9	/		F., 45	·•	4: D :	'	l	. T P	1		OMB No 1545-0687	
Forr	⁴ 990-T	For cale	Exempt O								2016	_
Depa Intern	rtment of the 11 easury al Revenue Service		Information abo	ut Form 990-1	T and its instruct	tions is	avaılable a	at www.irs gov	/form990t.		en to Public Inspection fo (c)(3) Organizations Onl	
<u>А</u> [В	Check box if address changed Exempt under section X 501(C) (3)	Print	Name of organization THE LIFE INC		eck box if name chan	-			D Employer ider (Employees' tru			
ľ	408(e) 220(e)	or	Number, street, and roo	om or suite no. If a	P O box, see instruc	tions			58-17	81	761	
[408A 530(a)	Туре	601 WEST	CENTE	R STREE	r			E Unrelated bus	iness	activity codes	_
	529(a)		City or town, state or p		, and ZIP or foreign i			_	(See instruction	ns)	1	
С	Book value of all assets		LEXINGTO			NC	2729	2			<u> </u>	_
	at end of year		roup exemption nu					204/2) 1:1			7 015 4	_
	836,972		neck organization t		X 501(c) corpo	oration		01(c) trust	401(a) trust		Other trust	_
Н	Describe the organizatio	n s prim	ary unrelated busir	less activity								
	During the tax year, was if "Yes," enter the name					parent-s	subsidiary	controlled gro	oup?)	► Yes X N	О
	► The books are in care of	► E	LIZABETH	RIMMAG	 F:			Tele	phone number >	3.3	36-249-215	5 !
			e or Business		· -		(A)	Income	(B) Expenses	Ť	(C) Net	_
1a	···								•••••			
b	Less returns and allow	ances		c Bala	nce >	1c						
2	Cost of goods sold (So	hedule /	A, line 7)			2						
3	Gross profit Subtract I					3						
4a	Capital gain net incom		,			4a						_
b	Net gain (loss) (Form 4797			4797)		4b						
c	Capital loss deduction		1 / 1/			4c 5					·	_
5 6	Income (loss) from partnerships Rent income (Schedule		orations (attach statement	ļ		6						_
7	Unrelated debt-finance	•	e (Schedule F)			7	<u> </u>			\dashv		_
8	Interest, annuities, royaltie			anizations (Sc	chedule F)	8				_		_
9	Investment income of a se				•	9			<u> </u>			_
10	Exploited exempt activ			,	•	10						
11	Advertising income (So	chedule	J)			11						
12	Other income (See ins	tructions	s, attach schedule)			12						
13	Total. Combine lines 3					13	L	0				0
P	art # Deduction	n s Not s must	: Taken Elsewi be directly con	nected-wit	instructions hathe unrelat	for limited bus	itations siness ii	on deduction ncome)	ons) (Except f	or co	ontributions,	
14	Compensation of office	ers, direc	ctors, and trustees	(Schedule-K	LIVED		<u> </u>	1001110 /		14		_
15	Salaries and wages	·	1			S				15		
16	Repairs and maintenar	nce		B NOV	2 7 2018	250-5				16		
17	Bad debts			L		75				17		
18	Interest (attach schedu	ıle)		OGI	DEN, UT				<u> </u>	18		_
19	Taxes and licenses								<u> </u>	19		
20	Charitable contributions (S			es)				21	<u> </u>	20		_
21 22	Depreciation (attach For Less depreciation claim		•	ewhere on r	eturn			21 22a		2b		0
23	Depletion	neu on c	Doneddie A and eis	ewilere on re	etam			220		23		Ť
24	Contributions to deferre	ed comp	ensation plans							24		_
25	Employee benefit prog	•	•							25		
26	Excess exempt expens		edule I)							26		
27	Excess readership cos	ts (Sche	edule J)							27		
28	Other deductions (attack		•							28		_
29	Total deductions. Add		-							29		_
30	Unrelated business tax		•	•		ract line	29 from I	ine 13	<u></u>	30		_
31	Net operating loss ded	-			•	1 fenn- !-	no 20		-	31		
32 33	Unrelated business tax Specific deduction (Ge		•				ne 30		<u> </u>	32 33		_
34	Unrelated business ta	•			•	•	ter than lu	ne 32	F	-		_
-•	enter the smaller of zer				52 11 11110 00	g. ou				34		0

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2016)

