Form 990-T		siness Income ler section 6033(e))	1414	' -	OMB No 1545-068			
*	For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019							
Department of the Treasury Internal Revenue Service			nstructions and the latest info be made public if your orga		501(n to Public Inspect (c)(3) Organizations		
A Check box if address changed	Name of organization	(Check box if name of	changed and see instructions)		D Employer (Employer instruction	identification numbes' trust, see ns)		
B Exempt under section	Print LUTHERAN S	OCIAL SERVIC	E OF MINNESOT	A	41-	-0872993		
X 501(c)(3)	or Number, street, and re	E Unrelated (See instru	business activity o					
408(e) 220(e)	Type 2485 COMO	(399 1130 0	actions /					
408A 530(a)		province, country, and ZIP o	r foreign postal code	-	1	`		
529(a) C Book value of all assets	ST PAUL, N		D 0206					
c at end of year 78,153,70		type X 501(c) cor	▶ 9386 poration 501(c) trus	st 401(a) trust	Other tr		
	rganization's unrelated trades		·	ibe the only (or first) u		<u> </u>		
trade or business here	•			ne, complete Parts I-V		an one.		
	ank space at the end of the pre	vious sentence, complete Pa				·		
business, then complete F		,	, , , , , , , , , , , , , , , , , , ,					
	he corporation a subsidiary in	an affiliated group or a pare	nt-subsidiary controlled group	2	Yes	X No `.		
	nd identifying number of the pa							
J The books are in care of	▶ MICHAEL HUF	RAY	Tele			9-2369		
Part Unrelated	Trade or Business I	ncome	(A) Income	(B) Expense	s	(C) Net		
1a Gross receipts or sales								
b Less returns and allow	ances	c Balance ►	1c			_/		
2 Cost of goods sold (So			2			/		
3 Gross profit Subtract			3					
4a Capital gain net incom		4707)	4a	 	/			
	1797, Part II, line 17) (attach F	orm 4/9/)	4b	 				
c Capital loss deduction		· /attach atatamant\	4c	 	-			
	partnership or an S corporation	r (attach statement)	5					
6 Rent income (Schedul			7					
 7 Unrelated debt-finance 8 Interest, annuities, roya 	a income (Schedule E) alties, and rents from a controll	ed organization (Schodulo E)	8					
	a section 501(c)(7), (9), or (17	-						
	ity income (Schedule I)	, or garnization (contractor a)	10	_		, ,		
11 Advertising income (S	• •		11			*		
•	tructions; attach schedule)		12		Ì			
13 Total. Combine lines			//3 '' 0	•				
Part // Deduction	ns Not Taken Elsewhontributions, deductions m							
14 Compensation of office	cers, directors, and trustees (S	Schedule K)			14			
15 Salaries and wages					15			
16 Repairs and maintena	ince				16			
17 Bad debts					17			
18 Interest (attach sched	lule) (see instructions)				18			
19 Taxes and licenses					19			
20 Charitable contribution	ns (See instructions for timita	tion rules)			20			
21 Depreciation (attach F			21	Danie Danie	I			
22 Less depreciation cla	med on Schedule A and elsew	here on return		venue Service	22b			
23 Depletion				S Bank - USB 740	23			
24 Contributions to defe	rred compensation plans		•	40	24			
24 Contributions to defer 25 Employee benefit pro 26 Excess exempt experi 27 Excess readership co 28 Other deductions (att 29 Total deductions Ad			2 מווא	1 2020	25	·		
26 Excess exempt expen			AUU Z	LULU	26			
27 Excess readership co			Kansas	City, MO	27			
28 Other deductions (att			11411040	.,, M -	28			
29 Total deductions Ad		iting loop deduction. Cubin-	at line 20 from line 42		30			
<i>y</i>	xable income before net opera				31			
	rating loss arising in tax years xable income Subtract line 31		iry 1, 2010 (See INSUUCIIONS)		32	-		
32 Unrelated business ta								

