	Form	990-T	E	Exempt Organization Bus (and proxy tax und				ax Re	turn	+	OMB N	1545-0047
			For ca	fendar year 2019 or other tax year beginning		, and ending	-	1910	l .		2	019
		tment of the Treasury al Revenue Service	•	► Go to www irs.gov/Form990T for in Do not enter SSN numbers on this form as it may		ons and the latest i	informa		1(c)(3)	_ - -	Open to P	ublic Inspection for Organizations Only
	A [Check box if address changed		Name of organization (hanged	and see instruction	ns)			- (Empl	oyer identil oyees' tru: ctions)	fication number st, see
	<u>В</u> Е:	xempt under section	Print	GRACEWORKS LUTHERAN SE	RVI	CES				3	1-05	40159
		501(c (n)3)	or	Number, street, and room or suite no. If a P.O. box							ted busin	ess activity code
	\vdash	408(e) 220(e)	Туре	6430 INNER MISSION WAY						(566 11	isa actions	, ,
		408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code						
		529(a)		DAYTON, OH 45459-2795						541	200	
	C Bo	ok value of all assets and of year		F Group exemption number (See instructions.)	▶							
		148,174,0	53.	G Check organization type ► X 501(c) corp	poration	501(c)	trust		401(a)	trust		Other trust
	H En	ter the number of the o	organiza	ition's unrelated trades or businesses	1	De	scribe	the only (or	fırst) unı	elated		
	tra	de or business here 🕨	<u> </u>	EE STATEMENT 1		If on	ly one,	complete Pa	arts I-V. I	f more	than on	Э,
	des	scribe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	irts I an	d II, complete a Sc	hedule	M for each	additiona	l trade	Or	
	_bu	siness, then complete	Parts III	-V								
		•		poration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled gre	oup?		► L	Ye	s <u>X</u>	□ No
				tifying number of the parent corporation							100	5005
				MICHAEL W. ALLEN, TREAS	UREF			one number		<u> 37 – 4</u>		6885
	Pa	rt I Unrelated	ırac	de or Business Income		(A) Income		(B) E	xpenses			(C) Net
	1 a	Gross receipts or sale	S				:					/
	b	Less returns and allov		c Balance	1c							
	2	Cost of goods sold (S			2	Inte	mal (Зоходна	Sourie	Fe		
	3	Gross profit Subtract			3		eived	US Bar	k . U S	S		/
		Capital gain net incom			4a			349			_/	
				Part II, line 17) (attach Form 4797)	4b			. ع ۱۵ ه				
•	_ C	Capital loss deduction			4c		-0C1	- 1320	120	$\overline{}$		
SS	5	• •		ship or an S corporation (attach statement)	5			•	_/			
\geq	6	Rent income (Schedul		ma (Cabadula E)	6 7							
3	1	Unrelated debt-finance		· ·	\vdash		.0	gdon, L	 			
SCANNED	0	•		nd rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G)	-	4		/		- 1		
\Box	10	Exploited exempt activ			10		$\overline{}$	 -				
S		Advertising income (S	-		11				•	1		
\Box	12	Other income (See ins			12	5,42	24.					5,424.
<i>د</i> ع 0		Total. Combine lines		, anaon concern,	13	5,42						5,424.
~1	Pa			t Taken Elsewhere (See instructions for								
	-	(Deductions	must b	be directly connected with the unrelated busin	ess inc	ome)						
2021	14	Compensation of offi	cers, du	rectors, and trustees (Schedule K)					-	14		
	15	Salaries and wages								15		
	16	Repairs and maintena	ance							16		
	17	Bad debts								17		
	18	Interest (attach sche	dule) (se	ee instructions)						18		
	19	Taxes and licenses								19		
	20	Depreciation (attach	Form 45	562)		20	ļ <u> </u>					
	21	Less depreciation cla	imed or	n Schedule A and elsewhere on return		21a	l			21b		
	22	Depletion							į	22		
	23	Contributions to defe	rred cor	ppensation plans *					ļ	23		
	24	Employee benefit pro	_						ļ	24		
	25	Excess exempt exper							ļ	25		
	26	Excess readership co							_	26		
	27	Other deductions (att				SEE S	TAT	EMENT	3	27		5,424.
	28	Total deductions Ad							ļ	28		5,424.
	29			ncome before net operating loss deduction. Subtrac					-	29		0.
	30/		erating l	oss arising in tax years beginning on or after Janua	ry 1, 20	18				_ [^
		(see instructions)		•					}	30		0.
•	31			ncome Subtract line 30 from line 29					l	31		990-T (2019)
	92370	1 01-27-20 LHA Fo	r Paper	work Reduction Act Notice, see instructions							FOLM	990 -1 (2019)

