Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning 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). Name of organization (Check box if name changed and see instructions.) Come to Public 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). Name of organization (Check box if name changed and see instructions.)	pection for ions Only
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Description in the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Description in the Treasury Internal Revenue Service Open to Public Institutions. Description in the Treasury Internal Revenue Service Open to Public Institutions and the latest information. Open to Public Institutions are in the Treasury Internal Revenue Service Institution in the Treasury Internal Revenue Service Institution in the Treasury Internal Revenue Service Institution In	pection for ions Only
Internal Revenue Service 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 Instance Solution is a 501(c)(3). Open to Public Inst	ons Only
A Check box it Name of organization (Check box it name changed and see instructions.) " (Employees' trust, see	
	umber
B Exempt under section Print LYNGBLOMSTEN CARE CENTER, INC. 41-13104	87
X 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions.	nty code
408(e) 220(e) Type 1415 ALMOND AVENUE	
Use or town, state or province, country, and ZIP or foreign postal code ST PAUL, MN 55108 541511	
a Book value of all assets F. Group examption number (See instructions.) > 9386	
20,099,477. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other	r 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? STMT 3▶ 🗓 Yes 🔲 No	
If "Yes," enter the name and identifying number of the parent corporation. ► J The books are in care of ► BRADLEY J. JACOBSON Telephone number ► 651-632-531	
J The books are in care of ► BRADLEY J. JACOBSON Telephone number ► 651-632-531 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Ne	
370 116	• 1
ta Gross receipts or sales b Less returns and allowances c Balance c Balance 1c 370,116.	- 1
2 Cost of goods sold (Schedule A, line 7)	i
3 Gross profit. Subtract line 2 from line 1c 3 370, 116. 370,	116.
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement) 5	
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) 8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12	
12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 370,116. 370,	116.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	
(Deductions must be directly connected with the unrelated business income.)	
14 Compensation of officers, directors, and trustees (Schedule K) RECEIVED 14	
	013.
16 Repairs and maintenance 17 Rad debts 18 JUL 0 1 2020	
15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 15 298, 16 298, 17 17 1,	<u>469.</u>
18 Interest (attach schedule) (see instructions)	
	<u>474.</u>
20 Depreciation (attach Form 4562) 20 224.	224
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b	<u> 224.</u>
22 Depletion 22	416.
	247.
24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	<u>~ . / •</u>
25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26	
	361.
	204.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -114,	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	
(see instructions) SEE STATEMENT 4 30 11 Unrelated business taxable income. Subtract line 30 from line 29 31 1 114,	0.
31 Unrelated business taxable income. Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. 931 -114,	

Form 99	O-T (2019)		41-	<u> 13104</u>	<u> 8 / </u>	Page 2
Part	t III 📋	Total Unrelated Business Taxable Income				
32	Total of	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-114	1,0	88.
33	Amoun	ts paid for disallowed fringes	33			
34	Charita	ble contributions (see instructions for limitation rules)	34			0.
35	Total ur	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-114	, 0	88.
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			0.
37	Total of	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-114	, 0	88.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	,00	00.
39	•	ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter th	ne smaller of zero or line 37	39	-114	1,0	88.
Par	t IV	Tax Computation				,
40	Organiz	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			0.
41	_	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	-			
	T:	ax rate schedule or Schedule D (Form 1041)	41			
42	Proxy t	ax. See instructions	42			
43	-	tive minimum tax (trusts only)	43			
44		Noncompliant Facility Income. See instructions	44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			0.
Parl		Tax and Payments				
46a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
		redits (see instructions) 46b				
c		l business credit. Attach Form 3800 46c				
d		or prior year minimum tax (attach Form 8801 or 8827)				
		redits. Add lines 46a through 46d	46e			
47		at line 46e from line 45	47			0.
48		axes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49		ix. Add lines 47 and 48 (see instructions)	49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
-		nts: A 2018 overpayment credited to 2019				
	-	stimated tax payments 51b				
		posited with Form 8868 51c				
		organizations; Tax paid or withheld at source (see instructions) 51d				
	•	withholding (see instructions) 51e				
	•	or small employer health insurance premiums (attach Form 8941) 516				
		redits, adjustments, and payments. Form 2439				
9		orm 4136 Other Total 51g				
52		ayments. Add lines 51a through 51g	52			
53	•	ed tax penalty (see instructions). Check if Form 2220 is attached	53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		-	
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	•	ne amount of line 55 you want. Credited to 2020 estimated tax	56			
Part		Statements Regarding Certain Activities and Other Information (see instructions)	00 1			
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
0,	•	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	Note: 17-14, 110port of 1 ordigit bank and 1 manual recodules. If 100, office the name of the foreign country		-		X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		— 		X
30	_	see instructions for other forms the organization may have to file.		-	一	 -
59	•	ne amount of tax-exempt interest received or accrued during the tax year				
		te amount of tax-exempt interest received or accrued outing the tax year and the penalties of perpyy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled precent, and completey Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and beli	ef, it is true.		
Sign	cc	prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here				iscuss this re hown below		ıth
			tructions)?		·] No
			T	103		
		Print/Type of eparer's name Preparer's signature Date Check if self- employed				
Paid		CORY RUTLEDGE CORY RUTLEDGE 06/23/20	חם	13293	81	
-	parer	Firm's name CLIFTONLARSONALLEN LLP		-0746		
Use	Only	220 S 6TH STREET, SUITE 300			, , ,	
		Firm's address MINNEAPOLIS, MN 55402 Phone no. 6	12-3	76-45	٥n	
	01-27-20	THIN CARRIED PARTIES OF THE STATE OF THE COLUMN OF THE COL		Form 990		