336-725-0635

Phone no

Preparer

Use Only

2160 COUNTRY CLUB

WINSTON-SALEM, NC

RD

27104-4208

	FE CENTER					<u>58-1</u>	781761			Pá	age :
Schedule A – Cost of Good	ds Sold. Enter	metho	od of inver	ntor	y valuation ▶						
1 Inventory at beginning of year	r 1			6	Inventory at end of y	ear		_6_			
2 Purchases	2	. <u> </u>		7 Cost of goods sold. Subtract line 6 from			ct line 6 from		1		
3 Cost of labor	3	_		line 5 Enter here and in Part I, line 2				7	<u> </u>		
4a Additional sec 263A	4a			8 Do the rules of section 263A (with respect to					Yes	No	
b Other costs	4b				property produced or	r acquire	ed for resale) apply				
(attach schedule) 5 Total. Add lines 1 through 4b				to the organization?	•	,					
Schedule C – Rent Income		roper	tv and Pe			ased '	With Real Prope	erty)			
(see instructions)	(•		, ,		•	•			
Description of property											
1) N/A											
2)											
3)											
4)											
	2 Rent receiv	ed or accr	ued								
(a) From personal property (if the per				l and	personal property (if the		3(a) Deductions of	firectly	connected with the i	ncome	
for personal property is more than	-				personal property exceeds			-	2(b) (attach schedul		
more than 50%)			-		based on profit or income)			,	• • • • • • • • • • • • • • • • • • • •	•	
4)											
1)					<u> </u>			_			
2)											
3)									·		
<u>4)</u> Гotal	41.	Total					# N T # 1 1 1 4				
							(b) Total deduction Enter here and on pa				
 c) Total income. Add totals of college and on page 1, Part I, line 6, c 	, ,) Enter			.		Part I, line 6, column				
Schedule E – Unrelated De		ncom	e (see insti	ruct	ons)			<u> </u>			
Schedule E - Officiated Be	bt-i ilianoca i	1100111	(300 migti	uot	<u> </u>		3 Deductions directly c	onnect	ed with or allocable i	in	
					ncome from or		debt-fina				
1 Description of debt-final	nced property		alloc		o debt-financed roperty	(a) S	traight line depreciation		(b) Other dedu	ctions	•
				P	Coperty	(-, -	(attach schedule)		(attach sched		
1) N/A	-						-				
2)											
3)								1			
4)											
4 Amount of average	5 Average adjusted I	pasis		6	Column				8 Allocable ded	luctions	
acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prope				divided		ross income reportable		(column 6 x total o		s
property (attach schedule)	(attach schedule	-		by (column 5	(0	column 2 x column 6)		3(a) and 3(l	b))	
1)					%					_	
2)					%						
3)					%						
					%					-	
4)			L			Enter	here and on page 1,	F	nter here and o	n page	e 1.
							line 7, column (A)		art I, line 7, col		
Totals					•						
ਿotal dividends-received deducti	ons included in co	olumn 8	ı		٠ (
C.C. SITIACINGS ICCONTOG GCGGGG											

Schedule F – Interest, Ann	uities, Royalt			n Controll		ganizations		tions)	raye -
				ot Controlled					
1 Name®f controlled organization		2 Employer utification number	3 Net unrelated income (loss) (see instructions)			otal of specified yments made	5 Part of column 4 that included in the controlli organization's gross in		6 Deductions directly connected with income in column 5
(1) N/A									
(2)			_						
(3)									
(4)									
Nonexempt Controlled Organiza	ations					-			
						10 Part of co	olumn 9 that is	1.	Deductions directly
7 Taxable Income	l l	Net unrelated income ss) (see instructions)		9 Total of specific payments made		ıncluded ın ti	he controlling gross income		nnected with income in column 10
(1)									
(2)			_						
(3)							<u> </u>		
(4)									
						Add columr Enter here ar Part I, line 8	nd on page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Totals		notion E04/-1	(7) (0)	or (47) O	race:	ration /	notruotic = =\		
Schedule G – Investment li	ncome of a Se	ection 501(c)	(7), (9)	, or (17) U	rganız	zation (see i	nstructions)		
1 Description of income		2 Amount of in	come	directly	ductions connected schedule)		4 Set-asides		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A								-	
	_								
(2)				_					
(4)									
Totals Schedule I – Exploited Exe	mpt Activity I	Enter here and or Part I, line 9, colu	umn (A)	Advertisi	na Inc	come (see in	estructions)		ater here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exc	inperactivity i	Treome, our	,	- Auvertion	<u> </u>	30111 0 (300 II	T		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with	4 Net income (from unrelated to or business (co 2 minus columi If a gain, comp cols 5 through	rade lumn 13) lute	5 Gross income from activity that is not unrelated business income	attribut	enses lable to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A	1	<u> </u>	-						
	 				+				
(3)	-								
(4)							1	_	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,		-				Enter here and on page 1, Part II, line 26
Totals ► Schedule J – Advertising I	ICOME (see ins	structions)				-			
Part I Income From F			Consc	olidated Ra	asis				
1 Name of periodical	2 Gross advertising income	3 Direct advertising	et .	4 Advertisin gain or (loss) (2 minus col. 3 a gain, compu	g col) If	5 Circulation income	I	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than
	-			cols 5 through	1/				column 4)
(1) N/A	 				-	<u>-</u> .			\dashv
(2)	1				-				\dashv
(3)	 				-				
(4)				 					
Tetala (caracta Dari II line (5))									
Totals (carry to Part II, line (5))	1								Form 990-T (2016

Part II 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.)

2 through 7 on a	<u>line-by-line bas</u>	is)				
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) N/A						
(2)				<u> </u>		
(3)						
(4)						
Totals from Part I						
	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)	l	1	l			1

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14		•	

Form **990-T** (2016) •

4016 THE LIFE CENTER OF DAVIDSON COUNTY,

58-1781761

Federal Statements

FYE: 6/30/2017

Statement 1 - Form 990-T - Explanation for Amending

Description

IT WAS DETERMINED THAT THE ROYALTIES RECEIVED BY THE EXEMPT ORGANIZATION ARE NOT UBTI BECAUSE THE ORGANIZATION IS A PASSIVE PARTICIPANT IN THE SALE OF SOFTWARE LICENSES. AN UNRELATED THIRD PARTY ACTIVELY SELLS THE SOFTWARE LICENSES AND THE ORGANIZATION RECEIVES A ROYALTY BASED UPON THEIR OWNERSHIP PERCENTAGE OF THE COPYRIGHT. THE CORRESPONDING EXPENSES OF STATE INCOME TAX AND AMORTIZATION WERE ALSO REMOVED.

Statement 2 - Form 990-T, Part IV, Line 45g - Other Credits and Payments

Description	 Amount
PAID WITH ORIGINAL RETURN	\$ 646
TOTAL	\$ 646