, Etc-	٠,	AME	NDED UNDER-RE	PEAL	-OF-SEC	TION	~512.(A)	(7)	<i>@</i> 6			
Form	. 990-T		kempt Organizatio	n Bus	siness Inc	ome	Tax Retu		OMB N	10 1545-0687		
	•	For cale	ndar year 2017 or other tax year b					2018	91	ก์ สวิ ไ		
Dena	rtment of the Treasury		► Go to www.irs gov/Form				_		اک	₩°∎ ₽ ⟩∖		
	al Revenue Service	Do Do	not enter SSN numbers on this fo					(c)(3)	Open to Pt 501(c)(3) C	iblic Inspection for Organizations Only		
Ā	Check box if				me changed and see			D Emplo	yer identific	ation number		
	address changed							(Emplo	yees' trust, see	e instructions)		
BEx	empt under section		INSPIRITUS, INC.									
Х	501(C)(- 3)	Print	Number, street, and room or suite	no IfaPO	box, see instruction	าร		58-1535692				
	408(e) 220(e)	Type							ited busines structions)	ss activity codes		
_	408A530(a)		731 PEACHTREE ST				STE B		, delions ,			
	529(a)	1	City or town, state or province, co	•	ZIP or foreign postal	code	,					
	ok value of all assets end of year		ATLANTA, GA 30308									
-/43	•		up exemption number (See inst	<u></u>				-1				
77		•	eck organization type X		rporation	501(c) trust	401(a)	trust	Other trust		
			rimary unrelated business activit							1 191		
			corporation a subsidiary in an a			ubsidiary i	controlled group	?	▶ ∟	Yes X No		
			Identifying number of the paren	t corporati	on ▶	T-1	ne number ▶ 4	04-075-	0201	-		
			JOHN MOELLER or Business Income				1		T	(C) N-4		
			or Business income		(A) Incon	ne	(B) Expe	nses	<u> </u>	(C) Net		
1a b	Gross receipts or Less returns and allowa		c Balanc	e ▶ 1c			ļ					
ى 2٠			lule A, line 7)	2					 -			
3			2 from line 1c	2								
4a			attach Schedule D)	· · 								
b			Part II, line 17) (attach Form 4797)									
С			trusts				DEC	EUCO .		-		
5			ps and S corporations (attach stateme		5			CEIVED IN CORRES				
6	Rent income (Sch	nedule C)		6				1110 - US	C - 14			
7	Unrelated debt-fi	nanced in	come (Schedule E)	7				AHG 9	1 2021			
8	Interest, annuities, roya	alties, and rer	nts from controlled organizations (Schedul	le F) 8				nou _E	* 2021			
9	Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule	e G) 9								
10	•	•	ncome (Schedule I)				``	OGDEN.	UTAH			
11			dule J)									
12			ctions, attach schedule)									
13	Total Combine li	nes 3 thre	ough 12	13	<u> </u>	0.						
	deduction	ns must	Taken Elsewhere (See in be directly connected with	th the ur	related busine	ess inco	me)		or contrib	outions, ————		
14			directors, and trustees (Schedule									
15												
16												
17 18	Interest (attack a	chedula)		··RE	CEIVED .			17				
19	Taxes and license	erieduie)	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			10				
20	Charitable contrib	outions (S	See instructions for limitation rule	···UE·(es)	. 3.0 2021		• • • • • • • •	19	-			
21	Depreciation (atta	ach Form	4562)	TDD	DOVNOIS	1		20				
22	Less depreciation	claimed	on Schedule A and elsewhere of	on return		2a	-	22b				
23												
24			compensation plans									
25			s									
26			Schedule I)									
27			chedule J)									
28			chedule)									
29	Total deductions.	. Add line	s 14 through 28					29				
30			le income before net operati	_								
31			on (limited to the amount on line									
32			e income before specific deduc									
33	Specific deductio	n (Gener	ally \$1,000, but see line 33 inst	tructions fo	or exceptions)			33				

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

Form **990-T** (2017)

0.

