7 Q Q Q Q 3 A 6	4847808						
990-T Exempt Organization Business Income Tax Return	OMB No 1545-0687						
(and proxy tax under section 6033(e))	0040						
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  Department of the Treasury Internal Revenue Service  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						
A Check box ii   Name of organization ( Check box ii hame changed and see instructions )   (Emple	oyer identification number loyees' trust, see ictions )						
B Exempt under section   Print   LIFESPRING, INC.   31	5-1097350						
X 501(CO)3 ) or Number, street, and room or suite no. If a P.O. box, see instructions.	ated business activity code nstructions)						
408(e) 220(e) Type 460 SPRING STREET							
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code  529(a) JEFFERSONVILLE, IN 47130							
C Book value of all assets at end of year  F Group exemption number (See instructions.)							
G Check organization type ► X 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							
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	Of						
business, then complete Parts III-V  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Ye	es No						
If "Yes," enter the name and identifying number of the parent corporation							
J The books are in care of ▶ JULIE MOHAMED Telephone number ▶ 812-	280-2080						
Part I Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net						
1 a Gross receipts or sales							
b Less returns and allowances c Balance lc Balance							
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)							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	<u> </u>						
c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  5	<del> </del>						
5 Income (loss) from a partnership or an S corporation (attach statement)  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							
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)							
12 Other income (See instructions; attach schedule) 12	ļ						
13 Total. Combine lines 3 through 12 13 0.							
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 CEIVED 15 Salaries and wages							
15 Salaries and wages RECEIVED 15							
16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 MAY 1 3 2020							
18 Interest (attach schedule) (see instructions)							
OGDEN							
20 Charitable contributions (See instructions for libratation tiles) DCTV, U 20 21 Depreciation (attach Form 4562)							
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b	d 						
23 Depletion 23							
24 Contributions to deferred compensation plans 24	_						
25 Employee benefit programs 25							
26 Excess exempt expenses (Schedule I) 26							
27 Excess readership costs (Schedule J) 27							
28 Other deductions (attach schedule) 28							
29 Total deductions. Add lines 14 through 28	0.						
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	0.						
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31	0.						
32 Unrelated business taxable income. Subtract line 31 from line 30  823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.	Form <b>990-T</b> (2018)						

Form 990-T (2018)

Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruct	ions)	33	0	•
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	,	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si		•			
30	lines 33 and 34	uiii Vi		3,6		
	· ·		39	87	1,000	_
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		אונ	'   Pa'		÷
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	30,		00	0	
David I	enter the smaller of zero or line 36			38	<u> </u>	÷
Part I					0	
39	Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21)			39	<u> </u>	÷
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38	trom:	'		
	Tax rate schedule or Schedule D (Form 1041)			► 40		_
41	Proxy tax. See instructions	•	. •	► <u>41</u>		
42	Alternative minimum tax (trusts only)			42		_
43	Tax on Noncompliant Facility Income. See instructions			43		_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0	•
Part \	Tax and Payments			,		_
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		— ՝		
b	Other credits (see instructions)	45b		'		
C	General business credit. Attach Form 3800	45c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_  .		
е	Total credits. Add lines 45a through 45d		•	45e		
46	Subtract line 45e from line 44			46	0	•
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 🔲	Other (attach schedule	e) 47		
48	Total tax. Add lines 46 and 47 (see instructions)			48	0	•
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0	•
	Payments: A 2017 overpayment credited to 2018	50a		•		
	2018 estimated tax payments	50b		, I		
	Tax deposited with Form 8868	50c				
4	Foreign organizations: Tax paid or withheld at source (see Instructions)	50d		7 .		
	Backup withholding (see instructions)	50e		┦ Ί		
	Credit for small employer health insurance premiums (attach Form 8941)	501		<del>-</del>		
1	Other credits, adjustments, and payments: Form 2439	301		<del> </del>		
y	Form 4136 Other Total	50g				
	Total payments. Add lines 50a through 50g	204		51		
51	· · · · · · · · · · · · · · · · · · ·			52		_
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			► 53		_
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed					_
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		ا مندست	54	<del> </del>	_
S5	Enter the amount of line 54 you want: Credited to 2019 estimated tax  // Statements Regarding Certain Activities and Other Information	<b>3D</b> (000	Refunded Instructions)	<b>▶</b>   55		-
Part \					I Vac I N	_
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No	<u>-</u>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					٠'
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreign c	ountry			
	here >				<del></del>	_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ransteror	to, a foreign trust?		<del>                                      </del>	_
	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	<del></del>			- 1 - 1	_
Sign	Under penalties of perjury, I deader that I have examined this return, including accompanying schedules and sta correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	atements, a er has any k	nd to the best of my kno nowledge	wiedge and b	ener, it is true,	
Here	1. Nink / 1/29 20 x			May the IRS	discuss this return with	
nere	Wick Can 42/20 CFO				r shown below (see	
	Signature of officer Date Title				)? X Yes N	0
	1	ate	Check	if	V	
Paid	ANGELA N. CRAWFORD		self- employ		00550405	
Prepa		4/29/			00573197	_
Use Only Firm's name ► BLUE & CO., ILC Firm's EIN ► 35-1178661					5-1178661	
	500 N. MERIDIAN ST, SUITE 200			245	600 4505	
	Firm's address ► INDIANAPOLIS, IN 46204		Phone no.	317-C	633-4705	