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Form <b>990-T</b>	E	Exempt Organization Bus			ax Return	1	OMB No 1545-0687
<i>'</i> :	ľ	(and proxy tax und	er se	ction 6033(e))		i	0040
<b>.</b>	For calendar year 2018 or other tax year beginning, and ending						2018
Department of the Treasury Internal Revenue Service	<ul> <li>▶ Go to www.irs.gov/Form990T for instructions and the latest information.</li> <li>▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>					-	Open to Public Inspection for
A Check box if address changed	Name of organization ( Check box if name change			ed and see instructions.)			501(c)(3) Organizations Only oyer identification number loyees' trust, see
	LUTHERAN SOCIAL MINISTRIES OF						ections)
B Exempt under section		Print NEW JERSEY, INC.					2-1487237 ated business activity code
X 501(c()) 3 ) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions.  3 MANHATTAN DRIVE  City or town, state or province, country, and ZIP or foreign postal code					nstructions)
$=$ $\cdots =$ $\cdots$							
408A 530(a)		BURLINGTON, NJ 08016	812	930			
		F Group exemption number (See instructions.)	<u> </u>			012	<del></del>
C Book value of all assets at end of year 35,808,5	81.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust
		tion's unrelated trades or businesses.	1		the only (or first) uni		<del></del>
		SALLOWED FRINGE BENEFIT:	S		complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa					
business, then complete	-	•					
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ [	Ye	es X No
If "Yes," enter the name a	ınd ıdent	ifying number of the parent corporation.					
			VP/		one number $\blacktriangleright$ 6		<del></del> -
		le or Business Income	T	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale					A Same And The Same	3 (7	i
b Less returns and allow		c Balance	1c			\	
2 Cost of goods sold (S		•	2		100	<del>.</del>	, ,
3 Gross profit. Subtract			3		NEW		
4a Capital gain net incom  b Net gain (loss) (Form	•	art II, line 17) (attach Form 4797)	4a 4b	OF	C	<del>    </del>	
c Capital loss deduction		•	4c	- CRI	1 2013	-10	<del>\</del>
		thip or an S corporation (attach statement)	5	1	10V 10V	$\overline{n}$	
6 Rent income (Schedu		mp or air o corporation (attach statement)	6	181	W. T. M.		
7 Unrelated debt-finance	•	ne (Schedule E)	7	1881	COLLEGE		
	rest, annuities, royalties, and rents from a controlled organization (Schedule F)						
9 Investment income of	vestment income of a section 501(c)(7), (9), or (17) organization (Schedule G)						
10 Exploited exempt activ	vity inco	me (Schedule I)	10				
11 Advertising income (S	Schedule	J)	11				
12 Other income (See ins		•	12 13		* 1 3 5 7 2		
13 Total. Combine lines	3 throu	gh 12	0.	<u> </u>			
		t Taken Elsewhere (See instructions fo itions, deductions must be directly connected			income.)		
		ectors, and trustees (Schedule K)				14	
15 Salaries and wages		(3353)			ĺ	15	
16 Repairs and mainten	ance	•				16	
17 Bad debts						17	
18 Interest (attach sche	dule) (se	e instructions)				18	
19 Taxes and licenses					l	19	
	-	instructions for limitation rules)			ļ	20	
21 Depreciation (attach		· ·		21			
	umed on	Schedule A and elsewhere on return		22a		22b	
23 Depletion $\leq$					ŀ	23	
24 Contributions to defe		npensation plans			}	24	
25 Employee benefit pro		hadula I)			ŀ	25 26	
26 Excess exempt exper	-				ŀ	27	
<ul><li>27 Excess readership co</li><li>28 Other deductions (att</li></ul>					ŀ	28_	
	en					29	0.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					30	0.	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)					31	71 36 74	
					32	0.	
							Form 990-T (2018)

## LUTHERAN SOCIAL MINISTRIES OF NEW JERSEY, INC.

Form 990-	(2018) NEW JERSEY, INC.		22-14	87237	Page
Part	III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33	0.
34	Amounts paid for disallowed fringes		1,155.		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
-	lines 33 and 34			36	1,155.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			<u> </u>	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3				
•	enter the smaller of zero or line 36			38	155.
Part	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			> 39	33.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o				
	Tax rate schedule or Schedule D (Form 1041)			-   40	
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See Instructions			43	-
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				33.
Part \	/ Tax and Payments	**************	*************	·	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		T	
	Other credits (see instructions)	45b	· · · · · · · · · · · · · · · · · · ·	7 1	
c	General business credit. Attach Form 3800		•	7	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)			<b>-</b>	
	Total credits, Add lines 45a through 45d			458	
46	Subtract line 45e from line 44			46	33.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 COther	(attach schedule	)	
48	Total tax. Add lines 46 and 47 (see instructions)				33.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				0.
	Payments: A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b		7	
	Tax deposited with Form 8868	50c		_	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7   .	
	Backup withholding (see instructions)	50e		7	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		7	
A	Other credits, adjustments, and payments Form 2439		· · · · · · · · · · · · · · · · · · ·	7	
•		50g			
51	Total payments. Add lines 50a through 50g			51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached				
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				33.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		••••••••••••••••••••••••••••••••••••••	- 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Re	efunded	- 55	
Part V	Is Statements Regarding Certain Activities and Other Information	(see instru	ictions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature o	r other author	ity		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization is	may have to fil	e		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country			1
	here <b>&gt;</b>				_ X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or train	nsferor to, a fo	reign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
0:	Under penalties of perjuly, I declare that I have examined this return, including accompanying achedules and state correct, and complete, peclarating of preparer (other than taxpayer) is based on all information of which preparer has been examined.	mente, and to the	e best of my know je	rledge and belief, it	is truo,
Sign			ſ	May the IRS discus	s this return with
Here	11/15/17 SVP & CE	<u> 70                                    </u>		the preparer shows	
	Signature of Afficer Date/ Title			instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	'	Check	if PTIN	
Paid	[ ] Wa Dago	11010	self- employe		C0400
Prepa	er Filling Itt Document Itt Document	115/19	·		60402
Use O	nly Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN	> 39-0	859910
	1570 FRUITVILLE PIKE, SUITE 400		D	717 740	1062
	Firm's address ► LANCASTER, PA 17601	<del> </del>	Phone no.	717.740	
823711 01-	09-19			For	n <b>990-T</b> (2018)

