

Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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).

Open to Public Inspection for 501(c)(3) Organizations Only

Check box if address changed

**B** Exempt under section

501(c)(3) )

408(e)  220(e)

408A  530(a)

529(a)

Name of organization (  Check box if name changed and see instructions.)

**ADAGIO HEALTH INC**

Number, street, and room or suite no. If a P.O. box, see instructions.

**603 STANWIX ST, 2 GATEWAY CTR, NO. 500**

City or town, state or province, country, and ZIP or foreign postal code

**PITTSBURGH, PA 15222**

**D** Employer identification number (Employers' trust, see instructions)

**23-7104168**

**E** Unrelated business activity code (See instructions)

**C** Book value of all assets at end of year

**7,525,847.**

**F** Group exemption number (See instructions.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

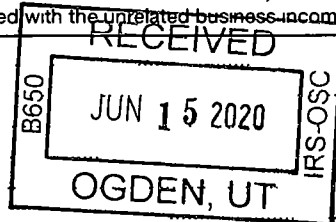
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No

**J** The books are in care of **WILLIAM GEDMAN** Telephone number **(412) 288-2130**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
1c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	<b>0.</b>		

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return		
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	<b>Total deductions.</b> Add lines 14 through 28		<b>0.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>0.</b>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
32	Unrelated business taxable income. Subtract line 31 from line 30		<b>0.</b>



SCANNED NOV 03 2020  
 Received in SEP 03 2020  
 Processing Unit

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38. Line 38 total is 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44. Line 44 total is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-55. Line 55 total is 3,860.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions 56, 57, 58.

Signature and Preparer information section. Includes signature of officer, date, title, and preparer details for Susan M. Kirsch.