

Form 990-T

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, and ending

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).

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

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section 501(c)(3) 03
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions.
LUTHERAN CENTER AT POUGHKEEPSIE, INC.
Number, street, and room or suite no. If a P.O. box, see instructions.
700 WHITE PLAINS ROAD, STE 377
City or town, state or province, country, and ZIP or foreign postal code
SCARSDALE, NY 10583

D Employer identification number (Employees' trust, see instructions)
22-3408456
E Unrelated business activity code (See instructions)
812930

C Book value of all assets at end of year 11,321,473.
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. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1. 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.

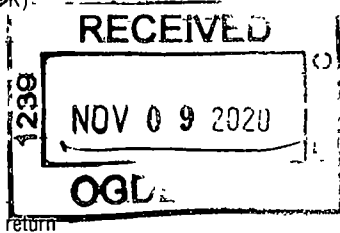
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? () Yes () No
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of LARAIN FELLEGERA Telephone number 914-365-6365

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total 0.

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-31. Total 0.



64 Received in Batching Ogden DEC 30 2020
SCANNED MAY 05 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 32-39. Total unrelated business taxable income: 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 40-45. Total tax: 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 46a-56. Total tax liability: 2,530.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Questions 57-59.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Laraine Fellegara, Date: 11/4/2020, Title: CEO.

Paid Preparer Use Only: Print/Type preparer's name: KENNETH MCGIVNEY, Preparer's signature: KENNETH MCGIVNEY, Date: 11/03/20, Firm's name: BONADIO & CO., LLP, Firm's EIN: 16-1131146.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
 BUSINESS ACTIVITY

AMOUNTS PAID FOR DISALLOWED FRINGES

TO FORM 990-T, PAGE 1