Form 990-T	Ex	empt Organi	zation	Bus	sines	s In	con	ne -	Tax Re	13 9 turi	ւ ³		0 6 3 2 AB No 1545-0	
Form 330 I		(and p	ony tun		40. 0		00	,00,,	٠,,				മെ ∙ •	•
	For cale	ndar year 2018 or other ta											2018)
Department of the Treasury Internal Revenue Service	▶ Do	► Go to www irs go not enter SSN numbers									, l	Open (to Public Inspec (3) Organization	tion for
A Check box if		Name of organization (Check bo		•					D TOO			tification nu	
address changed		, ,			·				•		(Emplo	yees' trust	t, see instruction	ns)
B Exempt under section	1	LUTHERAN SOC	IAL SERV	VICE	S, IN	IC.								
X 501(C)(OB)	Print	Number, street, and room	n or suite no 1	fa P O	box, see	instruct	ions				35-08	36812	. 4	
408(e) 220(e)	Type									E			iness activit	y code
408A 530(a)		333 EAST LEW	IS STREE	ΞT							(See in	structions)	
529(a)		City or town, state or pro	ovince, country	, and Z	IP or fore	ign post	al code							
C Book value of all assets		FORT WAYNE,												
at end of year	$\overline{}$	up exemption number (, ,				, , , , , , , , , , , , , , , , , , , 							
5,542,095.	G Che	ck organization type 🕽	X 501	(c) coi	rporation	١	ئلـــــــــــــــــــــــــــــــــــــ	501(c)	trust		401(a)	trust	Oth	er trust
H Enter the number of	•	nization's unrelated trad	es or busine	sses	-						•	•) unrelated	
trade or business her							•		•				ne, describe	the
•		end of the previous se	entence, cor	nplete	Parts I	and II, o	comple	te a So	chedule M f	or each	addition	ıal		
trade or business, th										0			T- V	X No
		corporation a subsidiar				a paren	(-subsi	diary c	ontrollea gr	oup/.			Yes [X No
J The books are in care		IDENTIFYING NUMBER OF T	ne parent cor	poration	on 🕨		Tal	enhon	e number 🕨	260.	-426-	3347	~	
		or Business Incom	Δ			(A) Inc		epriori		xpense		551 7	(C) Net	
		Dusiness incom				(A) 1110	Onic		(0) -	хрепас	-	 	(0) 1101	1
. b Less returns and allowa			c Balance >	1c										
		ule A, line 7)										 		
<u> </u>		2 from line 1c		3		·						 		
•		ttach Schedule D)		4a	_				VED					
		Part II, line 17) (attach For		4b			RE	CE	VEU	-0				
		rusts		4c		٦		۱۷		1gi				
		an S corporation (attach states		5		22	MAY	2	2019	121				
6 Rent income (Sch	nedule C)			6		ပ်	••••] <u>&</u> [
7 Unrelated debt-fir	nanced in	come (Schedule E)		7					NI LIT					
8 Interest, annuities roy	alties and re	nts from a controlled organizati	on (Schedule F)	8		<u> </u>	<u>OG</u>	<u>U</u>	14, 01	<u>_</u>		<u> </u>		
9 Investment income of a	a section 50	1(c)(7), (9), or (17) organizatio	n (Schedule G)	9								<u> </u>		
10 Exploited exempt	activity in	ncome (Schedule I)		10								<u> </u>		
11 Advertising incom	ne (Sched	lule J)		11								├		
		tions, attach schedule)		12								 		
13 Total Combine li	nes 3 thre	ough 12		13		luna da		0.1	14	.) /5.			1	
Part II Deductio					ins for	ıımıta	tions	on a	eauctions	s)(Ex	cept t	or con	tributions	,
		be directly connec									Τ.,	Т		
•		directors, and trustees (
_												 		
														
