è	- Form 990-T	. E	xempt Organization		siness Income der section 6033(rn	OMB No 1545-0047
	(For cale	endar year 2019 or other tax year				19	2019
	Department of the Treasury	/\ <i>9</i> 8}	► Go to www irs gov/Fori	m990T for 1	nstructions and the lates	t information	λV .	Coop to Bublic Inspection for
	Internal Revenue Service)(§)	Open to Public Inspection for 501(c)(3) Organizations Only					
	A Check box if address chang	ged	Name of organization (Ch	eck box if na	me changed and see instruction	ns)		oyer identification number oyees' trust see instructions)
	B Exempt under section							
	X 501(C () 3)		Number street, and room or suit	27-4	640248			
	408(e) 220	O(e) Type			ated business activity code instructions)			
	408A 530	O(a)	6701 S. ANTHONY	(000)	1011 00110110 7			
	529(a)		City or town, state or province,					
	C Book value of all asse at end of year	ets	FORT WAYNE, IN 4	6816				
	,		oup exemption number (See in	·		· · ·		· ··
			eck organization type 🕨 X		·	c) trust	401(a)	
			anization's unrelated trades or b	usinesses				(or first) unrelated
	trade or business					•		e than one, describe the
		•	e end of the previous sentence	e, complete	Parts I and II, complete a S	Schedule M for ea	ch additio	nal
	trade or business	•		-66.1				▶ Yes X No
	• .		corporation a subsidiary in an	-	, ,	controlled group?		▶ Yes X No
	J The books are in a		Identifying number of the pare	ent corporati		ne number ▶ 26	0-447-	-0800
i			or Business Income		(A) Income	(B) Expen		(C) Net
ı	1a Gross receipts		or Business income		(A) Income	(b) Expen	363	(o) Net
	b Less returns and al		c Balar	nce ▶ 1c				
			dule A, line 7)					
	-		2 from line 1c	· · ·				
			attach Schedule D)					
			Part II, line 17) (attach Form 4797					
			trusts				$\overline{}$	
			or an S corporation (attach statement)					
	6 Rent income (S	Schedule C)		6,				
			ncome (Sonedule E)	7				
	8 Interest annuities,	royallies and re	ents from a controlled organization (Sche	dule F) 8				
			01(c)(7), (9) or (17) organization (Sched					
•	4		income (Schedule'l)	10				
-	11 Advertising inc	l l		11		,		<u> </u>
0			ctions, attach schedule)		0.			
~	13 Total Combine	e lines 3 thr	fough 12	13	na far limitations on	doductions \ /) odu otu	and must be directly
-		Hed with the	Taken Elsewhere (See he unrelated business in	come)	ons for limitations on t	deductions) (t	Jeducii	ons must be directly
P 2			directors, and trustees (Schedu				. 14	
SEF			· · · · · · · · · · · · · · · · · · ·					
							l l	
\Box	17 Bad debt	RE						
	18 Interest (attack							
	19 Taxes an 1902er	nse s/	7181				1	
♂	20 Deprecia on (at(#HQ-Vrm	A AAAA///IIA		20			
5	21 Less depreciat	tion daimed			21a		21b	
:	_	-	ا ۱ استان السادين				22	
:								
:			s					<u></u>
:			Schedule I)					
:			Schedule J)					
	,		schedule)					
			es 14 through 27					•
	,		ole income before net opera					
		•	ng loss arising in tax years beg	-	• • •			
			e income Subtract line 30 from Notice, see instructions	n line 29 .	<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 31	Form 990-T (2019)

	Form 9	990 / T (20	19) LUTHERAN LIFE VILLAGES HOME HEALTHCARE INC.	27-46	40248	Page 2
	Рат.	t zin	Total Unrelated Business Taxable Income			
			f unrelated business taxable income computed from all unrelated trades or businesses (se	ee .		
			ons)	1 1		
			s paid for disallowed fringes	10		
			ole contributions (see instructions for limitation rules)	- 10		
				1 1	·	
			nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lines are afficial 20, and 32			0.
			the sum of lines 32 and 33			<u>_</u>
			on for net operating loss arising in tax years beginning before January 1, 2018 (se			
			ons)			
	37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35			
	38	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)			
			ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 3			0
			e smaller of zero or line 37	. 3,9		0.
l			Tax Computation	- 1 - 1		
١.		Organiz	ations Taxable as Corporations Multiply line 39 by 21% (0 21)			
	4 1		Taxable at Trust Rates See instructions for tax computation Income tax o			
			unt on line 39 from Tax rate schedule or Schedule D (Form 1041)			
			x See instructions			
	43	Alternat	ive minimum tax (trusts only)			
	44	Tax on	Noncompliant Facility Income See instructions	. 44		
	45	,Total A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45		
\	Part	ŁV.	Tax and Payments			
,	4β a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
	b	Other c	redits (see instructions)			
	С	General	business credit Attach Form 3800 (see instructions)			
	d	Credit fe	or prior year minimum tax (attach Form 8801 or 8827)	\ \		
	е	Total cr	edits. Add lines 46a through 46d	. 46e		
	47	Subtrac	t line 46e from line 45	. 47		
	48	Other tax	es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 48		
			x Add lines 47 and 48 (see instructions)		•	0.
			t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	F7		
			ts. A 2018 overpayment credited to 2019	7	-	
			timated tax payments			
			osited with Form 8868	7		
	d	Foreign	organizations Tax paid or withheld at source (see instructions)			
	e	Backup	withholding (see instructions)	_		
	f	Credit fi	or small employer health insurance premiums (attach Form 8941)			
			edits adjustments, and payments Form 2439			
	9		orm 4136 Other Total > 51g			
	52	_	yments Add lines 51a through 51g	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
			ed tax penalty (see instructions) Check if Form 2220 is attached	53		
			If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	_ 		,
,			ment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
			amount of line 55 you want	 		
	Pari		Statements Regarding Certain Activities and Other Information (see instruct	- 1 - 3 - 1 -		
			time during the 2019 calendar year, did the organization have an interest in or a signature		ithority Y	es No
		-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			
			Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		ı	
		here ▶	Tom 114, Report of Foldight Bank and Chambras Abosonia in 155, Since the Neme S. C.	7070.g.		Х
			he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trust?	— 	X
		_		or cigir trust.		
			see instructions for other forms the organization may have to file			
	<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year. \$ \$ der penal/lips of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the second sec	ne best of my	nowledge and	belief it is
	Cian	to	e, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
	Sign		Nouna Scanlos 11-10-20 (FD)	May the IRS		
	Here	. –	gnalure of officer Date Title	with the pr (see instructions		n below No
			Projugative preparets name		PTIN	/
	Paid		1 11/1/2020	heck L if	P01571	860
	Prep	arer		rm's EIN > 4		
	Use			none no 260		
	JSA		Finits address > 200 L. FAIR OI. SOITE 700, LORI WAIRE, IN 40002 P	ione no 200	Form 990	
	~					. (2010)

