•	Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No 1545-0687		
			For calendar year 2016 or other tax year beginning <u>01/01</u> , 2016, and ending <u>12/31</u> , 20 ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form99									
									4			
		ment of the Treasury I Revenue Service	1 -	not enter SSN numbers on this form		Open to	Public Inspection for Organizations Only					
	A	Check box if			_	me changed and see instruction		D Empl	oyer identif	ication number		
		address changed						(Empl	oyees' trust, s	ee instructions)		
	B Exe	mpt under section	1	LUTHERAN SOCIAL SER	VICE	S, INC.						
	X	501(C)(3)	Print	Number, street, and room or suite no	lfa P C	box, see instructions		35-0	868124			
		408(e) 220(e)	Type					E Unrelated business activity cod				
		408A530(a)		333 EAST LEWIS STRE	ET			(See instructions)				
		529(a)	1	City or town, state or province, counti	ry, and	ZIP or foreign postal code		ŀ				
		k value of all assets and of year		FORT WAYNE, IN 4680	2			<u> </u>				
	4.0	-		up exemption number (See instruc								
				ck organization type X 50			c) trust	401(a)	trust	Other trust		
				rimary unrelated business activity		ATTACHM				1		
		•		corporation a subsidiary in an affi			controlled group?		▶ ∟	Yes X_No		
				identifying number of the parent of	prograt		> 26	126	2247	· 		
		e books are in car					ne number ▶ 26		-3347 T	(C) Net		
				or Business Income	Τ	(A) Income	(B) Expei	1568	 	(C) Net		
	1a b-	Gross receipts or			-1c							
2017	2			ule A, line 7)	2							
	. 2			2 from line 1c	3				 			
e	4a	•		ittach Schedule D)	4a		<u> </u>					
	b			Part II, line 17) (attach Form 4797)	4b							
<u>=</u>	С	- , , ,		rusts	4c							
	5			ps and S corporations (attach statement)	5							
こりととくつ	6	Rent income (Sch	nedute C)		6							
Ž	7	Unrelated debt-fi	nanced in	come (Schedule E)	7		<u> </u>					
2	8	Interest, annuities, roya	alties, and rei	nts from controlled organizations (Schedule F)	8				ļ			
3	9			1(c)(7), (9), or (17) organization (Schedule G			 					
ñ	10			ncome (Schedule I)			ļ		-			
	11			dule J)								
	12	•		ctions, attach schedule)	_		 					
	13	Total. Combine II	ines 3 thr	ough 12	13	0.	doductions) (Eveent	for contr	ributions		
	rau			be directly connected with			, ,	Except	ioi conu	ibutions,		
	14			directors, and trustees (Schedule K				14		<u> </u>		
	15			directors, and trastees (our league in				1 1	—			
	16	•										
	17	5						_				
	18	Interest (attach s	chedule)	· · · · · · · · · · · · · · · · · · ·		PECCHICE		18				
	19						' 	19				
	20			See instructions for limitation rules)				20				
	21	Depreciation (att	ach Form	4562),	. 8	. MAY. I. <u>020(17</u>	ĕ					
	22	Less depreciation	n claimed	l on Schedule A and elsewhere on i	eturn	22a	10	221	<u> </u>	- -		
	23	Depletion		compensation plans	4 · ·	· Orangi		23	-			
	24							24				
	25			S								
	26			Schedule I)								
	27			schedule J)								
	28 29			schedule)					-			
	30			ole income before net operating								
	31			ion (limited to the amount on line 3								
	32			e income before specific deduction								
	33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)										

38 yO

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

FOIM :	990-1 (201	6) LUTHERAN SOCIAL SERVICES, INC.	33-00	00124	Pi	age Z
Par	t III	Tax Computation				
35	Organiz	ations Taxable as Corporations. See instructions for tax computation Controlled group	}			
	members	s (sections 1561 and 1563) check here ▶ See instructions and				
а	Enter yo	ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$	(2) \$ (3) \$	Į.			
b	Enter org	ganization's share of (1) Additional 5% tax (not more than \$11,750)				
	(2) Addit	ional 3% tax (not more than \$100,000)				
C		ax on the amount on line 34	35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amou	unt on line 34 from: Tax rate schedule or Schedule D (Form 1041),	36			
37		x. See instructions	37			
38		ve minimum tax	38			
39	Tax on t	Non-Compliant Facility Income. See instructions	39			
<u>40</u>	Total. Ac	d lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Par	t IV	Tax and Payments				
41 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116), , , , , 41a				
		edits (see instructions)				
С	General	business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
		edits. Add lines 41a through 41d	41e			
42	Subtract	line 41e from line 40	. 42			
43	Other tax	es Check if from Form 4255 Form 8611 Form 8697 Form 8886 Other (attach schedule)	43			
44	Total tax	r. Add lines 42 and 43	44			-0.
45 a	Paymen	ts. A 2015 overpayment credited to 2016				
		timated tax payments				
		osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions) 45d				
		withholding (see instructions)				
f	Credit fo	or small employer health insurance premiums (Attach Form 8941)	.			
g		redits and payments. Form 2439				
	Fc	orm 4136 Other Total ▶ 45g	1			
46	Total pa	yments. Add lines 45a through 45g	46			
47		ed tax penalty (see instructions) Check if Form 2220 is attached	47			
48		. If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49	Overpay	ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
50		amount of line 49 you want Credited to 2017 estimated tax Refunded	50			
Pa	rt V	Statements Regarding Certain Activities and Other Information (see instruction	s)			
51	At any	time during the 2016 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	ay have	to file		ł
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign	country		1
	here 🕨					Х
52	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trustí	· <u> </u>		X
	If YES, s	ee instructions for other forms the organization may have to file		i		l
53		e amount of tax-exempt interest received or accrued during the tax year 🕨 \$				L
_	مدا	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the temperation of which preparer has any knowledge	est of my	knowledge ar	nd bel	ief, it is
Sig	$\mathbf{n} \mid \mathbf{M} \mid$		y the I	RS discuss	this	return
He		113/17 Vanna > 15/15/17 VC10	th the	preparer sho	wn	
) Si		e instructio			No
Pai	4	Print/Type preparer's name Preparer's signature Date Chec	k L I if	PTIN		
	a parer		employed	P0157		0
	parer Only			4-01602		
	- 	Firm's address ► 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802 Phon	eno 2	60-460-	400	0