Form 990-T (2018) NEW JERSEY, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation	N/A		·····			
1 Inventory at beginning of year	1	metriod of inver			<u> </u>		6		
2 Purchases					6 Inventory at end of year 7 Cost of goods sold. Subtract line 6				
3 Cost of labor	<del></del>						ļ		
4a Additional section 263A costs					from line 5. Enter here and in Part I,				
(attach schedule)									
,	4a	· <del>·····</del> ···	_	8 Do the rules of section 263A (with respect to					s No
b Other costs (attach schedule)	4b	<u></u>		property produced or acquired for resale) apply to the organization?					
5 Total. Add lines 1 through 4b Schedule C - Rent Income	/From Bool 6	Proporty one			0250	d With Poal Prop	ortul	I	
(see instructions)	(FIOIII Neal I	-roperty and	ı Personai	Floperty L	Casc	u with near Frop	ei ty)		
Description of property	·		4						
/1)									
<u>(1)</u> <u>(2)</u>		<del></del>	<del> </del>	<del></del>				<del></del>	
(3)		·	·· <del>-</del>						
(4)		<del></del>	·						
	2. Rent receive	ed or accrued		·		1			
rent for personal property is more than of rent for per			personal property (	d personal property (if the percentage rsonal property exceeds 50% or if sased on profit or income)			ted with the income attach schedule)	e in	
(1)				· · ·		<del></del>			
(2)			· · ·	<u> </u>					
(3)		-							
(4)								<del>; ==</del> ,	
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)						
				2. Gross income from	<ol> <li>Deductions directly connected with or allocable to debt-financed property</li> </ol>				
1. Description of debt-financed property			or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)	-		<del> </del>				+		
(2)	·	<del></del>	†				_		
(3)							1		
(4)							1	<del></del>	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjust of or allocable debt-financed property (attach schedule) (attach schedule)		liocable to iced property		n 4 divided Ilumn 5	7. Gross income reportable (colum 2 x column 6)		(	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			<del>                                     </del>	%					
(2)		·	1	%		<del></del>			
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		inter here and on p Part I, line 7, colum	•
Totals						0	.		0.
Total dividends-received deductions	ncluded in column	8					-		0.

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INC. Form 990-T (2018) NEW JERSEY, Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification Part of column 4 that is included in the controlling organization's gross income Name of controlled organization Net unrelated income 4. Total of specified 6. Deductions directly payments made connected with income in column 5 (loss) (see instructions) number \_(1) (2) (3) (4) Nonexempt Controlled Organizations 10 Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments 11. Deductions directly connected (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11. Enter here and on page 1, Part I, Enter here and on page 1, Part 1, line 8, column (A) line 8, column (B) 0. 0 Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions Set-asides 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3)(4)Enter here and on page 1, Enter here and on page 1 Part I, line 9, column (B) . 10 Totals 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross 5. Gross income from unrelated trade or rectly connected 6. Expenses expenses (column 1. Description of unrelated business business (column 2 from activity that attributable to with production 6 minus column 5, exploited activity income from minus column 3) If a is not unrelated of unrelated column 5 but not more than trade or business gain, compute cols 5 business income business income column 4) through 7 (1) (2) (3) (4) Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) 0. 0. Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain or (loss) (col. 2 minus 7. Excess readership 2. Gross costs (column 6 minus 3. Direct 5. Circulation 6. Readership advertising 1. Name of periodical advertising costs col 3) If a gain, compute income costs column 5, but not more cols 5 through 7 than column 4) (1) (2) (3)(4)0 0. 0. Totals (carry to Part II, line (5)) Form 990-T (2018)

% %

% 

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Total. Enter here and on page 1, Part II, line 14

Page 5 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.) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 7. Excess readership 5. Circulation 6. Readership costs (column 6 minus column 5, but not more 3. Direct advertising income 1. Name of periodical advertising costs ıncome costs than column 4) (1) (2) (3) (4) 0. 0. 0 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 0 0 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable 1. Name 2. Title to unrelated business (1)

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0.

(2)

(3) (4)