Form <b>990-T</b>	E	Exempt Organization Bus	ine	ss Income Ta	ax Return		OMB No 1545-0687			
4	1	(and proxy tax und	er se	ction 60,33(e))			2040			
	For ca	lendar year 2018 or other tax year beginning $\c JUL \ 1$ ,					2018			
Department of the Treasury Internal Revenue Service	<b>•</b>	► Go to www irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed		Name of organization (	(Emp	loyer identification number ployees' trust, see uctions }						
B Exempt under section	Print	LINDENGROVE, INC.					39-1574684			
X = 501(c)(3)	Or	Number, street, and room or suite no. If a P.O. box					lated business activity code instructions )			
408(e) 220(e)	Туре	18650 W. CORPORATE DRI			· · · · · · · · · · · · · · · · · · ·					
408A 530(a) 529(a)	530(a) City or town, state or province, country, and ZIP or foreign postal code									
C Book value of all assets		F Group exemption number (See instructions.)	<u> </u>							
54,440,2		G Check organization type ► X 501(c) corp	poration		401(a)		Other trust			
			1		he only (or first) un					
		EE STATEMENT 1			complete Parts I-V.		· · · · · · · · · · · · · · · · · · ·			
		ice at the end of the previous sentence, complete Pa	irts I an	d II, complete a Schedule I	M for each addition	al trade	e or			
business, then complete				down controlled aroun?		7 v	es X No			
		poration a subsidiary in an affiliated group or a paren tifying number of the parent corporation.	าเ-รนบรา	diary controlled group?			85 <u>AL</u> 140			
		MARK V. SPERKA	_	Telepho	ne number 🕨 2	62-	797-4600			
		de or Business Income		(A) Income	(B) Expenses		(C) Net			
1 a Gross receipts or sale	es.	761,802.	Γ							
b Less returns and allow		c Balance ▶	10	761,802.						
2 Cost of goods sold (S		A, line 7)	2				1			
3 Gross profit Subtract		· · · · · ·	3	761,802.			761,802.			
4a Capital gain net incon	ne (attac	h Schedule D)	4a							
<b>b</b> Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b			_				
<ul> <li>Capital loss deduction</li> </ul>			4c							
		ship or an S corporation (attach statement)	5				<del></del>			
6 Rent income (Schedu	•		6							
7 Unrelated debt-financ		,	7							
		nd rents from a controlled organization (Schedule F)	9							
		on 501(c)(7), (9), or (17) organization (Schedule G)	10							
<ul><li>10 Exploited exempt activate</li><li>11 Advertising income (\$\frac{1}{2}\$</li></ul>	-	,	11							
12 Other income (See in:		•	12							
13 Total. Combine lines		•	13	761,802.			761,802.			
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for								
(Except for e	contribi	utions, deductions must be directly connected	d with t	he unrelated business i	ncome )					
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14				
15 Salaries and wages						15	593,886.			
16 Repairs and mainten	ance	_				16				
17 Bad debts		DE	06	11/150		17				
18 Interest (attach sche	dule) (s	ee instructions)	CE	IVED		18	- · · -			
19 Taxes and licenses		[2]		ည္တ		19				
	-	e instructions for limitation rules)  MA	Y 1 1	2020	2,207.	20	<del>                                     </del>			
21 Depreciation (attach		n Schedule A and elsewhere on return		7620	2,207.	22b	2,207.			
•	airneu oi	OG)	DEV	I, UT	-	23	2,20,0			
<ul><li>23 Depletion</li><li>24 Contributions to defe</li></ul>	erred co			v, U1		24	<del></del>			
25 Employee benefit pro		mponation plans				25	116,262.			
26 Excess exempt expe	_	chedule 1)				26				
27 Excess readership of	•	•				27				
28 Other deductions (at		•		SEE STAT	EMENT 2	28	75,416.			
29 Total deductions. A		· ·			28	29	787,771.			
		ncome before net operating loss deduction. Subtrac	t line 29	9 from line 13	•	30	-25,969.			
		loss arısıng ın tax years beginning on or after Janua			•	31				
		ncome Subtract line 31 from line 30			31	32	<u> </u>			
823701 01-09-19 LHA FO	or Paper	work Reduction Act Notice, see instructions.					Form <b>990-T</b> (2018)			

