2019)
"——	1
SEP	
WCANNED	
500	

Form	990-T	E	empt Organizatio		siness Inco			500	01	4B No 1545-0687
	a-	For cale	ndar year 2017 or other tax year					20 1 8		୭ଲ17
Depar	tment of the Treasury		► Go to www.irs.gov/Forr							<u> </u>
	al Revenue Service	▶ Do	not enter SSN numbers on this t					(c)(3)	Open 501(c)	to Public Inspection for (3) Organizations Only
Α _	Check box if address changed		Name of organization (Ch	eck box if na	me changed and see in	nstruction	ns)			tification number , see instructions)
B Ex	empt under section]	LUTHERAN SERVICE	S OF GE	ORGIA, INC.					
X	501(C()(23)	Print	Number, street, and room or suit	eno IfaPC	box, see instructions		·		53569	
	408(e) 220(e)	Type							lated bus	iness activity codes
	408A530(a)	',	230 PEACHTREE ST	REET NW	1		1100	(366	istructions	,
L_	529(a)	ļ	City or town, state or province, o	•	ZIP or foreign postal co	de				
	ok value of all assets and of year		ATLANTA, GA 3030					1		—— (
	·		up exemption number (See ins	, 	· · · · · · · · · · · · · · · · · · ·	T		···		
		•	eck organization type X		rporation	501(c	:) trust	401(a)	trust	Other trust
			rimary unrelated business activ							Yes X No
			corporation a subsidiary in an identifying number of the pare	_	•	sidiary	controlled group	· · · · ·		Yes X No
			JOHN MOELLER	nt corporati		elenhor	ne number > 40	14-875	-0201	
			or Business Income		(A) Income		(B) Expe		7	(C) Net
	Gross receipts or s		Di Dusiness moone		(A) income		(D) Expe	44×77	B A TOM	CONTROL CONTROL
b	Less returns and allowa		c Balan	ice ▶ 1c						
2			ule A, line 7)				43883W			
3	-	•	2 from line 1c	· · ·			PARTY TO		*	P. Silleton, C., 1924 P., 14 Absorbition on Fr. and
4a			ttach Schedule D)				小学经验		¥	
b			Part II, line 17) (attach Form 4797				(1 77)		(a)	
С	Capital loss dedu	ction for t	rusts	4c						
5	Income (loss) from (partnership	ps and S corporations (attach stater	nent) 5	4.		Mais Will		3	
6	Rent income (Sch	edule C)		6	-					
7	Unrelated debt-fir	nanced in	come (Schedule E)	7			-			
8	Interest, annuities, royal	ties, and rer	nts from controlled organizations (Sched	ule F) 8					.,	
9			1(c)(7), (9), or (17) organization (Schede		•					
10		-	ncome (Schedule I)						+	
11			lule J)		0.7		a Section to the Section of the Sect	Value 1974 CITATO	3	0 620
12			tions, attach schedule)			620.	ATCH:		2	9,620. 9,620.
13			ough 12		<u> </u>		 	Event f		
Par			Taken Elsewhere (See i be directly connecte∉⊷					Except	or con	tributions,
14			directors, and trustees (Schedu			1	•	44		
15	Salaries and ware	orncers,	directors, and trustees (Schedu		7L(VLD			· · -		
16	Renairs and maint	enance	Circulors, and trustees (objects		~~~~~ ₹	1		16		
17	Bad debts	ionano.	တိ	AUG.	0. 1. 5013.	Ì		17		
18			T .		1 (7)				 	
(19	Taxes and licenses	s		OGE	EN, UT			. 19		488.
20			See instructions for limitation ru	iles)		٠. ا		20		
21	Depreciation (atta	ch Form	4562)		21			25.78		•
22			on Schedule A and elsewhere				· 	22b	ļ	
23	Depletion							23		
24			compensation plans							
25									ļ	
26			Schedule I)							
27			chedule J)						٠.	
28			chedule)						-	488.
29			s 14 through 28						-	9,132.
30			le income before net opera	-				<u> </u>	 	5,132.
31			on (limited to the amount on li e income before specific dedu						+	9,132.
32 33			e income before specific dedu ally \$1,000, but see line 33 in:					32	+	1,000.
34			ole income. Subtract line 3					• —	1	2,000.
			line 32							8,132.
	aperwork Reducti	on Act N	otice, see instructions.			<u> </u>				Form 990-T (2017)
/X274I	′′4077IW ¹⁸ 924	2 7/1	0/2019 2:23:30 P	M V 1	7-7.10	:	21987		17	(18)

