Form 990-T	E>	cempt Organization	Bus	siness Income der section 6033(Tax Retui	rn	OMB No 1545-0047
10 <u>(</u> (11)	For cale	ndar year 2019 or other tax year begin	ning _	01/01 , 2019, and endin	ng 12/31	20 1 9	2019
Department of the Treasury	•						Open to Public Inspection for
Internal Revenue Service	Do Do	not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only byer identification number
A Check box if address changed		, , , , , , , , , , , , , , , , , , ,		me changed and see instruction	s)		yees trust see instructions)
B Exempt under section	Duint	LUTHERAN SOCIAL SER				25 00	20124
X 501(C)Q3)	Print or	Number, street, and room or suite no	faPO	box, see instructions			3 6 8 1 2 4 atted business activity code
408(e) 220(e	Type	333 EAST LEWIS STRE	r Tr				structions)
408A530(a	"	City or town, state or province, country		ZIP or foreign postal code		}	
C Book value of all assets	1	FORT WAYNE, IN 4680	2				
at end of year	F Gro	up exemption number (See instruct	ions)	-	-		
5,918,088.	G Che	eck organization type X 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
H Enter the number o	f the orga	inization's unrelated trades or busine	sses		Describe	the only	(or first) unrelated
trade or business he	ге ▶			If only one,	complete Parts I	-V If more	than one, describe the
first in the blank spa	ace at the	end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for eac	ch addition	nal
trade or business, th							
		corporation a subsidiary in an affili			controlled group?		▶ Yes X No
		identifying number of the parent co	rporation	on 🕨		0 406	2247
J The books are in car				1	e number ▶ 26		
		or Business Income	1	(A) Income	(B) Expen	ses	(C) Net
1 a Gross receipts or			١.		Г		FOEIVED /
b Less returns and allow		c Balance ▶				K	ECEIVED
-		ule A, line 7)	2			2	101
•		2 from line 1c	3				AY 2-6 2020
		ttach Schedule D)	4a		1	9	12
		Part II, line 17) (attach Form 4797)	4b 4c			- Ki	SDEN UT
		rusts					PUCIN
		an S corporation (attach statement)				/	· · · · · · · · · · · · · · · · · · ·
		come (Schedule E)	7				
		ents from a controlled organization (Schedule F)					
		1(c)(7), (9), or (17) organization (Schedule G)					
		ncome (Schedule I)	10				
· ·	•	dule J)	11				
		tions, attach schedule)	12				
13 Total Combine l	ines 3 thr	ough 12	13	0.			
Part II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ons for limitations on d	leductions) ([Deduction	ons must be directly
		ne unrelated business incom					
14 Compensation of	f officers,	directors, and trustees (Schedule K)	·			14	
15 Salaries and wag	es		<i>!</i>			15	<u> </u>
		(see instructions)					
						19	
		4562)				245	
		on Schedule A and elsewhere on re					<u> </u>
		compensation plans					
		s				1	
		Schedule I).					
·		chedule J)					
		chedule)					
		s 14 through 27					
		le income before net operating					
/		g loss arising in tax years beginnir					
	•	e income Subtract line 30 from line	-	• • •			
For Paperwork Reduc							Form 990-T (2019)