Schedule A - Cost of Good	s Sold. Enter r	nethod of inver	ntory va	luation N/A	7		
1 Inventory at beginning of year	6 Inventory at end of year 6						
2 Purchases	Cost of goods sold S	-					
3 Cost of labor	3			from line 5. Enter here		i i	
4 a Additional section 263A costs		-	1	line 2		,	7
(attach schedule)	4a		8	Do the rules of section	1 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		7 T	property produced or	•	•	
5 Total. Add lines 1 through 4b	5		7	the organization?	aoqao.	a to: roodio, apprij to	
Schedule C - Rent Income		roperty and	Pers		ease	d With Real Prope	ertv)
(see instructions)	•						
Description of property							
(1)							
(2)						·	
(3)						- ,	
(4)							
	2 Rent received	l or accrued				T "	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	rcentage of e than	` ' of rent for p	personal	nal property (if the percenta property exceeds 50% or if d on profit or income)	ige	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)				· · · · · · · · · · · · · · · · · · ·			
(2)							·
(3)	· · · · · · · · · · · · · · · · · · ·	······					
(4)		-				<u> </u>	*
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Ente	r			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Deb	ot-Financed I	ncome (see	ınstruc	tions)			
				Gross income from		Deductions directly conne to debt-finance	ected with or allocable d property
1. Description of debt-fit	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			1		1		·
(2)					1		
(3)							
(4)							
Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule)	debt-finance	djusted basis ocable to ed property ichedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%	ļ		
(2)				%			
(3)		·		%			
(4)				%			
- · · 	•		•			inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0.	0.
Total dividends-received deductions in	ncluded in column 8	}					0.
					,		Form 990-T (2019)