		see instructions)										 		
,												 		
		See instructions for limit										 		
	•	4562)												
		on Schedule A and els					- 1				22b			
		·									23			
		compensation plans												
25 Employee benefit	programs	;					. 				. 25			
		Schedule I)												
27 Excess readership	costs (S	chedule J)									27			
28 Other deductions	(attach s	chedule)									28			
		s 14 through 28												
		le income before nei										↓		
		g loss arising in tax ye										 		
		e income Subtract line		30 .	<u>.</u>	<u> </u>	· · · ·	· · · ·	<u></u>	<u></u>	32	<u></u>	- ^^^	
For Paperwork Reduct				17 1	0_4 -	C.							Form 990-	
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	990-1 (2018)				Page Z
Pai		-, ,			
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), , , , , , , , , , , , , , , , , , ,				
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			•	
36	of lines 33 and 34	1			
				1	000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37		Τ,	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				0
	enter the smaller of zero or line 36	· 38			0.
Pai	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				
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
44	" 	. 44			
	t V Tax and Payments			-	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	- 1			
	Other credits (see instructions)	-			
С	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	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. 47			
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				
	Payments A 2017 overpayment credited to 2018	`			
	2018 estimated tax payments	┪ ╽			
		┪			
	Tax deposited with Form 8868	┥╶			
	Foreign organizations Tax paid or withheld at source (see instructions)	-			
е	Backup withholding (see instructions)	-{			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	-{			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g	_			
51	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			
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	▶ 55			
	Statements Regarding Certain Activities and Other Information (see Instruction	ns)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				
		, 10.019			х
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trus	t ²		
	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 ▶ \$				<u> </u>
	Under penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the true correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of r	ny knowledge a	and bel	iet, it is
Sig		lav the	IRS discuss	this	retum
Her	e V 1 / 1 / 1 3-/3-/9 Wesident + CEO 11	vith the	preparer sh	own 1	
	Signature of officer Date Title	see instruct	ions)? X Ye	s	No
	Print/Type preparer's name Preparer's signature Date Che	ecki	PTIN		
Paic		-employe	D015	7186	0
Pre	parer PMD IID	n's EIN ▶	44-016		
Use	Only Firm's name ► BKD, LLP Firm's address ► 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802 Pho		60-460-4		
	Firm's address > 200 B. PATH ST. SOTTE 700, LONG WATER, IN 40002 PRO	ile ilo 2			

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Enter here and on page 1,

Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

 \triangleright

Total dividends-received deductions included in column 8.

• •												
Form 990-T (2018)	LUTHERAN	SOCIA	L SE	RVICES, I	NC.				3	35-0	868124 Page	4 د
Schedule F—Interest, Annu						ganiz	ations	(see ir	nstructio	ns)		_
	, , <u></u>			Controlled Org				•	·			_
1 Name of controlled organization	2 Employer identification numb	er 3	Net un	related income ee instructions)	4 Total		fied incl	uded in	olumn 4 th the contro 's gross in	olling	6 Deductions directl connected with incom in column 5	-
1)									_			
2)	-											
3)	-					-	ĺ					_
4)												
Nonexempt Controlled Organiz	ations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of specified payments made			10 Part of column included in the cor organization's gross			ntrolling cor		Deductions directly nnected with income in column 10	
1)												
2)					•							
3)												
4)												
ratela.					•	Er	dd columr ter here ar art 1, line 8	d on pa	ge 1,	Εn	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
^{[otals}	come of a Sec		1/c)/7) (9) or (17	Orga	nizati	on (see	ınstru	ctions)			_
Description of income	2 Amount of income			3 Deductions directly connected			4 Set-asides (attach schedule)				5 Total deductions and set-asides (col. 3 plus col. 4)	_
4)				(attach sch	ledule)						plus coi 4)	_
1)												_
<u>2)</u> 3)			-								·	_
4)			-+									
Totals	Enter here and Part I, line 9, c	olumn (A)									Enter here and on page Part I, line 9, column (8	
Schedule I – Exploited Exe	mpt Activity In	come, C	Other `	Than Advert	sing Ir	com	e (see ir	struct	ions)		···	_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ	penses ectly ted with ction of stated s income	4 Net incon from unrelat or business 2 minus col If a gain, co	ed trade (column umn 3) ompute	fron IS r	m activity that attribu		6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)										_		
2)												
3)												
4)												
「otals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10,	, Part I,	1							Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	come (see instr	uctions)										
Part I Income From Peri			Cons	olidated Bas	sis							
1 Name of periodical	2 Gross advertising income	3 Direct advertising co		4 Advertigan or (los	ising s) (col ol 3) If mpute	5 Circulal income		l l			7 Excess readersh costs (column 6 minus column 5, bu not more than column 4)	
1)											_	
2)												
				7							1	

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Totals (carry to Part II, line (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)

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 27
Totals, Part II (lines 1-5) ▶					<u> </u>	<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)		%	
otal Enter here and on page 1, Part II, line 14.			

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