21987

Pa	rt III	Tax Computation						
35	Orga	anizations' Taxable as Corporations. See instructions for tax com	nputation Controlled gi	roup				
	meml	bers (sections 1561 and 1563) check here ▶ See instructions and	,	,				
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income b	rackets (in that order)					
	(1) \$	(2) \$, l					
b	Enter	r organization's share of (1) Additional 5% tax (not more than \$11,750)	\$					
	(2) A	dditional 3% tax (not more than \$100,000)	\$					
С	Incon	ne tax on the amount on line 34	ATCH.1	▶	35c			
36	Trust	ts Taxable at Trust Rates. See instructions for tax comp	outation Income tax	on				
	the a	mount on line 34 from Tax rate schedule or Schedule D (Form 1	1041)		36			
37	Proxy	y tax See instructions			37			
38	Alterr	native minimum tax			38			
39	Tax	on Non-Compliant Facility Income See instructions			39			
40	Total	Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40			
Pai	rt IV	Tax and Payments						
41 a	Fore	gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a					
b	Other	r credits (see instructions)	41b		1			
С	Gene	eral business credit Attach Form 3800 (see instructions)	41c					
d	Credi	it for prior year minimum tax (attach Form 8801 or 8827)	41d					
е	Total	Credits Add lines 41a through 41d			41e			
42	Subtr	ract line 41e from line 40	<u></u>		42			
43	Other	taxes Check if from Form 4255 Form 8611 Form 8697 Form 88			43			
44	Total	tax Add lines 42 and 43		×	44			0.
45 a	Paym	nents A 2016 overpayment credited to 2017	45a					
b	2017	estimated tax payments	45b					
С	Tax d	deposited with Form 8868	45c		i			
d	Forei	gn organizations Tax paid or withheld at source (see instructions)	45d					
е		up withholding (see instructions)						
f	Credi	it for small employer health insurance premiums (Attach Form 8941)						
g	Other	r credits and payments	ATCH 2					
				85.				
46		payments. Add lines 45a through 45g			46		1,	585.
47		nated tax penalty (see instructions) Check if Form 2220 is attached			47			
48		due If line 46 is less than the total of lines 44 and 47, enter amount owed		,	48			
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount over			49			585.
50		the amount of line 49 you want	Refunde		50		1,	585.
Pai		Statements Regarding Certain Activities and Other Inf						
51		ny time during the 2017 calendar year, did the organization have an i	-			-	Yes	No
		a financial account (bank, securities, or other) in a foreign country?	•		-			į
		EN Form 114, Report of Foreign Bank and Financial Accounts If YE.	s, enter the name of	tne	toreign	country		- ,,
	here							X
52		ng the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a	foreig	gn trust?			<u> </u>
		S, see instructions for other forms the organization may have to file						
<u>53</u>	Enter	r the amount of tax-exempt interest received or accrued during the tax year S Under penalties of penury, I declare that I have examined this return, including accompanying si	thedules and statements and to	the h	est of my	knowledge	and heli	of it is
O:	_	true, correct, and complete Declaration of preparer (other than laxpener) is based on all information of wi	nich preparer has any knowledge		est of my	knowledge	and bei	er, it is
Sig		$\mathcal{M} = \mathcal{M}_{\bullet} \circ \mathcal{M}_{\bullet} $		Ma	•	S discuss		
Her	e	JOHN MOELLER 108/16/2021 CEC Signature of officer Date Title	,	1	n the p instruction	reparer sh		ר ו
		Print/Type preparer's name Prepayer's signature	Date	(386		s)? X Ye	:S	No
Paid	i	X_{i}	har 16/2021	Check		P013	7200	n
	oarer	SABRE J LINAHAN Firm's name ► SMITH & HOWARD, P.C.	7 00/10/2021		mployed	3-1250		
Use	Only	Firm's name ► SMITH & HOWARD, P.C. Firm's address ► 271 17TH STREET, NW SUITE 1600, ATLA	NTA, GA 30363		4	04-874		4
		Lums and sos A to to the Divertity MA DOLLE TOOK WITH	11111 011 30303	Phone	110 -	J = J / 4	V2 4	

Form **990-T** (2017)

