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Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 201						OMB No 1545-0687		
roini OOO I							8 9010		
Department of the Treasury	For cale	■ Go to www irs gov/Form990T for	20 = 0						
Internal Revenue Service	▶ Do	o not enter SSN numbers on this form as it r	(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed		Name of organization (Check box if r							
B Exempt under section	1 _	LUTHERAN LIFE VILLAGES	HOME HEALTHO	CARE INC.	_				
X 501(C) 0 3)	Print or	Number, street, and room or suite no. If a P	O box, see instructions			27-4640248			
408(e) 220(e	Туре	CZOL O ANTHONY DIVID		(See instructions)					
408A530(a)	6701 S. ANTHONY BLVD. City or town, state or province, country, and	┨						
529(a) C Book value of all assets	-	FORT WAYNE, IN 46816							
at end of year	F Group exemption number (See instructions)								
1,424,894.		eck organization type X 501(c) o		501(c) trust	401(a) trust	Other trust		
H Enter the number of	•	anization's unrelated trades or businesses		Descrit	e the onl	y (or first) ur	nrelated		
trade or business he	re ▶ <u>A</u>	TCH 1	lf or	nly one, complete Parts	I-V If mo	re than one,	describe the		
first in the blank spa	ace at the	e end of the previous sentence, comple	ete Parts I and II, comp	olete a Schedule M for e	ach additio	onal			
trade or business, th									
		corporation a subsidiary in an affiliated		sidiary controlled group	?	▶ ∟	Yes X No		
J The books are in car		Identifying number of the parent corpora	ation ►	elephone number ▶ 2	60-447	-0800			
		or Business Income	(A) Income				(C) Net		
1 a Gross receipts or	-	or Basiliess illeonie	(11) 111001110	(2) 2.25		 	(-)		
b Less returns and allow		c Balance ▶ 1c							
2 Cost of goods so	ld (Sched	fule A, line 7)							
3 Gross profit Sub	tract line	2 from line 1c			. –				
4a Capital gain net i	ncome (a	attach Schedule D) 4a	a_		•				
b Net gain (loss) (Fe	orm 4797,	Part II, line 17) (attach Form 4797) 4b	b						
		trusts 4c							
		or an S corporation (attach statement) 5							
						-			
		ncome (Schedule E)							
		01(c)(7) (9), or (17) organization (Schedule G) 9							
		ncome (Schedule I) 10)						
•	· ·	dule J)							
		ctions, attach schedule) 12	2						
13 Total Combine li	nes 3 thr	ough 12 13		0.					
		Taken Elsewhere (See instruct			(Except	for contrib	outions,		
		t be directly connected with the t			1	1			
14 Compensation of	officers,	directors, and trustees (Schedule K)							
15 Salaries and wag16 Repairs and mair	tenance	orectors, and trustees (screenie k).	RECEIVED:		15				
17 Bad debts				<u>ာ</u> ပ္တူ					
18 Interest (attach s	chedule)	(see instructions)		\Q \					
19 Taxes and license	s				19				
20 Charitable-contri	butions (S	See instructions for limitation rules)		 	20				
21 Depreciation (att	ach Form	4562)	JGDEN, <u>Uzi</u>			1			
		on Schedule A and elsewhere on return			221				
		compensation plans							
		S							
		Schedule I)							
		schedule)			F		- 1		
		es 14 through 28							
		ole income before net operating loss							
		ng loss arising in tax years beginning or							
		e income Subtract line 31 from line 30	<u> </u>	<u> </u>	32				
For Paperwork Reduc	tion Act N	Notice, see instructions	10 7 1-			Am /JFOI	rm 990-T (2018) PAGE 4		
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Pai	rt III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	33		
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		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		0
Par	t IV Tax Computation	, , , , , , , , , , , , , , , , , , , 		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on]		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax See instructions			
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42		
43	Tax on Noncompliant Facility Income See instructions	43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
	tV Tax and Payments	,		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a]		
	Other credits (see instructions)	1 1		
	General business credit Attach Form 3800 (see instructions)	.		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .			
48	Total tax Add lines 46 and 47 (see instructions)			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	1		
	2018 estimated tax payments	1		
	'			
	Foreign organizations Tax paid or withheld at source (see instructions)	4		
	Backup withholding (see instructions)	4		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g	↓		
	Total payments Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		<u> </u>
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			
	Statements Regarding Certain Activities and Other Information (see instruction			/ N-
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign c	ountry	l,
	here >		-	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	gn trust?.	· · · ·	^_
	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 Under penalties of perjury I declare that have examined this return, including accompanying schedules and statements and to the tax year.	nest of my b	nowledge and	1 helief 11 1
C:~.	true, correct land complete. Declaration of prédarer (other than taxpaver) is based on all information of which preparer has any knowledge.		Towncoge Con-	
Sign		ay the IRS		
Her		lh the pre e instructions)		
	Print/Type preparer's name Preparer's signature Date	1 1	Y X Yes	No
Paid	Chec		P01571	1860
	DATE!	employed 4	4-01602	
Use	s EIN ► 4. e no 260-			
	Firm's address ► 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802 Phon	ano 200	-100-46	, , , ,

