, e -	13	. NOTICE 2	010	100	293932	57	09324 9		
NOTICE 20 Form 990-T Exempt Organization Bus					ax Return	1	OMB No 1545-0687		
roini OOO I	(and proxy tax under section 6033(e))								
	For ca	lendar year 2018 or other tax year beginning		, and ending			2018		
Department of the Treasury Internal Revenue Service	•	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection fo 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name c	changed	and see instructions)		- (Emp	oyer identification number loyees' trust, see ictions)		
B Exempt under section	Print	LIFE HOUSE, INC.				4	1-1704840		
X = 501(c) 3	Type	or Number, street, and room or suite no. If a P.O. box, see instructions.							
408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code					
529(a)		DULUTH, MN 55802-2006				900	099		
C Book value of all assets at end of year		F Group exemption number (See instructions)	<u> </u>						
2,144,8	08.	G Check organization type ► X 501(c) corp	_		401(a)		Other trust		
	•	tion's unrelated trades or businesses ALIFIED TRANSPORTATION 1	1 BENI		the only (or first) un		than one		
		ce at the end of the previous sentence, complete Pa							
business, then complete			1113 1 411	u II, complete a ochedun	e ivi for each addition	ai iiauc	OI .		
		poration a subsidiary in an affiliated group or a parer	nt-subs	diary controlled group?	▶ [Ye	es X No		
		tifying number of the parent corporation		, , , ,					
		RYAN IRLBECK -; FINANCE	DIR	ECTOR Telept	none number 🕨 2	18-	722-7431		
Part J	d Trac	le or Business Income		(A) Income	(B) Expenses	3	(C) Net		
1a Gross receipts or sale									
b Less returns and allo		c Balance	1c			් ම්පුණ් ල පෙන්න් ම	Satistical de la		
2 Cost of goods sold (S			2		と、大学を表現のできます。	1 4 1 2 E	E Sandal Service Comment		
3 Gross profit. Subtrac4a Capital gain net incor			3 4a						
, •	•	art II, line 17) (attach Form 479	4b						
c Capital loss deductio			4c			2 () () () () () () () ()			
5 Income (loss) from a		ship or an S corporation (attach statement)	5		NEWS TO SE	74.7			
Rent income (Schedu			6				-		
Threlated debt-finance	ed incor	ne (Schedule E)	7						
~~		nd rents from a controlled organization (Schedule F)	8						
lana.		on 501(c)(7), (9), or (17) organization (Schedule G)							
Exploited exempt act	-		10						
Advertising income (·	11	10,140.		<. ~ \ <u>~</u> *_	10,140.		
Other income (See in Total. Combine lines		•	13	10,140.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-r'- V.	10,140.		
Part II Deduction		ot Taken Elsewhere (See instructions for					20,2100		
(Except for		itions, deductions must be directly connected					•		
(Except for Compensation of of	licers, di	rectors, and trustees (Schedule K)		1/50		14			
15 Salaries and wages		RE	CE	VED		15			
16 Repairs and mainter	nance	m		2019 SX		16			
17 Bad debts		ee instructions)	G 2) 2019 [유]		17			
18 Interest (attach sche	edule) (se	ee instructions)] <u>&</u>]		18			
19 Taxes and licenses	(C.	OG	DE	N, UT		19			
20 Charitable contribut21 Depreciation (attach		instructions for infinitation forces)		21		20			
		Schedule A and elsewhere on return		22a		22b			
23 Depletion	uou 01	Conodio Francisco Mistro de Francisco de Fra		(22,9)		23			
24 Contributions to def	erred co	mpensation plans				24			
25 Employee benefit pr	ograms					25			
26 Excess exempt expe	nses (Sc	hedule I)				26			
27 Excess readership c	-					27	<u> </u>		
28 Other deductions (a	ltach sch	edule)				28			

10,140. Form **990-T** (2018)

30

31

32

10,140.

*Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Total deductions Add lines 14 through 28