Form 990-1	(2018) LINDENGROVE, INC.	39-157	4684	Page 2
Part I				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-25,969.
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	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
•	lines 33 and 34		36	-25,969.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38		1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
50	enter the smaller of zero or line 36	39	188	-25,969.
Part I			1225	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b></b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.	•		
-10	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See Instructions		43	<del></del>
43 44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	/ Tax and Payments		777	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a			
	Other credits (see instructions)  45b		1	
b	General business credit Attach Form 3800 45c		1	
C			1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits Add lines 45a through 45d		45e	
	·		46	0.
46	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (	attach schedule)	47	<u></u>
47		attach schedulej	48	0.
48	Total tax. Add lines 46 and 47 (see instructions)		49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
	Payments. A 2017 overpayment credited to 2018  50a		1	
	2018 estimated tax payments 50b 50c		<del>1</del>	
	Tax deposited with Form 8868 50c		1	
	Foreign organizations. Tax paid or withheld at source (see instructions)  50d		1	
	Backup withholding (see instructions)  50e		1	
	Credit for small employer health insurance premiums (attach Form 8941)		1	
g				
	Form 4136 Other Total ▶ 50g		-	
51	Total payments Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		55	<del></del>
55 Part \		funded   ctions)	] 55 ]	<u></u>
				Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			i
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			x - 1
	here			$\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		<b>├</b>
	If "Yes," see instructions for other forms the organization may have to file.			1 1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year  \$\  \blacktriangleright \  \black	hest of my knowle	dge and belie	f it is true
Sign	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer has any knowledge.	r	ago ana bone	,, 10.000,
Here	S/5/2020 OFFICER	IV	•	scuss this return with
	Signature of officer Date Title		e preparer st structions)?	own below (see
				X Yes No
	Print/Type preparer's name Preparer's signature Date		f PTIN	
Paid		self- employed	D0:	1021222
Prepa	arer CHLOE CHIUMINATTO CHLOE CHIUMINATTO 04/30/20			L924323
Use C	Only Firm's name ► WIPFLI LLP	Firm's EIN ▶	39-	-0758449
	10000 INNOVATION DRIVE, SUITE 250	Dha	1 4 4 -	1 0200
	Firm's address ► MILWAUKEE, WI 53226-4837	Phone no. 4		31.9300
823711 01	-09-19		F	orm <b>990-T</b> (2018)

Schedule A - Cost of Goods	Sold Enter	mothod of invo	toni valuation	► N/A					
	- 1 - T	method of inven				- · T		-	
<ul><li>1 Inventory at beginning of year</li><li>2 Purchases</li></ul>	1		7	ry at end of yea					
2 Purchases 3 Cost of labor		7 Cost of goods sold. St from line 5 Enter here				i			
4a Additional section 263A costs	3	<del></del>	line 2	e a cilici licie	allu III r	מונו,	7		
	14.			ulac of castion	2624 /	Luth recognitio	<del>-′-1</del>	Yes No	
(attach schedule)	4 <u>a</u>	· <del>-</del>	7	ules of section		•		163 110	
b Other costs (attach schedule)	4b		⊣ '''	•	acquireo	for resale) apply to			
5 Total Add lines 1 through 4b Schedule C - Rent Income (I	5   From Real	Property and		Inization?	9259	d With Real Prope	erty)		
(see instructions)	Tomricar	roperty and	i i Cigoliai i	Topolty L	.0000	a with rical riope	, cy,		
						· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1. Description of property									
(1)		····	·······					<u> </u>	
(2)									
(3)							······································		
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the perce rent for personal property is more t	entage of	(b) From real a	nd personal proper personal property ex	ty (if the percentag	ge	3(a) Deductions directly of columns 2(a) and	connected with the inc d 2(b) (attach schedule	ome in	
10% but not more than 50%)			it is based on profit						
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2		ter			_	(b) Total deductions.  Enter here and on page 1.		_	
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	<u> </u>	
Schedule E - Unrelated Debt	-Financed	income (see	instructions)			0.0.1			
			2. Gross in	come from		3. Deductions directly conne to debt-finance	d property		
1. Description of debt-fina	nced property			an all and black and shall be	(a)	Straight line depreciation		(b) Other deductions (attach schedule)	
						(attach schedule)	(stracu scheddie)		
(1)			<del> </del>						
(2)		<del> </del>	<del>                                     </del>				<del>                                     </del>		
(3)	<del></del>	<del></del>	<del> </del>						
(4)		, .	<del> </del>						
4 Amount of average acquisition	F Average	adjusted basis	F. Caluma	4 dundod	_	7 Green income	9 Allocable	laduations	
debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to by column 5					7. Gross income 8. Allocable ded reportable (column 6 x total o			
proparty (attach schedule)		schedule)				2 x column 6)	3(a) and	3(0))	
(1)	<u> </u>	<del></del>	<del>                                     </del>	%			<del> </del>		
(2)			f	%			f		
(3)			<u> </u>	%					
(4)				%					
	· · · ·				Er	nter here and on page 1,	Enter here and o	on page 1.	
						art I, line 7, column (A)	Part I, line 7, co		
Totals				<b>•</b>		0.		0.	
Total dividends-received deductions inc	luded in column	88				<b>&gt;</b>		0.	
							Form 9	90-T (2018)	

