6 9	
45-0687	

Exempt Organization Business income Tax	Return	ן י	OMB NO 1545-0687
(and proxy tax under section 6033(e))		- 1	2010
For calendar year 2018 or other tax year beginning, and ending		I	2018
Department of the Seasury Go to www.irs.gov/Form990T for instructions and the latest information.			nen to Public Inspection for
Department of the Zeasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is	s a 501(c)(3)		Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if			yer identification number byees' trust, see itions )
B Exempt under section Print LYNGBLOMSTEN CARE CENTER, INC.		41	L-1310487
X 501(c\dagged3 ) or Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelat	ted business activity code
408(e) 220(e) Type 1415 ALMOND AVENUE	<u> </u>	(See in:	structions)
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code		- 44 -	- 4 4
529(a) ST PAUL, MN 55108		5415	211
C Book value of all assets at end of year F Group exemption number (See instructions.) 9386			
182,169. G Check organization type X 501(c) corporation 501(c) trust	401(a)		Other trust
H Enter the number of the organization's unrelated trades or businesses.   1 Describe the only			
trade or business here  SEE STATEMENT 1 . If only one, complete			
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 addition	al trade	or
business, then complete Parts III-V.			·
1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STM	T 3 ▶ L	X Yes	No
If "Yes," enter the name and identifying number of the parent corporation. > LYNG 41-069380			
	mber 🕨 6	$51-\epsilon$	<u> 32-5310                                     </u>
Part I Unrelated Trade or Business Income (A) Income	(B) Expenses	<u> </u>	(C) Net
1a Gross receipts or sales 147,071.			
b Less returns and allowances 907. c Balance   1c   146,164.		_	
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c 3 146, 164.			146,164.
4a Capital gain net income (attach Schedule D) 4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b			
c Capital loss deduction for trusts			
5 Income (loss) from a partnership or an S corporation (attach statement) 5			<del></del>
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E) 7		_	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9			
10 Exploited exempt activity income (Schedule I)  11 Advantage recent (Schedule I)			
11 Advertising income (Schedule J)  12 Otherwise (Schedule J)			
12 Other income (See instructions; attach schedule)			146 164
Total. Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)			146,164.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business incompared to the contribution of the contri	ne.)		
14 Compensation of officers, directors, and trustees (Schedule K)		14	
Salaries and wages Repairs and maintenance Repairs and maintenance Repairs and maintenance RECF!?/ED RECF!		15	157,353.
16 Repairs and maintenance		16	
17 Bad debts \\ \frac{17.5}{100}		17	600.
18 Interest (attach schedule) (see instructions)		18	
Interest (attach schedule) (see instructions)  19 Taxes and licenses  20 Charitable contributions (See instructions for limitation rules)		19	11,262.
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	203.		
22 Less depreciation claimed on Schedule A and elsewhere on return 22a		22b	203.
23 Depletion T		23	
24 Contributions to deferred compensation plans		24	5,164.
25 Employee benefit programs		25	10,781.
26 Excess exempt expenses (Schedule I)		26	20,702.
27 Excess readership costs (Schedule J)		27	<del></del>
	מיזית ס		82,746.
	11 4	28	268,109.
Total deductions. Add lines 14 through 28		29	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-121,945.
Deduction or net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	101 045
32 Unrelated business taxable income. Subtract line 31 from line 30		32	-121,945.

45a 45b

45c

45d

50a 50b

50c

50d

50e 50f

Total |

53 54

2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2

LYNGBLOMSTEN CARE CENTER,

Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)

Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)

Tax rate schedule or Schedule D (Form 1041)

Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies

45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)

d Foreign organizations: Tax paid or withheld at source (see instructions)

f Credit for small employer health insurance premiums (attach Form 8941)

Tax on Noncompliant Facility Income. See instructions

d Credit for prior year minimum tax (attach Form 8801 or 8827)

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

Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of

Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,

**Total Unrelated Business Taxable Income** 

Amounts paid for disallowed fringes

enter the smaller of zero or line 36

lines 33 and 34

Part IV Tax Computation

Proxy tax. See instructions

b Other credits (see instructions)

Subtract line 45e from line 44

b 2018 estimated tax payments c Tax deposited with Form 8868

\_ Form 4136

e Backup withholding (see instructions)

a Other credits, adjustments, and payments:

51 Total payments. Add lines 50a through 50g

Alternative minimum tax (trusts only)

Tax and Payments

c General business credit. Attach Form 3800

e Total credits. Add lines 45a through 45d

Total tax. Add lines 46 and 47 (see instructions)