29

30

31

32

Part III	Total Unrelated Business Taxable Income		<u>. </u>					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	10,14	0.				
34	Amounts paid for disallowed fringes	34						
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35							
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	ines 33 and 34	36	10,14	0.				
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000	ō.				
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,							
	enter the smaller of zero or line 36	38	9,140	Ο.				
Part IV		30	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••				
		T 20	1,91	ā				
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	1, , , , 1	<u></u>				
40	Frusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	-						
į	Tax rate schedule or Schedule D (Form 1041)	40	<u> </u>					
	Proxy tax See instructions	41						
	Alternative minimum tax (trusts only)	42						
	Tax on Noncompliant Facility Income See instructions	_43						
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	1,919	<u>9.</u>				
Part V	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)							
e ·	Fotal credits Add lines 45a through 45d	45e						
46	Subtract line 45e from line 44	46	1,919	9.				
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47						
	Total tax. Add lines 46 and 47 (see instructions)	48	1,919	9.				
	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							
	2018 estimated tax payments 50b	┥						
	Fax deposited with Form 8868 50c 1,919	-						
		-						
	Foreign organizations Tax paid or withheld at source (see instructions) Seeking withheld or (see instructions)	⊣ i						
	Backup withholding (see instructions) 50e	-						
	Credit for small employer health insurance premiums (attach Form 8941)	-						
9 (Other credits, adjustments, and payments: Form 2439							
l	Form 4136 Other Total ▶ 50g	 -	1 014	^				
	Total payments Add lines 50a through 50g	51	1,919					
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		<u>1.</u>				
	Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	81	<u>l.</u>				
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54						
	nter the amount of line 54 you want. Credited to 2019 estimated tax	55						
Part V	Statements Regarding Certain Activities and Other Information (see instructions)							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes I	No_				
(over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country							
ı	nere >			<u>X</u>				
57 l	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X				
;	f "Yes," see instructions for other forms the organization may have to file							
58 E	inter the amount of tax-exempt interest received or accrued during the tax year >\$		ĺ					
	Under penalties of perjury 1 declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge.	edge and b	pelief, it is true					
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							
Here		•	S discuss this return with er shown below (see	'				
		instructions		No				
	Print/Type preparer's name Preparer's signature Date Check	ıf PTII						
Б	self- employed		••					
Paid	MICHELLE CHOPODA MICHELLE CHOPODA 09/01/19	1	01275603					
Prepar	CI - NUTDULT TID		9-0758449					
Use O	1502 LONDON ROAD, SUITE 200		<u> </u>					
		219 '	722.4705					
0007:::		210.	Form 990-T (20	01.0				
823711 01-0	g- 19		- romi 330-1 (20	JIO)				

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Schedule A - Cost of Goods	Sold. Enter	method of inver	tory valuation N/	Α.	···-			
1 Inventory at beginning of year	1		6 Inventory at end of ye			6		
2 Purchases	2		7 Cost of goods sold	Subtract	line 6			
3 Cost of labor	3		from line 5 Enter her	e and in l	Part I,			
4 a Additional section 263A costs			line 2		7	<u> </u>		
(attach schedule)	(attach schedule) 4a 8 Do the rules of section 263A (with respect to						Yes	N ₁
b Other costs (attach schedule)	schedule) 4b property produced or acquired for resale) apply to							
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Personal Property	Lease	d With Real Prop	erty)	·	
Description of property								
(1)				-				
(2)					·			
(3)	•							
(4)								
		ed or accrued			0(0) Doduston			
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	entage of han	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	tage	3(a) Deductions directly columns 2(a) a	r connec nd 2(b) (a	ited with the income in attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
c) Total income Add totals of columns 2 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)			0
Schedule E - Unrelated Deb		Income (see	instructions)	•	Tract, site o, column(b)			_
			2. Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fina	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)					· · · · · · · · · · · · · · · · · · ·	+		
(2)								
(3)			-					
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deducti column 6 x total of col 3(a) and 3(b))	
(1)			%	+		-		
(2)		-	%					
(3)			%	†		1		
(4)			%					_
\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			, ,,,		inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7 column (
			•		0		·	0
Totals								