JSA 9x2741 1 000 2704 JD D320 9/23/2020 9:32:41 AM V 19-6.5F

Form 990-T (2019)				 -		Page	
Schedule A - Cost of Ge	<u>oods Sold. Er</u>	nter method					
1 Inventory at beginning of y	/ear . 1		6 Inventor	y at end of ye	ar	6	
2 Purchases			7 Cost o	f goods so	old Subtract line		
3 Cost of labor	3				here and in Part		
4 a Additional section 263A co	osts		I, line 2				
(attach schedule)	4a		8 Do the	rules of	section 263A (v	with respect to Yes No	
b Other costs (attach schedule)	ıle) . <mark>4b</mark>				or acquired for		
5 Total Add lines 1 through		·	to the or	ganization? .	<u> </u>	X	
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Propert	y Leased V	With Real Prope	rty)	
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)	·					· · · · · ·	
(4)							
	2 Rent recei	ved or accrue	ed		_		
for personal property is more than 10% but not percentage of re			rom real and personal proper age of rent for personal prope of the rent is based on profit o	for personal property exceeds in columns 2(a) and 2(b) (attach schedule)			
(1)			· -				
(2)							
(3)			•				
(4)							
Total		Total					
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter	<u> </u>		(b) Total deduction Enter here and or		
here and on page 1, Part I, line 6	, column (A)	▶			Part I, line 6, colu		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)				
1 Description of deb	at financed property		2 Gross income from or allocable to debt-financed	3 (nnected with or allocable to bed property	
i Description of des	n-imanced property		property		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
4 Amount of average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)					income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)	(-,	9				
(2)			9	_			
(3)			9,				
(4)			9/				
				Enter her	re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals							

Form 990-T (2019)

Page 4

Schedule F – Interest, Ann	uities, Royaitie			om Contro			ations (se	e instructi	ions)		
1 Name of controlled organization	2 Employer identification numb	oer 3 N	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)		_					_				
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations				_	1 40 5) and a f a a b man	0.15-1		L. Dadicakana disaathi	
7 Taxable Income	8 Net unrelated ii (loss) (see instruc	I .		Total of specific payments made	ed .	ınclı	Part of columnided in the consistency of the column	ntrolling		Deductions directly inected with income in column 10	
(1)											
(2)									ļ		
(3)											
(4)											
Totals		tion 501(c)(7),	(9), or (17		Ente Par	d columns 5 ar here and on 1 line 8 colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1 rt I, line 8 column (B)	
1 Description of income	2 Amount of	fincome		3 Deduc directly con (attach sch	necled			et-asides schedule)		5 Total deductions and sel-asides (col. 3 plus col. 4)	
(1)											
(2)			1								
(3)											
(4)	Enter here and		<u> </u>							Enter here and on page 1	
Totals	Part I line 9, c	come, Oti	ses y I with	4 Net incomfrom unrelate or business 2 minus coli	e (loss) ed trade column	5 Gre	(see instru	6 Expe		7 Excess exempt expenses (column 6 minus column 5, but not	
, Gooding to a completion continu	from trade or business	production unrelate business in	ed	If a gain, co cols 5 thro			ess income	column 5		more than column 4)	
1)											
2)								<u> </u>			
3)											
4)											
Totals ▶	Enter here and on page 1, Part I line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 25	
Schedule J-Advertising In	come (see instr	uctions)		1						1	
Part I Income From Peri			onsol	idated Bas	is						
Alcomo From Fell		J u O									
1 Name of periodical	2 Gross advertising income	3 Dire		4 Adverting gain or (loss 2 minus con a gain, con cols 5 throits)	s) (col I 3) If npute		irculation icome	6 Reade cost		7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
1)		-									
2)							_				
3)											
4)											
Totals (carry to Part II, line (5))											

Form **990-T** (2019)

Past 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 ▶						
	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) ▶						

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)				%	
otal Enter	here and on page 1, Part II,	ine 14			

Form **990-T** (2019)

LUTHERAN LIFE VILLAGES HOME HEALTHCARE INC						
	LUTHERAN	LIFE	VILLAGES	HOME	HEALTHCARE	INC.

27-4640248

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.