Form **990-T** (2016)

Form 990-T (2016)			0	J, 11131			00 0000121	Page 3
Schedule A - Cost of Go	ods Sold. Er	ter method	of inventory	valuation	>			
1 Inventory at beginning of ye		•				nr	6	
	2 Purchases					ld. Subtract line		
3 Cost of labor				6 from	line 5 Ent	ter here and in		
4a Additional section 263A co	osts			Part I, line	2		. 7	
(attach schedule)	4a		8			section 263A (Yes No
b Other costs (attach schedu		property	produced	or acquired fo	r resale) apply			
5 Total. Add lines 1 through	4b . 5			to the orga	anization?		<u></u>	х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal	Property	Leased W	ith Real Prope	erty)	
(see instructions)								
1. Description of property		•						
(1)								
(2)								
(3)								
(4)	<u>-</u>						·-·	
	2. Rent recei	ved or accrue	ed					
(a) From personal property (if the for personal property is more th more than 50%)	rom real and pers age of rent for pen of the rent is base	sonal property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)								
(2)								
(3)								
(4)								
Total		Total				(b) Total deducti	one	
(c) Total income. Add totals of content and on page 1, Part I, line 6						Enter here and o	n page 1,	
Schedule E - Unrelated Do			e instructions)		1 1 2 1 1 1 1 1 1 2 1 2 1 2 1 2	<u> (=/ -/</u>	
			2. Gross incoi	ne from or	3. [onnected with or allocab	le to
1. Description of deb	ot-financed property		allocable to de proper			nt line depreciation ch schedule)	(b) Other dedu (attach sched	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Colu 4 divid by colur	ed		7. Gross income reportable (column 2 x column 6) 8. Allocable deduction (column 6 x total of column 3(a) and 3(b))		of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals				•	Enter here Part I, line	e and on page 1, e 7, column (A).	Enter here and o Part I, line 7, co	
Total dividends-received deduct	ions included in c	olumn 8						

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Schedule F - Interest, Anni	uities, Royalties	, and F	Rents F	rom Contro	led Or	ganizat	ions (see	instruction	ns)		
				Controlled Org							
Name of controlled organization	2. Employer identification number		3. Net unr	related income e instructions)	4. Total of specified payments made		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 Organi	zations					-					
Transcampt dental and organia	8. Net unrelated in		T .	Total of annual		10 P	art of column	9 that is	11	1. Deductions directly	
7. Taxable Income	(loss) (see instruct		<u> </u>	Total of specific payments made		inclu	ded in the co zation's gros	ntrolling		nnected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals	ncome of a Sec				▶) Orga	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)	
1 Description of income	2. Amount of	income	3. Deductions directly connected (attach schedule)			- 4 Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)		
(1)											
(2)											
(3)											
(4)				_						· · · · · · · · · · · · · · · · · · ·	
Totals ▶ Schedule I - Exploited Exc	Enter here and of Part I, line 9, or empt Activity Inc	olumn (A)		han Adverti	sing In	come (see instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)	
1 Description of exploited activity	2. Gross unrelated 2. Gross unrelated 2. Gross unrelated unrelated 2. Gross unrelated		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)							
(1)											
(2)	 								•		
(3)	 			-				 			
		_						 		-	
Totale	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on 1, Part I, 0, col (B)			<u> </u>		!		Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J - Advertising Ir	ICOMA (see instri	ictions)								<u> </u>	
Part I Income From Per				olidated Pag	ie					<u> </u>	
Panti income From Fer	Iouicais Report	eu on a	a Cons	bildated bas	518	··		 		- 	
1 Name of periodical	1 Name of nerodical advertising		Direct ising 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)	†			\dashv							
(3)	1			\dashv							
(4)	 			\dashv				-		_	
<u> </u>	 							 		 	
Totals (carry to Part II, line (5))		-								Form 990-T (2016)	

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 penodical	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 27
Totals, Part II (lines 1-5) ▶						<u> </u>

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		•	

Form 990-T (2016)

THTHFRAM	SOCTAT.	SERVICES,	TNC
TOIUFVAN	SOCIAL	PEKATCEP'	INC.

35-0868124

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED 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.