1 Name of costorites organization 2 Englisher International 3 New relationship 4 Total of Special Control (Inc.) 5 Total Control (Inc.	Schedule F - Intere	est, Annuitie	s, Royaltı	es, and Rent	s From Co	ntrolle	d Organiza	tions	(see ins	structio	ns)
Comparison Controlled Organizations Contro		· · · · · · · · · · · · · · · · · · ·		Exempt	Controlled O	rganizati	ons				
Antibodie income B Telephone accorde (less) Telephone accorde (l	identification (loss) (see instructions) payments made included in the controlling connec						connected with income				
Part	<u></u>									+	
An Nonexempt Controlled Organizations										-	
Moneyempt Controlled Organizations 10 Part or could me the sanctact of the provided payments 10 Part or could me the sanctact of the provided payments 11 Onductions directly connected the provided payments 12 Onductions 13 Onductions									 ,		
Table income Security Secur											
7 Taubble income 8 Not investigate income (lose) 9 Total of specified payments 10 Perior costame their in certain of the controlled programment on the controlled payments of the)raanizations	l.	1	-	<u> </u>		<u> </u>			
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(2) (3) (4) Add columns 8 and 10 Enter here and on sager 1, Part I, ine 8, column(s) (see instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) (1) (2) (3) (4) Enter here and on sager 1, Part I, ine 8, column(s) (see instructions) 1 Description of spherical income (see instructions) 2 Amount of noome (see instructions) 1 Description of spherical income (see instructions) 2 Gross unusultable business	/ Taxable income			(1055)		nents	in the controlli	ng organiz	ation s	, WI	th income in column 10
(4) Add columns 6 and 10 Enter here and on page 1. Part I, ine 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) (1) (2) (3) (4) Interpretation of specific organizations) Part I ine 8, column (B) Enter here and on page 1. Part I, ine 8, column (B) (see instructions) 1 Description of enterpretation of specific organizations (see instructions) 1 Description of enterpretation of enterpret	(1)										···-
Add columns 3 and 10 Clink her and on page 1. Part 1. Income page 1. Part 2. Clink her and on page 1. Part 3. Clink her and on page 1. Part 3. Clink her and on page 1. Part 3. Clink her and on page 1. Part 4. Clink her and on page 1. Part 4. Clink her and on page 1. Part 5. Clink her and on page 1. Part 6. Clink her and 0. Page 1. Part 6. Clink her and 0.		_									
Add columns Sand 10 Enter here and on page 1, Part I, inte 8, column (s) O O											
Add columns 2 and 10 Enter here and on page 1, Part 1, Ines 8, column (8) Column (8)							•				
Totals Part I, line 8, column (A) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(4)			1					_		
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Description of exploited activity Income from rade or business Income from rade or business income I		2 (iross		from unrelated	I trade or	5 Gross inco	ome 6 Eveneses			
trade or business Distribution of trade of business income Dusiness income Du							from activity to	hat			
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1 Name of periodical 2 Gross advertising costs 3 Direct advertising costs (col 2 minus colls 5 through 7 (1) (2) (3) (4) Fotals (carry to Part II, line (5))	Schedule J - Adve	rtising Incor	ne (see ins	structions)							
1 Name of periodical 2 Gross advertising costs 3 Direct advertising costs (col 2 minus colls 5 through 7 (1) (2) (3) (4) Fotals (carry to Part II, line (5))					solidated	Basis					
1 Name of periodical 2 Gross advertising costs advertising costs value (1) (2) (3) (4) (2) (4) (5) (Carry to Part II, line (5))			•								
1 Name of periodical 2 Gross advertising costs 3 Direct advertising costs collumn 6 Seadership costs (collumn 6 minus collumn 4) (1) (2) (3) (4) Fotals (carry to Part II, line (5))					4	ieine et:-					7 Evenes readership
(1) (2) (3) (4) Fotals (carry to Part II, line (5)) Income advertising costs color of the colo	4			3 Direct	or (loss) (c	ol 2 minus		ion			costs (column 6 minus
(1) (2) (3) (4) Fotals (carry to Part II, line (5)) 0. 0. 0.	1 Name of period	lical		advertising cost	s col 3) If a g	ain compute	income		cost	s	
(2) (3) (4) Fotals (carry to Part II, line (5)) 0. 0. 0.					COIS 3 (f	Jugn /	1		_		man column 4)
(2) (3) (4) Fotals (carry to Part II, line (5)) 0. 0. 0.				<u> </u>							
(3) (4) Fotals (carry to Part II, line (5)) ► 0. 0. 0.	(2)						L T				_
(4) Fotals (carry to Part II, line (5)) ► 0. 0. 0.	(3)]
Totals (carry to Part II, line (5)) ► 0. 0. 0.				 							1
	(7)	-		 	-		+	+			
	. .	, <u> </u>	^	1 .	,						
	Totals (carry to Part II, line	(5))	0	•	<u> </u>		<u> </u>				Form 990-T (201)

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	Form 990-T (2018) LIFE HOU					41-170484	0 Page
χ,	Part II Income From Pe			ate Basis (For eac	ch periodical liste	ed in Part II, fill in	
લ	1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
	(1)						
	(2)						
	(3)						
	(4)						
	Totals from Part I	▶ 0.	0.		•		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,	•		Enter here and on page 1, Part II, line 27
	Totals, Part II (lines 1-5)	▶ 0.	0.	'		-	0.
	Schedule K - Compensation	tion of Officers,	Directors, and	Trustees (see in:	structions)	-	

3 Percent of time devoted to business 4 Compensation attributable to unrelated business 1 Name 2. Title (1) % (2) % % (3)

(4) % Total Enter here and on page 1, Part II, line 14 0. Form 990-T (2018)

823732 01-09-19

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
QUALIFIED TRANSPORTATION BENEFI	ITS	10,140.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	10,140.