14	Compensation of o	officers, directors, and trustees (Schedule K)					14	
15	Salaries and wage	s					15	
16	Repairs and maint	enance					16	
17	Bad debts						17	
18	Interest (attach scl	hedule) (see instructions)					18	
19	Taxes and licenses	S					19	
20	Depreciation (attac	ch Form 4562)		20				
21	Less depreciation	claimed on Schedule A and elsewhere on return		21a			21b	
22	Depletion						22	
23	Contributions to de	eferred compensation plans					23	
24	Employee benefit	programs					24	
25	Excess exempt ex	penses (Schedule I)					25	
26	Excess readership	costs (Schedule J)					26	
27	Other deductions	(attach schedule)		SEE	STAT	EMENT 32	27	<u>797.</u>
28	Total deductions.	Add lines 14 through 27					28	797.
29	Unrelated business	s taxable income before net operating loss deduc	ction. S	Subtract line 28 f	rom line	: 13	29	-886.
30		operating loss arising in tax years beginning on o					<u> </u>	
	instructions)					STMT 33	30	0.
31	Unrelated business	s taxable income. Subtract line 30 from line 29					31	-88 <u>6.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T	(M)	OTHER	DEDUCTIONS		STATEMENT	32
DESCRIPTIO	ОИ				AMOUNT	
TAX PREPAR	ATION FEES				-	797.
TOTAL TO S	SCHEDULE M, PART II	, LINE 27			-	797.
SCHEDULE M	i net	OPERATING	LOSS DEDUCTION	<u> </u>	STATEMENT	33
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	ISLY LOSS		AVAILABLE THIS YEAR	
06/30/19	32,054.		3	2,054.	32,05	54.
NOL CARRYO	VER AVAILABLE THIS	YEAR	3	2,054.	32,05	4.

Schedule F - Interest, A	Timulues, noya	iilico, alli		Controlled O		<del> </del>		(see ins	tructions	5)	
• 1. Name of controlled organizat	ıdent	mployer ification mber	3. Net uni	related income e instructions)	<b>4</b> To	tal of specified ments made	included	f column 4 t in the contr on's gross ii	olling	6. Deductions directly connected with income in column 5	
(1) LIFEBRIDGE											
(2) COMMUNITY											
(3) GASTROENTEROL										<u> </u>	
(4) LLC	<del></del>	63298									
Nonexempt Controlled Organi	zations										
7. Taxable Income	Net unrelated incc (see instruction	ome (loss) ns)	9 Total	of specified payr made	nents	10. Part of colur in the controlli gross			with	fuctions directly connected income in column 10  ATEMENT 44	
(1)											
(2)											
(3)											
(4) $-84,128.$	-84	,128.		316,	852.		316,	852.		316,941.	
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)					Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)		
Totals					<b>&gt;</b>		316,	852.		316,941.	
Schedule G - Investme		Section	501(c)(7	7), (9), or ( <sup>-</sup>	17) Org	ganization					
	ription of income			2 Amount of	income	3. Deduction directly connectation (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)						-					
(3)		-									
(4)											
				Enter here and o Part I, line 9, col				_	- <del>-</del>	Enter here and on page 1, Part I, line 9, column (B)	
Totals  Schedule I - Exploited I	Exempt Activity	/ Income	, Other	l Than Adv	ertisin	g Income	~	<u>* - / ;</u>	<del></del>	<u> </u>	
(see instru	ctions)	1		1 4							
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp directly co with pro of unre business	onnected duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business income	nat ed	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)	Enter here and on page 1, Part I,	Enter here page 1,		<u> </u>						Enter here and on page 1,	
Totals ▶	line 10, col (A)	line 10, c			-					Part II, line 25	
Schedule J - Advertisin	ng Income (see	instructions	s)	1		<u></u>				<u></u>	
Partili Income From F				solidated	Basis						
Name of periodical	2 Gross advertising income		Direct	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati	on	6. Reader		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	T			Ţ	<del></del>	
(2)									}		
(3)				_[;						-	
(4)				1		1					
Totals (carry to Part II, line (5))	<b>•</b>										
										Form 990-T (2019)	

FORM 990-T (M)	T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME						
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL			
OPERATING EXPENSE RENT EXPENSE	- SUBTOTAL -	18	19,011. 297,930.	316,941.			
TOTAL OF FORM 990	-т, schedule F, column 1	11		316,941.			