				Exempt	Controlled Or	ganızatı	ons					
Name of controlled organization		ıdentıf	nployer lication nber	3. Net unr (loss) (see	related income a instructions)	4. Tot	ments made included i		t of column 4 that is ed in the controlling ation's gross income		6 Deductions directly connected with income in column 5	
(1)		<del>                                     </del>									<del></del>	
(2)									-			
(3)												
(4)												
Nonexempt Controlled Orga	anızatıons									-		
7. Taxable Income	8 Nei	t unrelated incor (see instruction		9. Total	of specified paym made	nents	10 Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's	11 De- with	ductions directly connected income in column 10	
(1)										_		
(2)										-		
(3)							<del>"</del>		-			
(4)							·-					
							Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totals						▶			0.		0 .	
Schedule G - Investn	nent Inco	me of a	Section	501(c)(7	'), (9), or (1	7) Org	anization					
	nstructions)											
1. D	escription of inc	come			2. Amount of	ncome	<ol> <li>Deduction directly connected (attach sched)</li> </ol>	cted	4. Set-a (attach s		5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)				_							<u> </u>	
					Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)	
Totals						0.					0.	
Schedule I - Exploite (see ins	d Exemp structions)	t Activity	Income	, Other _	Than Adv	ertisin	g Income					
1. Description of exploited activity	unrelate inco	Gross ed business me from er business	3. Exp directly co with pro- of unre business	onnected duction plated	4 Net income from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attributa colun	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
	page	ere and on 1, Part I, 0, col (A)	Enter here page 1, line 10, c	Parti, col (B)							Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0.	L	<u>      0                              </u>							0.	
Schedule J - Adverti Part I Income Fron			orted on		solidated I	Basis	<u></u>					
								-				
1 Name of periodical		2. Gross advertising income		Direct	4. Advertion (loss) (co col 3) If a ga cols 5 thr	l 2 minus in, compute	5 Circulati	ion	6. Reade costs		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			1								<del>-</del> -	
(2)					7							
(3)												
(4)												
Fotals (carry to Part II, line (5))	•		0.	0							0.	

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## Form 990-T (2018) LINDENGROVE, INC. Pact 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)

1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	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	<b></b>	0.	0.	1			0
		Enter here and on page 1, Part 1, 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 of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	<ol> <li>Percent of time devoted to business</li> </ol>	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

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

THERAPY SERVICES TO UNRELATED ENTITIES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SUPPLIES PURCHASED SERVICES CORPORATE ALLOCATION OTHER		222. 20,493. 51,592. 3,109.
TOTAL TO FORM 990-T, PAGE 1, LI	INE 28	75,416.