Content of the part of the p			Exempt	Controlled O	rganızatı	ions				
10 11 12 12 13 14 15 15 15 15 15 15 15	1. Name of controlled organizati	identifi (dentifi	cation (loss) (se				included in the control		ltıng	6. Deductions directly connected with income in column 5
nexempt Controlled Organizations 7. Taxable Income 8. Net unelated moderne (lose) (case instructions) 9. Total of specified payments in the controlling organizations 10. Part of column 9 that a included in the controlling organizations (see instructions) 11. Deductions directly community in the controlling organization (see instructions) 12. And disclammas 5 and 10 Enter here and on page 1. Per in the set and on page 1. Per in the set of page 1. Per in the set and on page 1. Per in the set of page 2. Per in the set of page 3.	١									
nexempt Controlled Organizations 7. Testable income 8. Net unrelated mrooms (loss) (lose restructions) 9. Total of specified payments made 10. Part of octumn 9 that is included in the control organizations (lose on shructions) Add columns 5 and 10 Since he are do nipsign. Part I, Include G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (lose instructions) 1. Description of income 2. Amount of moment (lose instructions) 3. Deductions (lettach schedule)							† ·			
nexempt Controlled Organizations 7. Tawable income 8. Net unrelated moderns (loss) (see instructions) 9. Total of specified psyments in the containing district and a related from the containing apprintmentor's gross income Add columns 5 and 10 Enter here and on page 1, Pert 1, line 8, column (8) 1 Description of income 1 Description of income 2. Amount of income 2. Amount of income 3. Deductions (see instructions) 1 Description of income 2. Amount of income 3. Deductions (see instructions) 4. Set-assides (pathor) behaviors) 5. Total debuck (red 3 place of green specified schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net received with preference of green specified schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses considered with preference of supplication of supplication schedule in the supplication of supplication schedule in the supplication of supplication schedule in the supplication of supplication in the related beamses in relate	·									
7. Tseable income 8. Naturalisted recorne (loss) (lose instructions) 9. Total of specified payments made 10. Part of column 8 that is included (lose instructions) 11. Description of specified payments made 12. Anount of income 13. Description of income (see instructions) 1 Oseorption of income 2. Anount of income (see instructions) 1 Oseorption of modes 1. Description of modes 1. Description of specified bearings of with production of uralisted bearings the dulle 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of specified Exempt Activity Income, Other Than Advertising Income 1. Description of specified bearings the dulle 1 - Exploited Exempt Activity Income, Other Than Advertising Income 1. Description of specified bearings the dulled bearings th	· ·				<u> </u>					
7. Taxable Income 8. Nat urrelated accome doss) (pace instructions) 9. Total of spaceded payments in the control deling or generations of in the control deling or generations or generation or generation of in the control deling or generations of in the control deling or generations or generation or genera		zations			L		1			,
(see instructions) (see i		T	na (loss) O Total	Lof specified payr	nents	10 Part of colu	mn 9 the	rs included	11 Ded	ictions directly connect
Add column S and 10 Enter here and on page 1, Part I, line 8, column (B) 1 Description of income 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly comercing fraction schedule) 1 Description of income 2 Amount of income 3 Deductions directly comercing fraction schedule) 3 Deductions directly comercing fraction schedule) 5 Total eduction of income from the column (B) 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly comercing fraction schedule) 5 Total eduction of income from the column (A) 1 Description of income from the column (A) 2 Goes instructions) 4 Separase of the column (A) 2 Goes instructions 4 Separase of the column (A) 2 Goes instructions 5 Cores income 5 Cores income 6 or vibration of income from of income from activity that income from of invitable to invite of invitable to invitable to invite of invitable to invitable to invite of invitable to invitable to invite of invitable to invitable to	7. Taxable mount					in the controlli	ng organ	ization's	with	ncome in column 10
Add column S and 10 Enter here and on page 1, Part I, line 8, column (B) 1 Description of income 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly comercing fraction schedule) 1 Description of income 2 Amount of income 3 Deductions directly comercing fraction schedule) 3 Deductions directly comercing fraction schedule) 5 Total eduction of income from the column (B) 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly comercing fraction schedule) 5 Total eduction of income from the column (A) 1 Description of income from the column (A) 2 Goes instructions) 4 Separase of the column (A) 2 Goes instructions 4 Separase of the column (A) 2 Goes instructions 5 Cores income 5 Cores income 6 or vibration of income from of income from activity that income from of invitable to invite of invitable to invitable to invite of invitable to invitable to invite of invitable to invitable to invite of invitable to invitable to)									
Add columns 5 and 10 Enter here and on page 1, Part 1, Inne 8, column (8) 1 Description of income (see instructions) 2 Amount of income 2 Amount of income 3 Deductions directly connected (strach schedule) 2 Amount of income 3 Deductions directly connected (strach schedule) 4 Sal-asides (strach schedule) 5 Total deductions (strach schedule) 6 Serier here and on page 1, Part 1, Inne 8, column (A) 6 Serier here and on page 1, Part 1, Inne 8, column (A) 7 Description of explosited activity income, by production (see instructions) 1 Description of explosited activity income, other Than Advertising Income (see instructions) 3 Expanses directly connected with production in manual column 3) If a gent in the first page 1, Part 1, Inne 10, col (A) 1 Description of explosited activity income, other Than Advertising Income (see instructions) 5 Goods intoma schim has and on page 1, Part 1, Inne 10, col (B) 1 Description of explosited activity income, other Than Advertising Income (see instructions) 5 Goods intoma schim has and on column 3) If a gent compute cold 5 in column 4 1 Name of periodical activity income (see instructions) 2 Cross seed of the periodical activity income (see instructions) 3 Description of (see instructions) 4 Net income (see) 5 Cross instructions 5 Cross income (see) 6 Readerwhy could be activity income (see) 9 Part I, Inne 2, column (see) 1 Name of periodical										