Form	990-T (20	19) LUTHERAN SOCIAL SERVICES, INC.	35-0868124	Pag	je 2
Par	rt IIII	Total Unrelated Business Taxable Income			
32		of unrelated business taxable income computed from all unrelated trades or businesses (see	,		
	instruct	ions)	32		
33	Amoun	ts paid for disallowed fringes	33		
34		ble contributions (see instructions for limitation rules)	34		
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			_
		the sum of lines 32 and 33	35		0.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instruct	ions)	36		
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35,	37		
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00	0.
39	Unrelat	ed business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,			
	enter th	e smaller of zero or line 37	39		0.
Pai	t IV	Tax Computation			
40	Organi	zations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		
41	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amo	ount on line 39 from Tax rate schedule or Schedule D (Form 1041), ▶	41		
42	Proxy t	ax See instructions , ,	42		
43		tive minimum tax (trusts only)	43		
44		Noncompliant Facility Income See instructions	_		
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par		Tax and Payments			
	_	tax credit (corporations attach Form 1118, trusts attach Form 1116)			
		redits (see instructions)			
		business credit Attach Form 3800 (see instructions)			
		or prior year minimum tax (attach Form 8801 or 8827)	460		
47		t line 46e from line 45	47		
48		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (altach schedule).	48		
49		x Add lines 47 and 48 (see instructions)	49		0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		_
		nts A 2018 overpayment credited to 2019			
	•	stimated tax payments			
		osited with Form 8868			
		organizations Tax paid or withheld at source (see instructions)			
		withholding (see instructions)			
		or small employer health insurance premiums (attach Form 8941)			
		redits, adjustments, and payments Form 2439			
_		orm 4136 Other Total ▶ 51g			
52	Total pa	ayments Add lines 51a through 51g	52		
53	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due	e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶	55		
56		e amount of line 55 you want			
		Statements Regarding Certain Activities and Other Information (see instructions		Tv- I	١
57		time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes N	lo
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•		
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country		
	here ►			X	
58	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust/	 ^	_
E0		see instructions for other forms the organization may have to file			
<u>59</u>	Ur	le amount of tax-exempt interest received or accrued during the tax year ▶ \$ Ider penalties of penury I declare that I have examined this return including accompanying schedules and statements and to the bound of the bound o	est of my knowledge	and belief	ıt ıs
Sign	tn	ie, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			_
Her			y the IRS discuss n the preparer sh		
					Vo.
		Print/Type preparer's name Preparer's signature Date Check	If PTIN		
Paid		LAUREN R DENTON Lauren Denton 5/11/2020 self-er	nployed P015	71860	
•	arer	Firm's name ► BKD, LLP Firm's	EIN ► 44-016	0260 .	_
<u> </u>	Only	Firm's address ▶ 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802 Phone	_{no} 260-460-	4000	

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Total dividends-received deductions included in column 8

Schedule F – Interest, Ann	unico, regunic			ontrolled Or				<u> </u>		
Name of controlled organization .	2 Employer identification numb	er		lated income instructions)	l	of specified	I moduced in the c		olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)	·									
(4)								-,		
Nonexempt Controlled Organiz	zations	Т				10 Da	d of column	O that is	11	Deductions directly
7 Taxable Income	8 Net unrelated income (loss) (see instructions)			9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		ntrolling	connected with income in	
(1)									<u> </u>	
(2)									-	·
(3)										
(4)	 		•			A d d	columns 5 a	ad 10	۸۵	d columns 6 and 11
Totals	ncome of a Sec	 ction 501	1(c)(7),	(9), or (17		Part	here and on , line 8, colu I (see ins	mn (A)		er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount of income			3 Deductions directly connected (attach schedule)		4 Set-aside (attach sched				
(1)										
(2)										
(3)						'			-	
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9 c	olumn (A)	ther Th	an Advert	ising Ir	icome (See Instri	ictions)		Enter here and on page Part I, line 9, column (B)
Schedule I—Exploited Exe		come, o	tilei ii	1		(occ motre	10110110)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connects product unrela business	ctly ed with tion of ated	4 Net incor from unrelat or business 2 minus col If a gain, col cols 5 thro	ed trade (column umn 3) ompute	from ac	is income stivity that unrelated is income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)	_			+						-
(4) \										
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25
Schedule J-Advertising In	come (see instr	uctions)								
Part I Income From Per	iodicals Report	ed on a	Consol	idated Bas	sis				·	
1 Name of periodical .	2 Gross advertising income	3 Dii advertisir		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)	-			3747 7 5 3	ing the					Control of the second
(1)	-			17.72 25	Salas Com Can I d					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				11 11 11 11	1 3 45					any of the
(3)				14 15 25 2						4 - 4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
(4))		 				 		
Totals (carry to Part II, line (5))		·								Form 990-T (2019

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 ▶			WELLEY TO THE		MENTAL TO THE PARTY OF THE PART	
Totals, Part II (lines 1-5) ▶	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

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			

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