Pa	t III Tax Computation		Tago
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group	1000	
33	members (sections 1561 and 1563) check here See instructions and		
-	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
а			
L			
D	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$		
	(2) Additional 3% tax (not more than \$100,000)	-222	1 505
	Income tax on the amount on line 34	35c	1,585.
36	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	医经	
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	1.505
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	1,585.
Pai	t IV Tax and Payments		
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
	Other credits (see instructions)		
	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 41a through 41d	41e	
42	Subtract line 41e from line 40	42	1,585.
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43	
44	Total tax. Add lines 42 and 43	44	1,585.
	Payments A 2016 overpayment credited to 2017		
b	2017 estimated tax payments		
С	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f			•
g	Other credits and payments Form 2439		
	Form 4136 Other Total ▶. 45gr		
46	Total payments Add lines 45a through 45g	46	3,000.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,415.
50.	Enter the amount of line 49 you want Credited to 2018 estimated tax > 1,415. Refunded >	50.	
Par		_	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	-	to me
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	roreign c	
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	yn trust?.	
E 2	If YES, see instructions for other forms the organization may have to file		
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit	est of my k	I leited bas enhelven
Sigr	true correct and complete Declaration of prepared other than taxpaver) is based on all information of which preparer has any knowledge	250 OF 1119 K	nomeage and belief, it is
Her	TOUN MORT LED WALL OF A CO. (15/2010 D.CEO	•	discuss this return
1161		h the pre einstructions)	eparer shown below
	Print/Type preparer's name Preparer's annature Date	T	Y X Yes No
Paid	MADO AGAD		P91739349
Prep	arer Eumis name SMITH & HOWARD P.C	mployed	-1250486
Use	Only	4.0	4-874-6244
	Firm's address > 2/1 1/1H STREET, NW SUITE 1600, ATLANTA, GA 30363 Phone	110 -10	5 QQQ T (2047)

Description of debt-financed property		2 Gross income from or allocable to debt-financed		onnected with or allocable to
1 Description	or debt-imanced property	property ~	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	ē.			-
(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 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)		%		
		-	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals	ductions included in column 8		<u> </u>	<u> </u>

Form **990-T** (2017)

Schedule F - Interest, Ann	unics, respunc			ontrolled Or			ations (se	i i i i i i i i i i i i i i i i i i i	,,,,,	
1 Name of controlled organization	2 Employer identification num	ivei	Net unrelated income 4 Total of specified included in the contra		5 Part of column 4 the included in the control organization's gross included.		6 Deductions directly connected with income in column 5			
(1)									_	
(2)										
(3)				_						
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated (loss) (see instru			Total of specifical payments made		inc	Part of colum uded in the o nization's gro	ontrolling		Deductions directly nected with income in column 10
(1)							•			
(2)										
(3)										
(4)		<u> </u>								
Totals	ocome of a Se		 c)(7).	 (9), or (17	▶	Ent Pa	d columns 5 er here and o rt I, line 8, col	n page 1, umn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
1. Description of income	2 Amount o		1.15	3 Deduction directly cortiated school	tions		4 5	et-asides h schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)				, , , , , , , , , , , , , , , , , , , ,	-,					F
(2)	-		1					_		
(3)										
(4)					-					
	Enter here and Part I, line 9, o	column (A)								nter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exe	mpt Activity in	come, Oth	er Th	an Adverti	sing In	come	(see instr	uctions)	******	E-graph of -
Description of exploited activity	2. Gross - unrelated business income from trade or business	3 Expens directly connected productio unrelate business in	ses y with n of ed -	4 Net inconfrom unrelat or business 2 minus col If a gain, cc cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. Gi from is no	oss income activity that of unrelated less income	6. Exper attributal columi	ble to	7 Excess exempt – expenses (column 6 minus column 5, but not more than column 4)
(1)								<u> </u>		
(2)								_		
(3)										
(4)	-						-			
Totals , ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	artl,			- CPT TO SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE SE S		117 kg		Enter here and on page 1, Part II, line 26
Schedule J - Advertising In										
Part I Income From Peri	iodicals Report	ted on a Co	onsoli	dated Bas	is					
1 Name of periodical	2 Gross advertising income	3 Direct advertising		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circulation ncome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				AND PARTIES AND	Marcania.			 	_	THE STREET STREET
(1)										
(2)										
(3)										
(4)										7.42.33
Fotals (carry to Part II, line (5))	-	· <u></u>	<u>-</u>							
			· <u></u>							Form 990-T (2017)

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.) 4 Advertising 7. Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5. Circulation 6. Readership minus column 5, but 2 minus col 3) If 1 Name of periodical advertising income costs advertising costs not more than income a gain, compute cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14	· · ·		

Form 990-T (2017)

	58-	1	5	3	5	6	9	2
— T	01114ENTE	_						

ATTACHMENT 2

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BI	LENDED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	8,132.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	1,708.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92	110 040
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	112,240.
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	466,284.
IN THE CORPORATION'S TAX YEAR	308.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	1,277.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	1,585.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

•			•
NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
RINGER, ED 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	BOARD OF DIRECTORS MEMBER	0	0.
SHAW, BEVERLY BROWN 230 PEACHTREE STREET NW 1100 ATLANTA, GA 30303	BOARD OF DIRECTORS SECRETARY	0	0.
BROWN, REGINALD A	DIRECTOR INFORMATION TECHNOLOG	0	0.
COLLINS SMYTHE, JEFFREY	VICE PRESIDENT DEVELOPMENT	0	0.
HERRERA, ROBERT	CHIEF FINANCE AND ADMINSTRATIV	0	0.
JOHNSTONE, GARY	CHIEF OPERATING OFFICER	. 0	0.
MAHANEY, KEVIN	VICE PRESIDENT FINANCE	0	0.
MOELLER JR, JOHN	PRESIDENT CEO	0	0.
THARP, JANET A.	VICE PRESIDENT DEVELOPMENT	0	0.
WESSELS, MARCIA	VICE PRESIDENT PROGRAMS	0	0.
TOTAL COMPENSATION			0.