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Description of income 4 Set-asides (ettach schedule) 5 Total deductions (ettach schedule) 6 Enter here and on page 1, Part 1, line 8, column (A) 1 Description of income 2 Amount of income 2 Amount of income 3 Description of income 4 Set-asides (ettach schedule) 5 Total deductions and one of the set of income (ettach schedule) 6 Enter here and on page 1, Part 1, line 9, column (A) 1 Description of income (see instructions) 1 Description of a set of income (see instructions) 1 Description of a set of income (see instructions) 1 Description of a set of income (see instructions) 1 Description of a set of income (see instructions) 1 Description of a set of income (see instructions) 1 Description of a set of income (see instructions) 2 Cross and a set of income (see instructions) 3 Description of a set of income (see instructions) 4 Net income (see) 5 Cross income from scripty that a stributable to column 5 to make income (see) 6 Enter here and on page 1, Part 1, line 10, cot (A) 9 Description of income (see instructions) 1 Name of periodical 1 Name of periodical 2 Cross advertising income (see instructions) 3 Description of income (see instructions) 3 Description of income (see instructions) 4 Net income (see) 5 Cross income from scripty that a stributable to column 5 to make income (see) 6 Enter here and on page 1, Part 1, line 10, cot (A) 9 Description of income (see instructions) 1 Name of periodical 1 Name of periodical 1 Name of periodical 2 Cross advertising income (see instructions) 3 Description of income (see instructions) 3 Description of income (see instructions) 3 Description of income (see instructions) 4 Name of periodical 5 Cross income (see instructions) 6 Read column (B) 7 Excess reader of instruction (B) 7 Encode Netter of instruction (B) 9 Description of instruction (B) 1 Name of periodical										
Add columns 5 and 10 Enter here and on page 1, Pert 1, line 8, column (A) Item here and on page 1, Pert 1, line 8, column (B) Item here and on page 1, Pert 1, line 8, column (B) I Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Description of income directly connected (intech schedule) (see instructions) I Description of income and page 1, Pert 1, line 8, column (A) I Description of income and page 1, Pert 1, line 8, column (A) I Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses directly connected (intech schedule) 4. Set-esides (intech schedule) 5. Total deductions (intech schedule) 6. Enter here and on page 1, Pert 1, line 9, column (A) 6. Expenses and on page 1, Pert 1, line 9, column (A) 7. Ences area of the page 1, Pert 1, line 9, column (B) 8. Enter here and on page 1, Pert 1, line 9, column (B) 9. O Description of exploited activity and add or business income by add or business income by add or business income page 1, Pert 1, line 9, col (A) 1. Name of periodical 2. Cross advertising Income (see instructions) 2. Cross advertising scales and vertising seals and ve										
thedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income directly connected (attach schedule) (attach sch		*				Enter here and	on page	1, Part I,	Enter he	e and on page 1, Part I
thedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income directly connected (attach schedule) (attach sch	rale.						•			
(see instructions) 1 Description of income 2 Amount of mcome directly connected (attach schedule) 2 Amount of mcome directly connected (attach schedule) 2 Amount of mcome directly connected (attach schedule) 3 Deductions directly connected (attach schedule) 4 Sel-asides (call 3 plus of (call 4 pl		nt Income of a S	Section 501(c)(7), (9), or (17) Ord	ganization		<u></u>		
2. Amount of income directly connected (attach schedule) (this chedule) (this chedule) (this chedule) (this chedule) (col 3 plus col 2 plus col 3 plus col 3 plus col 4 plus col 4 plus col 4 plus col 5 plus col 4 plus col 5 plus col 6 plus col 6 plus col 6 plus col 7 plus col							~			
Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (A)	1 Desc	ription of income		2. Amount of	псоте	directly conne	cted			5. Total deduction and set-asides (col. 3 plus col.
Enter here and on page 1, Part I, line 9, column (A) D. Cross income from trade or business income from trade or business moome business income from page 1, Part I, line 9, column (A) 1. Description of exploited activity Description of exploited activity into activity that a first butable to column 5 but not mice to column 6 mice on page 1, Part I, line 10, col (8) Description of exploited activity that a first butable to column 5 but not mice to column 6 mice of the page 1, Part I, line 10, col (8) Description of exploited activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice of the mice and on page 1, Part I, line 2 to column 6 mice activity that a first butable to column 6 mice of the mice and on page 1, Part I, line 2 to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable to column 6 mice activity that a first butable t)									
Enter here and on pags 1, Pert1, line 9, column (A) 2. Gross uncome from brade or business uncome for business income brade or business income br										
Enter here and on page 1, Part I, line 9, column (A) 2. Cross urrelated business directly connected with production of exploited activity and or business income 1. Description of exploited decivity incomes and or page 1, Part I, line 10, col (B) 3. Expenses directly connected with production of urrelated business income brom rade or business income 4. Net income (loss) from surelated free or from activity that is not urrelated business income attributable to column 5 6. Expenses attributable to column 6 from activity that is not urrelated business income attributable to column 6 from activity that is not urrelated business income 1. Description of exploited activity in the page 1, Part I, line 10, col (B) 2. Cross uncome to make the production of urrelated business income 2. Cross uncome attributable to column 5 6. Expenses attributable to column 6 in activity that is not urrelated business income 2. Cross purelated business income Enter here and on page 1, Part I, line 10, col (B) 3. Drect advertising gian or (loss) (col 2 minus column 6 income 1. Name of periodical 2. Cross advertising gions advertising gions advertising gions or (loss) (col 2 minus column 6 income 2. Cross advertising advertising costs advertising gions or (loss) (col 2 minus column 6 income 3. Direct advertising again or (loss) (col 2 minus column 6 income 2. Cross advertising advertising costs advertising gion or (loss) (col 2 minus column 6 income costs (column 6 income costs)										