50 a Payments: A 2017 overpayment credited to 2018

Form,990-T (2018)

34

35

36

37

40

41 42

44 Part V

46

47

Enter the amount of line 54 you want: Credited to 2019 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Form 2439

Other

At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$

		_
٦		_
ı	Under penalties of perjury/I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tr	trı
ı	Office politics of perjuly records that there exemples and the second the sec	
ľ	correct, and complete Decigration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
ı		_

Sian May the IRS discuss this return with Here the preparer shown below (see

instructions)? X Yes PTIN Preparer's signature Date Check | self- employed Paid 11/12/19 P01329381 CORY RUTLEDGE CORY RUTLEDGE **Preparer** Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 **Use Only** 

220 SOUTH SIXTH STREET,

Firm's address ➤ MINNEAPOLIS, MN 55402

Form 990-T (2018)

Phone no. 612-376-4500

Schedule A - Cost of Goods	S Sold. Enter	method of inver	itory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold Su	ıbtract l	ıne 6			
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		- Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?	-	·			
Schedule C - Rent Income	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)	
(see instructions)									<del></del>
1. Description of property									
(1)									
(2)				·					
(3)									
(4)		·				·			
•		ed or accrued				3(a) Deductions directl	v conne	oted with the income	ın
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	nge .			(attach schedule)	
(1)						-			
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part 1, line 6, column		ter 			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			,	. Gross income from		Deductions directly control debt-finan			
Description of debt-fir	anced property			or allocable to debt-	(a)	Straight line depreciation	(b) Other deduction		
1. Description of debt-in	lanced property			financed property		(attach schedule)	(attach sched		
			-						
(1)			+			<del></del>	-		
(2)			+			-			
(3)			+						
(4)	····		<del> </del>		•				
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	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 θ)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	
(1)				%		··			
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, - Part I, line 7, column (A)		Enter here and on page Part I, line 7, column	-
Totals				<b>•</b>		0			0.
Total dividends-received deductions in	cluded in columi	n 8							0.
	-							Form <b>990-T</b>	(2018)

;				Controlled O						
Name of controlled organiza	ıder	Employer httlication number		elated income instructions)	4. Tota paym	al of specified nents made	ınclud	t of column 4 ed in the conti ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)							<del>                                     </del>			
(2)			-	<del></del>						
(3)										
(4)		ı	<del></del>		-	-				
Nonexempt Controlled Organi	ızatıons				l					
7 Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified pays made	ments	10. Part of colu in the controll gros	imn 9 tha ling orgar s income	nization's	11. Dec with	ductions directly connected income in column 10
(1)										
(1) (2)			+							
	<del></del>		-							
(3)		<u>-</u>	<u> </u>		- +					
(4)		-				Add colur Enter here and line 8,		9 1, Part I, A) '	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals Schedule G - Investme	ent Income of	a Sectio	n 501(c)(	7), (9), or	<u>►</u>   (17) Or	ganization		0.		0
	ructions)									
1. Desc	cription of income			2. Amount of	income	3. Deduction directly connect (attach scheduler)	ected	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)	<u> </u>									
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals			•		0.					- O
Schedule I - Exploited	-	ity Incor	ne, Othe	r Than Ac		ng Income	е		••••	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses or connected production inrelated ess income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3), If a e cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	··				1			_		
(2)					İ	<del></del>				
(3)	<del>                                     </del>						-			
(4)	-	+								<del>                                     </del>
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on a 1, Part I, 0, col (B)		1.			I		Enter here and on page 1, Part II, line 26
Totals <b>&gt;</b>		•	0.							0
Schedule J - Advertisi Part I Income From				solidated	l Basis					
				1 4 4-2		1			Ī	7. Excess readership
1. Name of periodical	2. Gros advertisir income	ng a	3. Direct dvertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula income		6 Reade cost		tooss readership costs (column 6 minus column 5, but not more than column 4)
(1)										,
(2)										
(3)										
(4)							-			
<u>···</u>								[		
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0 Form <b>990-T</b> (201

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 )

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	<b>&gt;</b>	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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	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)

	<del></del>	<del></del>	····			
FORM 990-T -	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
	1	BUSINESS ACTIVIT	עיז			
L	•	DODINEDD ACITVI				