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Total dividends-received deductions included in column 8

Form 990-T (2018)	LUTHERAN	LIFE	VIL	LAGES HOME	HEAL	THCAR	E INC.	2	27-4	640248 Page 4
Schedule F-Interest, Ann	uities, Royalties	, and Re	ents	From Contro	lled Or	ganiza	tions (see	instruction	ons)	
		Ex	empt	Controlled Org	ganızatı	ons				
1 Name of controlled organization	2 Employer identification number	er	3 Net unrelated income 4 Total of specified included		of column 4 that is d in the controlling tion's gross income		6 Deductions directly connected with income in column 5			
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations		,							
7 Taxable Income	8 Net unrelated in (loss) (see instruct		'		ed	10 Part of column 9 that included in the controlling organization's gross incom		ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)									<u></u>	
(3)										
(4)						ļ				
						Ente	d columns 5 a er here and on t I, line 8, colu	page 1	En	dd columns 6 and 11 ter here and on page 1, irt I line 8, column (B)
Totals		4: 50	46-14	7) (0) (47	<u>•</u>	!4!	- /			
Schedule G-Investment Ir	icome of a Sec	tion 50	1(c)(nizatio				5 Total deductions
1 Description of income	2 Amount of	income	3 Deductions directly connected (attach schedule)			4 Set (attach s			and set-asides (col 3 plus col 4)	
(1)										<u> </u>
(2)			_					.	-	
(3)	-									,
(4)	Enter here and o	on page 1.	+						Enter here and on page 1,	
Totals ► Schedule I – Exploited Exe	Part I, line 9, co	olumn (A)	Other	Than Adverti	sina Ir	come	(see instru	ections)		Part I line 9, column (B)
Officuate 1 Exploited Ex-		JOIIIU, U	<i>-</i> 11101				(occ mone	1		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc	ction of elated	or business (column of If a gain, compute		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page 1	here and on e.1, Part I, 0, col (B)			Enter here and on page 1 Part II, line 26				
Totals ► Schedule J- Advertising Ir	ıcome (see instri	uctions)								
Part I Income From Per			Con	solidated Bas	is				_	-
								Ī		7 5
1 Name of periodical	2 Gross advertising income	3 D advertisi	Orect ling cos	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)	<u> </u>									
Totals (carry to Part II, line (5))										5 990 T (9949)

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%

%

%

(2)

(3)

(4)

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

Page 5 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising costs (column 6 2 Gross gain or (loss) (col 3 Direct 5 Circulation 6 Readership 1 Name of periodical minus column 5, but advertising 2 minus col 3) If advertising costs income costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 1 Name 2 Title unrelated business business (1) %

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, . (s. .

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.