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

	отуб 19) GRACEWORKS LUTHERAN SERVICES	31-0540	<u> 159</u>	Page 2
Part	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	B2		0.
33	Amounts paid for disallowed fringes	83		
34	Charitable contributions (see instructions for limitation rules)	34		0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	\$5		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	00.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39		0.
Part	IV Tax Computation			
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income See instructions	44		
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Part		1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	Other credits (see instructions) 46b	1 1		
	General business credit Attach Form 3800 46c	1		
C		1		
d		100		
	Total credits Add lines 46a through 46d	46e		0.
47	Subtract line 46e from line 45	47		<u> </u>
48	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total tax Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		<u> </u>
	Payments: A 2018 overpayment credited to 2019	4		
	2019 estimated tax payments	1 1		
C	Tax deposited with Form 8868	1 1		
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	 		
	Backup withholding (see instructions) 51e	{		
	Credit for small employer health insurance premiums (attach Form 8941) 51f	4		
9	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56		
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	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			
	here >			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file	İ		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of interpret other than taxpayer) is based on all information of which preparer has any knowledge	ige and belief, it is true	,	
Sign	correct, and complete Declaration of planter (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		ay the IRS discuss this a preparer shown below		rith
		structions)? X Ye		No
		_		110
	Print/Type preparer's name Preparer's signature Date Check if	f PTIN		
Paid	b b b b b b b b b b	D00369	3 Q E	
•	parer RAKEN U CRIM	P00368		
Use	Only Firm's name ► RSM US LLP Firm's EIN ►	42-071	434	
	6 S PATTERSON BLVD	27 200 0	201	
		37 298-02 Form 99		2010:
022711	01.97-20	Form ₩	7U-I/	ンロコロハ

Page 3

Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory v	aluation N/A				
1 Inventory at beginning of year	1		\neg	Inventory at end of year	ar		6	
2 Purchases	2		7	Cost of goods sold S	ubtract	line 6		
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2		[7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		.
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Per	sonal Property L	ease.	d With Real Prop	erty) 	
1 Description of property								
(1)	<u> </u>							-
(2)								
(3)								
(4)								
	2 Rent receive	ed or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the income ii d 2(b) (attach schedule)	ו
(1)				- "				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)				
				Gross income from		3 Deductions directly conn to debt-financ		
1 Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	ns
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	adjusted basis llocable to nced property i schedule)		Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on pag Part I, line 7, column	
Totals				•		0.	, [0.
Total dividends-received deductions	ncluded in column	8				>		0.

Form 990-T (2019)

Schedule F - Interest,		· , · · · · , · · · · ·		Controlled O				(see ins		
1 Name of controlled organizat	ition	2 Employer identification number	3 Net unre (loss) (see	elated income instructions)	4 . Тоtа рвуп	al of specified nents made	included	of column 4 In the contr ion's gross i	oling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	ızatıons									
7 Taxable Income		related income (los se instructions)	s) 9 . Total	of specified payn made	nents	10 Part of colur in the controlli gross			11 Dec with	ductions directly connected income in column 10
(1)	1									
(2)										
(3)										
(4)										
-3-16 ₋	•					Enter here and	nns 5 and 1 on page 1, column (A)		Enter he	d columns 6 and 11 ere and on page 1, Part I, tine 8, column (B)
Totals					▶			0.		0
Schedule G - Investme	ent Incom tructions)	ne of a Sect	tion 501(c)(7), (9), or (⁻	17) Org	anization				
1. Desc	cription of incom	10	·	2. Amount of	income	3 Deduction directly connected (attach sched	cted	4 Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, col	n page 1, umn (A)					Enter here and on page Part I, line 9, column (B)
Totals		,	•		0.					0
Schedule I - Exploited (see instru	_	Activity Inc	ome, Other	Than Adv	ertisin	g Income				
1 Description of exploited activity	2. Gr unrelated to income trade or b	ousiness of the second	3 Expenses rectly connected with production of unrelated usiness income	4 Net incomfrom unrelated business (column gain, compute through	trade or jumn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business income	hat ed	6 Exp attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						•				
(2)										
(3)										
(4)	Enter here page 1, line 10, o	Part I,	nter here and on page 1, Part I,							Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisi		0.	ine 10, col (B)							0
Part I Income From				olidated	Basis					1
1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(3)				\dashv			_			
(4)										
Totals (carry to Part II, line (5))		0.				1				0

Form 990-1 (2019) GRACEWORK	S LUTHERAL	N SERVICE	\$		3 I -	054015	Page :
Part II Income From Perio columns 2 through 7 on a			rate Basis (For ea	ch periodical lis	ted in Pa	art II, fill in	-
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)		-			1		
(2)							
(3)							
(4)							
Totals from Part I	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 26
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)			
1 Name			2 Title	3 Per time de busi			ensation attributable related business
(1)					%		
(2)		I			%		
(3)					%		
(4)					%		

Form **990-T** (2019)

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

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
roma jou i	DESCRIPTION OF ORGANIZATION STRIMMENT UNRESERVED	DIMILLIA
	BUSINESS ACTIVITY	

PROVIDE BOOKKEEPING SERVICES FOR UNRELATED AFFORDABLE HOUSING PROGRAM

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
BOOKKEEPING FEES	•		5,424.
TOTAL TO FORM 990-T, PAG	GE 1, LINE 12		5,424.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 3
<u> </u>	OTHER	DEDUCTIONS	STATEMENT 3 AMOUNT
DESCRIPTION BOOKKEEPING EXPENSES	OTHER	DEDUCTIONS	