Enter here and on page 1 Part I, line 9, column (A) O. Chedule I - Exploited Exempt Activity Income, Other (see instructions) 1. Description of exploited activity unrelated business income from trade or business income with production of unrelated business income from trade or business income 1. Description of exploited activity Description of exploited activity Description of exploited activity Description of exploited activity Description of exploited business income in the production of unrelated business in and unr		•			·					
Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Income foother and on page 1, Part I, line 10, col (B) 1. Description of exploited activity Income foother and on page 1, Part I, line 10, col (B) 1. Description of exploited activity Income foother and on page 1, Part I, line 10, col (B) 2. Gross unrolled form unrelated trade or business (column 5) If a gain, compute cols 5 through 7 3. Expenses directly connected with production of unrelated business (column 5) If a gain, compute cols 5 through 7 4. Net income floss) from unrelated trade or business (column 5) If a gain, compute cols 5 through 7 5. Gross income from activity that is not unrelated business income for unrelated business income from page 1, Part I, line 10, col (B) 2. Gross attributable to column 5 if a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 10, col (B) 2. Gross attributable to column 5 if a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 25 4. Net income floss) from activity that is not unrelated business income from activity that is		-				13 1 22 322				Enter here and on pag Part I, line 9, column
(see instructions) 2. Gross unrelated business income from trade or business income from activity that is not urrelated business income from column 5 from activity that is not urrelated business income from column 5 from activity that is not urrelated business income from page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (A) Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus column 6 income from column 6 income from column 6 income from from column 6 incolumn 6 incolumn 6 incolumn 5 but not mean column 6 incolumn			<u> </u>		_	The transplay	7,7			
1. Description of exploited activity and the exploited activity that and the exploited act	-		Income, Other	Than Adv	ertisir/	ng Income				
1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of trade or business 1. Description of exploited activity 1. Description of trade or business 1. Description of trade or business 1. Description of trade or business 1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Description of trade or business 1. Description of exploited activity 1. Description of trade or business 1. Description of exploited activity 1. Description of trade or business 1. Description of trade or business 1. Description of trade or business 1. Description 1. Description of trade or business 1. Description 1. Description of exploited activity 1. Description 1. Descript			3 5	4. Net incom	ne (loss)					7 =====================================
Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Chedule J - Advertising Income (see instructions) 2. Gross advertising income 1 Name of periodical 2. Gross advertising income 2. Gross advertising advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7 Excess readers costs (column 6 micome costs)		unrelated business income from	directly connected with production of unrelated	business (co minus columi gain, compute	lumn 2 n 3) If a e cols 5	from activity t is not unrelat	hat ed	6. Expenses exp attributable to 6 m cotumn 5 but		expenses (column 6 minus column 5 but not more than
Enter here and on page 1, Part I, line 10, col (A) Chedule J - Advertising Income (see instructions) 2. Gross advertising uncome 2. Gross advertising uncome 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus of periodical 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus of periodical 4. Advertising gain or (loss) (col 2 minus of periodical 5. Circulation income 6. Readership costs costs (colium 6 minome of periodical or than column 4). The colour of than column 4) in than column 4).)			†						
Enter here and on page 1, Part I, line 10, col (A) Line 10, col (B) Chedule J - Advertising Income (see instructions) 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7 4. Advertising gain or (loss) (col 2 minus cols 5 through 7 6. Readership costs 7. Excess readers costs (cols min 6 mincome costs) 7. Excess readers costs (cols min 6 mincome costs) 7. Excess readers costs (column 6) if a gain, compute costs 5 through 7				†····						1
Enter here and on page 1, Part 1, line 10, col (A) line 10, col (B) line 10, col (B)				1						
Enter here and on page 1, Part 1, line 10, col (A) O. O	<u>.</u>		 -	 						
Chedule J - Advertising Income (see instructions) Part I: Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising advertising costs or (loss) (col 2 minus or (<u></u>	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)							Part II, line 25
Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising and reflecting income 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5. Circulation income 6. Readership costs 7 Excess readers costs (column 5, but not in column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs (column 5, but not income costs 7 Excess readers costs 7 Excess r				F*下点产格。	25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		w,5° fizia is. /a. shir	是处话。指的		
2. Gross advertising advertising costs advertising dain advertising costs advertising dain advert					Decia					
1 Name of periodical advertising income advertising costs of a gain, compute cols 5 through 7 costs (column 6 microme) 3. Direct or (loss) (col 2 minus 5. Circulation 6. Readership costs (column 6 microme costs column 5. but not in mome costs column 5. but not in mome costs column 6. The periodical income costs of through 7. The periodical column 4. The periodical column 6 microme costs column 6 microme colum	art I Income From I	Periodicals Repo	orted on a Con	solidated	basis				`	
) 2) 3)	1 Name of periodical	advertising		or (loss) (co col 3) If a ga	ol 2 minus ain, comput				ship	7 Excess readershi costs (column 6 minu column 5, but not mo then column 4)
	<u> </u>			- 17.47 A 2 77.						Althorough services
))			 			Ö			——[;	
			 	一: 5,斯勒	LYST					esteric.
*/			-+						——];	
	<u>n</u>		<u> </u>	sirate Like	orthic file there	/ Ús.			11	and the state of t
stals (carry to Part II, line (5)) ► 0. 0.	tals (carry to Part II, line (5))	<u>- 1</u>	<u> </u>	:						Form 990-T (2)