Form 990-T (2017)						Page		
Schedule A - Cost of Goods Sold. Er	iter method	of inventory valuation	>					
1 Inventory at beginning of year . 1		6 Inventory	at end of yea	ar	6			
2 Purchases 2				ld. Subtract line				
3 Cost of labor		6 from	line 5 En	ter here and in				
4a Additional section 263A costs		Part I, line	2		7			
(attach schedule) 4a				section 263A (w	th respect to	Yes No		
b Other costs (attach schedule) 4b				or acquired for				
5 Total. Add lines 1 through 4b . 5	-							
Schedule C - Rent Income (From Real P	roperty ar	nd Personal Property	Leased V	ith Real Proper	ty)	- 		
(see instructions)								
1 Description of property								
(1)	<u> </u>							
(2)								
(3)								
(4)			· · · · · · · · · · · · · · · · · · ·					
2. Rent recei	ved or accrue	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	om real and personal property age of rent for personal property of the rent is based on profit or	y exceeds	th the income chedule)					
(1)								
(2)						· · · ·		
(3)				•				
(4)								
Total	Total			 , ,				
(c) Total income Add totals of columns 2(a) and 2((b) Total deduction				
here and on page 1, Part I, line 6, column (A)	•			Enter here and on Part I, line 6, colum				
Schedule E - Unrelated Debt-Financed II		e instructions)		r art i, line o, colum	III (B) P			
	1001110 (00	2 Gross income from or	3 D	eductions directly con-		able to		
1 Description of debt-financed property		allocable to debt-financed			nanced property			
		property		t line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)			,			•		
(2)								
(3)			·					
(4)			-					
4 Amount of average 5 Average adjus	ited basis	C. Caluma						
acquisition debt on or of or allocal allocable to debt-financed debt-financed		6 Column 4 divided		ncome reportable	8 Allocable de (column 6 x tota			
property (attach schedule) (attach sche		by column 5	(column	2 x column 6)	3(a) and	3(b))		
(1)		%						
(2)		%						
(3)		%	-					
(4)		%			·			
				e and on page 1, e 7, column (A)	Enter here and Part I, line 7, o			

Form **990-T** (2017)

Total dividends-received deductions included in column 8

1, 5

Schedule F - Interest, Anni	ities, Royalties	s, and Rei	nts Fr	om Contro	lled Or	ganizat	ions (see	= instruction	ns)	, 090	
	· · · · · · · · · · · · · · · · · · ·			ontrolled Or			··			•	
Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		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)							1				
(4)								-			
Nonexempt Controlled Organia	zations				•		•				
7 Taxable Income	8 Net unrelated ii (loss) (see instruc	1		Total of specific payments made		includ	rt of column led in the co zation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)					-						
(3)										·	
(4)											
Totals			<u></u> (c)(7),	(9), or (17	▶) Orga	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1 int I, line 8, column (B)	
1 Description of income				3 Deductions			4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)									[
(3)											
(4)	_								.		
Totala	Enter here and on page 1, Part I, line 9, column (A)								Enter here and on page 1 Part I, line 9, column (B)		
Totals	mnt Activity In	some Ot	hor Th	an Advorti	cina Ir	nomo (otiona)			
Description of exploited activity	2 Gross unrelated business income from trade or business	unrelated or unrelated connected with production of from trade or unrelated fr		ble 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, F line 10, co	art I,			l	-			Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see instri	uctions)		-						!	
Part I Income From Per	odicals Report	ed on a C	onsol	lidated Bas	sis						
1 Name of periodical	2 Gross advertising income	3 Dire	3 Direct gain or 2 minu a gain cols 5		ising s) (col ol 3) If npute		culation ome			7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)								ĺ		7	
(3)				1						7	
(4)				1						7	
Totals (carry to Part II, line (5))											

ě.

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, cot (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) ▶			`			

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 (2017)

ATTACHMENT TO AMENDED 990-T

The taxpayer's name was previously Lutheran Services of Georgia, Inc. They changed their name after the filing of their September 30, 2018 Form 990 filing.

Line numbers 12, 19, 20, and 45g of the original return was change due to repeal of Section 512(1)(7).

FC	ORM 990-T:	FISCAL	YEAR	CORPORATION	TAX	COMPUTATION	APPLYING	BLENDED	TAX	RATE
1	IINDELATED	BIICTNEC	יי איי	ARIE INCOME	/ D7/	GE1, PART II,	TIME 24			
						ATE SCHEDULE		<i>.</i>		
						A CONTROLLED	•			
3	TAX ON LIN	E 1 FIC	SURED	USING THE 2	1% R	ATE		• •		
4	MULTIPLY L	INE 2 E	BY THE	NUMBER OF	DAYS	92				
	IN THE COR	PORATIO	ON'S T	AX YEAR BEF	ORE	01/01/2018				
5	MULTIPLY L	INE 3 E	BY THE	NUMBER OF	DAYS	273				
	IN THE COR	PORATIO	N'S T	AX YEAR AFT	ER 1.	2/31/2017				
6	DIVIDE LIN	E 4 BY	THE T	OTAL NUMBER	OF 1	DAYS 365				
	IN THE COR	PORATIO	N'S T	AX YEAR		• • • • • • • • • • • •		• •		
7	DIVIDE LIN	E 5 BY	THE T	OTAL NUMBER	OF 1	DAYS 365				
	IN THE COR	PORATIO	N'S T	AX YEAR						
8	ADD LINES	6 AND 7	: THE	TOTAL TAX	FOR S	THE FISCAL YE	EAR			

INSPIRITUS, INC.'

58-1535692 ATTACHMENT 2

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS

1,585.