" Gratte Louis and Co

Form 990-		41-08	72993	Page 2
Part	Total Unrelated Business Taxable Income	·		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	(2)	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	φ	181	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	O .		
7	enter the smaller of zero or line 36		38	0.
Part	Tax Computation		1 00 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from		1 03	
40		i.		
4.4	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See Instructions		43	
1 - 44	Fotal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
() Part	/ Tax and Payments			
/ 45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		_	
b	Other credits (see instructions) 45b			
c	General business credit Attach Form 3800 45c		7	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		7	
	Total credits Add lines 45a through 45d		45e	
	Subtract line 45e from line 44			0.
46			46	<u> </u>
47		ľ (attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		⊣ 1	
t	2018 estimated tax payments	1,520	<u>.</u>	
(Tax deposited with Form 8868		_	
(Foreign organizations: Tax paid or withheld at source (see instructions)		_	
	Backup withholding (see instructions)	-	7	
	Credit for small employer health insurance premiums (attach Form 8941)		7	
	Other credits, adjustments, and payments: Form 2439		7	
·	☐ Form 4136 ☐ Other Total ► 50g			
51	Total payments Add lines 50a through 50g		5t	1,520.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
53		In		1,520.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	57	54	$\frac{1,520.}{1,520.}$
55 Part		tefunded \ ►	55	1,520.
				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr	y		<u> </u>
	here			_ <u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	oreign trust?		X
	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			
	Under penalties of perpiry, I declare that I have examined this return, including accompanying schedules and statements, and to t		ledge and belief, it	is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled CHIEF FINANCI.	lge A.T. ■		
Here	1/10 A OFFICER		May the IRS discus	
	Signature of officer Date Title		the preparer shown instructions)?	1
	Date Time			Yes No
	Print/Type preparer's name Preparer's signature Date	Check	If PTIN	
Paid		self- employe		
Prep	arer KAREN GRIES KAREN GRIES 07/28/20	L		78514
Use	Only Firm's name ► CLIFTONLARSONALLEN LLP	Firm's EIN	<u> 41-0</u>	746749
	220 S 6TH STREET, SUITE 300	1		
_	Firm's address ► MINNEAPOLIS, MN_55402	Phone no	612-376	-4500
823711 0				m 990-T (2018)

Schedule A - Cost of Goods	S Sold. Enter	method of inver	ntory v	valuation > N/A					
1 Inventory at beginning of year	1 Inventory at beginning of year 1				6 Inventory at end of year 6				
2 Purchases	2] 7	Cost of goods sold Su	ıbtract I	ine 6			
3 Cost of labor	3			from line 5 Enter here	Part I,				
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	with respect to	Yes No			
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	erty) 		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0/->0	and the state of t		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	persona	sonal property (if the percentag I property exceeds 50% or if sed on profit or income)	ģe	columns 2(a) and	connected with the income in d 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.		•		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	.			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstrı	ictions)					
				2. Gross income from		3. Deductions directly conne to debt-finance			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)						<u></u>			
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)		6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 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 page 1, Part I, line 7, column (B)		
Totals				▶		0.			
Total dividends-received deductions in	ncluded in column	18					0.		
							Form 990-T (2018		

Schedule F - Interest, A	nnuitie	s, Royalt	ties, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ns)
<u> </u>		-		Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	on	2 Em Identifi num	cation		elated income instructions)		tal of specified ments made	includ	t of column 4 ed in the conti ation's gross	rolling	6 Deductions directly connected with income in column 5
<u>(1)</u>					 _	 					
(2)					*						•
(3)								<u> </u>	•		
(4)											
Nonexempt Controlled Organiz	ations										
7 Taxable Income			9. Total	of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income				eductions directly connected th income in column 10			
(1)			-								
(2)											
(3)											
(4)											
		=					Add colur Enter here and line 8,		a 1, Part I, A)	l .	add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			0.		0.
Schedule G - Investment		ne of a S	Section	501(c)(7	'), (9), or (17) Org	ganization				
(see instr	uctions)	me	· · · · ·		2 Amount of	ıncome	3. Deductio	ected	4 Set-	asides	5. Total deductions and set-asides
(1)							(attach sched	iule)	,	<u>_</u>	(col 3 plus col 4)
(2)					 		-		 		+
(3)					 				<u> </u>		
(4)											
		1	·		Enter here and Part I, line 9, co				l		Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited I (see instru		Activity	Income	e, Other	Than Adv	ertisin/	ig Income				
1. Description of exploited activity			onnected eduction elated	4. Net incom from unrelated business (co minus colum gain, comput through	d trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)				,							
(4)		e and on , Part I, col (A)		e and on , Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals ▶		0.		0.	<u> </u>		_				0.
Schedule J - Advertising											
Part I Income From F	Periodic	als Repo	orted or	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct artising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7			6 Read cos		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))	•		0.	0							0.

Form 990-T (2018) LUTHERAN SOCIAL SERVICE OF MINNESOTA 41-08729

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)		Î		-				
(4)		ĺ		•				
Totals from Pa	ırt I	•	0.	0.		an row se	-	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 27
Totals, Part II	(lines 1-5)	•	٠ 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	<u></u>	1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)	•			%	+ .
(2)	_	·		%	
(3)	_			%	
(4)				%	
Total 6	Enter here and	on page 1, Part II, line 14	 		0.

Form 990-T (2018)