Form 990-T (2019) LYNGBLOMSTEN CARE CENTER, INC. 41-13104 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	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.	arde last of skiegy sangt.			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 26
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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

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

EMENUCHOICE: WEB-BASED DINING SERVICE

TO FORM 990-T, PAGE 1

FORM 990-T		OTHER	DEDUC'	TIONS	•	STATEMENT 2
DESCRIPTION						AMOUNT
ADMINISTRATION COSTS						32,630
LEGAL FEES						6,836
ACCOUNTING FEES						7,075
PROFESSIONAL FEES						17,929
GENERAL SUPPLIES						9,101
METINGS & SEMINARS						16,788
MARKETING					•	28,789
INSURANCE				•	4	4,213
TOTAL TO FORM 990-T,	PAGE 1,	LINE 27				123,361
FORM 990-T PARENT	CORPORA	rion's nam	IE AND	IDENTIFYING N	UMBER	STATEMENT 3
CORPORATION'S NAME						IDENTIFYING NO
LYNGBLOMSTEN						41-0693865
FORM 990-T	NET	OPERATING	LOSS	DEDUCTION	·	STATEMENT 4
		T 0.00				
TAX YEAR LOSS SUS	TAINED	LOSS PREVIOU APPL]	JSLY	LOSS REMAINING		AVAILABLE THIS YEAR

120,571.

120,571.

NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-T	NET	OPERATING LO	OSS DEDI	JCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	Y	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16 12/31/17	172,545. 93,608.		0.	172,545. 93,608.	172,545. 93,608.
NOL CARRYO	VER AVAILABLE THIS	YEAR	_	266,153.	266,153.