EMENUCHOICE: WEB-BASED DINING SERVICE

TO FORM 990-T, PAGE 1

ACCOUNTING FEES PROFESSIONAL FEES GENERAL SUPPLIES GENERAL SUPPLIES GENERAL SUPPLIES MATRINGS & SEMINARS MARKETING INSURANCE TOTAL TO FORM 990-T, PAGE 1, LINE 28  FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER CORPORATION'S NAME LYNGBLOMSTEN  LOSS PREVIOUSLY LOSS AVAILABLE	FORM 990-T		OTHER DEDUC'	rions	STATEMENT
LEGAL FEES	DESCRIPTIO	N			AMOUNT
ACCOUNTING FEES PROFESSIONAL FEES PROFESSIONAL FEES GENERAL SUPPLIES METINGS & SEMINARS MARKETING INSURANCE  TOTAL TO FORM 990-T, PAGE 1, LINE 28  FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER  CORPORATION'S NAME LYNGBLOMSTEN  TOTAL TO PERATING LOSS DEDUCTION  STATEMENT  TOTAL TO FORM 990-T  NET OPERATING LOSS DEDUCTION  STATEMENT  AUTOMOBIAN  LOSS PREVIOUSLY APPLIED  TAX YEAR LOSS SUSTAINED  TAX YEAR LOSS SUSTAINED  APPLIED  TAX YEAR LOSS SUSTAINED  TAX YEAR  LOSS SUSTAINED  APPLIED  TAX YEAR  LOSS AVAILABLE THIS YEAR  12/31/16  172,545. 0. 172,545. 172,545. 172,545. 93,608. 93,608.	ADMINISTRA	TION COSTS			18,070
### PROFESSIONAL FEES ###################################	LEGAL FEES				
2,787.   17,600.   17,600.   172,545.   172,545.   172,545.   12/31/17   93,608.   9					
### ### ##############################					
### TAX YEAR LOSS SUSTAINED ####################################					
3,207.		SEMINARS			
### TOTAL TO FORM 990-T, PAGE 1, LINE 28 ### 82,746.  FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3  CORPORATION'S NAME					
FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3  CORPORATION'S NAME IDENTIFYING NO 41-0693865  FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4  LOSS PREVIOUSLY LOSS AVAILABLE TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR 12/31/16 172,545. 0. 172,545. 172,545. 172,545. 12/31/17 93,608. 0. 93,608. 93,608.					
IDENTIFYING NO	TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		82,746
IDENTIFYING NO					
IDENTIFYING NO					
LYNGBLOMSTEN  FORM 990-T  NET OPERATING LOSS DEDUCTION  STATEMENT  LOSS PREVIOUSLY APPLIED  REMAINING  12/31/16  172,545. 172,545. 12/31/17  93,608.  41-0693865  STATEMENT  4 1-0693865  AVAILABLE REMAINING THIS YEAR  172,545. 172,545. 93,608. 93,608.	FORM 990-T	PARENT CORPORA	TION'S NAME AND	IDENTIFYING NUMBER	STATEMENT
FORM 990-T  NET OPERATING LOSS DEDUCTION  STATEMENT 4  LOSS PREVIOUSLY APPLIED  REMAINING  172,545. 12/31/16 12/31/17 93,608.  NET OPERATING LOSS DEDUCTION  STATEMENT 4  10SS PREVIOUSLY APPLIED REMAINING  172,545. 172,545. 93,608. 93,608.	CORPORATIO	N'S NAME	•		IDENTIFYING NO
LOSS PREVIOUSLY APPLIED LOSS REMAINING THIS YEAR  12/31/16 172,545. 172,545. 172,545. 172,545. 172,545. 172,545. 172,545. 172,545.	LYNGBLOMST	EN			41-0693865
LOSS PREVIOUSLY APPLIED LOSS REMAINING THIS YEAR  12/31/16 172,545. 172,545. 172,545. 172,545. 172,545. 172,545. 172,545. 172,545.			ODED MING 1000	DEDUCATON	ams answaring
PREVIOUSLY LOSS AVAILABLE TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR  12/31/16 172,545. 0. 172,545. 172,545. 172,545. 12/31/17 93,608. 0. 93,608.	FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT
TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR  12/31/16 172,545. 0. 172,545. 172,545. 172,545. 12/31/17 93,608. 0. 93,608.			LOSS		
12/31/16     172,545.     0.     172,545.     172,545.       12/31/17     93,608.     0.     93,608.     93,608.			PREVIOUSLY		
12/31/17 93,608. 0. 93,608. 93,608.	TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
12/31/17 93,608. 0. 93,608. 93,608.	12/31/16	172 545	<u> </u>	172.545.	172.545.
				•	
NOL CARRYOVER AVAILABLE THIS YEAR 266,153. 266,153.	,,,	52,500		·	
	NOL CARRYO	VER AVAILABLE THIS	YEAR	266,153.	266,153.