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523701 LHA For Paperwork Reduction Act Notice, see instructions.						34	-23,974. Form 990-T (2015)

Form 990-T (2	2015) Lutheran Community Services Northwest 93-0386	360			Page Z
Part III	Tax Computation				
35 0	Organizations Taxable as Corporations. See instructions for tax computation.				
, C	ontrolled group members (sections 1561 and 1563) check here 🕨 📖 See instructions and:	İ			
a E	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
(1) \$ (2) \$ (3) \$	1			
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
(2	2) Additional 3% tax (not more than \$100,000)	ļ			
	ncome tax on the amount on line 34	35c			0.
36 T	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:				
Г	Tax rate schedule or Schedule D (Form 1041)	36			
37 P	Proxy tax. See instructions	37			
	Iternative minimum tax	38			
	otal Add lines 37 and 38 to line 35c or 36, whichever applies	39			0.
Part IV		1 00			
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	1		_	
	ther credits (see instructions) deneral business credit. Attach Form 3800	-∤			
		4			
	redit for prior year minimum tax (attach Form 8801 or 8827) 40d	ــــــ ⊢			
	otal credits. Add lines 40a through 40d	40e			
	Subtract line 40e from line 39	41			<u>0.</u>
-	other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	· —			
	otal tax. Add lines 41 and 42	43			<u> </u>
	layments: A 2014 overpayment credited to 2015	4			
	015 estimated tax payments	4			
	ax deposited with Form 8868	_			
	oreign organizations; Tax paid or withheld at source (see instructions)				
	lackup withholding (see instructions)	_			
	redit for small employer health insurance premiums (Attach Form 8941)	_			
8 0	ther credits and payments: Form 2439	Ì			
L	Form 4136 Other Total ▶	4			
	otal payments. Add lines 44a through 44g	45	<u> </u>		
	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	46		_	
	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47			0.
	overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48			0.
	nter the amount of line 48 you want. Credited to 2016 estimated tax	49			
Part V	Statements Regarding Certain Activities and Other Information (see instructions)				
-	$^{\prime}$ time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial $^{\prime}$	•	bank,	Yes	No
	ities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Fi	nancial			l
	ints. If YES, enter the name of the foreign country here				Х
2 During If YES,	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file		L		Х
	the amount of tax-exempt interest received or accrued during the tax year ▶\$				
<u>Schedu</u>	lle A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A				
1 Invent	tory at beginning of year 1 6 Inventory at end of year	6			
2 Purch	ases 2 7 Cost of goods sold. Subtract line 6	İ			
3 Cost o	of labor 3 from line 5. Enter here and in Part I, line 2	7			
48 Additio	onal section 263A costs (att. schedule) 4a B Do the rules of section 263A (with respect to			Yes	No
b Other	costs (attach schedule) 4b property produced or acquired for resale) apply to		ſ		
5 Total.	. Add lines 1 through 4b 5 the organization?				X
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kill correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowledge a	and belief, it is t	rue,	
Sign	()	May the IF	S discuss this	return v	with
Here	Kay Kled 257/17 Chief Financial Officer		er shown below		
	Signature of Officer Date Title	instruction	s)? X Yes	s 🗀	No
	Print/Type preparer's name Preparer's signature Date Check	ıf PT	N		
Paid	self- employe	d			
Prepare	Form Plicaboth I Ware Care Plicaboth I Ware 02/02/17	l	00235495		
Use On	Firm's same & Clark Nubon DC	9	1-1194016	;	
USC OI	10900 NE 4th Street, Suite 1700				
	Firm's address ▶ Bellevue, WA 98004 Phone no.	425-45	4-4919		
523711 01-0	6-16		Form 99	0-T	(2015)

Schedule C - Rent Inc	ome (From Real	Prope	rty and	l Personal	Prope	rty Leas	ed With Real Pr	ΌP€	erty)(see instructions)
Description of property										
(1)				-						
(2)										
(3)	_	-								
_(4)		2. Rent receive	ed or accrue	ed						
(a) From personal property	(rf the perc	entage of	(b)1	From real ar	nd personal proper	rty (if the pe	ercentage	3(a) Deductions direc	tly co	nnected with the income in t(b) (attach schedule)
rent for personal proper 10% but not more	ty is more t	than	` 'c	of rent for pe	ersonal property ex t is based on profit	kceeds 50%	6 orıf	Columns 2(a)	- AIIU 2	
<u>(1)</u> (2)										
(3)						_				· · · · · · · · · · · · · · · · · · ·
(4)										
Total		0.	Total				0.			
(c) Total income. Add totals of co			ter					(b) Total deductions. Enter here and on page 1		
here and on page 1, Part I, line 6,			<u> </u>				0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelate	a Deb	t-Financeo	incom	1 e (see i	nstructions)			2 Dadustians disastive		And with an all and la
					2. Gross inc	come from		3. Deductions directly of to debt-final		
1. Description of	of debt-fine	nced property			or allocable financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
							Se	e Statement 2	s	See Statement 3
(1) SEATAC BUILDING						290,3	53.	139,0	76.	203,036.
(2)										
(3)									4	
(4)							 		\dashv	
debt on or allocable to debt-financed of or a property (attach schedule) debt-fina		e adjusted basis allocable to anced property ch 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) 2,037	,768.		4,39	9,217.		46.32	%	134,49	92.	158,466.
(2)							%			
_(3)						_	%		_	
(4)							%		\dashv	
								nter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals								134,49	2.	158,466.
Total dividends-received deduc									▶ │	0.
Schedule F - Interest,	Annui	ties, Royal	ties, ar					nizations (see in	struc	ctions)
				Exemp	t Controlled O	rganızat				
1. Name of controlled organiza	tion	Employer ide numb			3. related income see instructions)	Tota pay	4. I of specified ments made	5. Part of column 4 included in the control organization's gross in	oiling	connected with income
(1)										
(2)										
(3)										
(4) Nonexempt Controlled Organi	zotione		_			<u> </u>				<u> </u>
7. Taxable Income		et unrelated income	(loss)	Q Tot	al of specified pay	mente	10 Part of a	column 9 that is included	11	Deductions directly connected
•• • • • • • • • • • • • • • • • • • • •		(see instructions)		0 . 10.	made	menus	in the con	rolling organization's ross income		with income in column 10
(1)										
(2)										
_(4)										
							Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11 ter here and on page 1, Part I, line 8, column (B).
Totals						•		٥.		0.
523721 01-06-16					_			<u></u>		Form 990-T (2015)

Schedule G - Inve	estment Ir ee instruction		Section	501(c)(7	7), (9), or (17) O	rganiza	tion			
1	1. Description of	of income	_		2. Amount of income	directly	ductions connected schedule)		. Set-asides ttach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								i		
(2)			-				"			
(3)								 		-
(4)								├-		
(4)					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					0 .					0.
Schedule I - Expl	oited Exer		Income	, Other	Than Advertis	ing Inc	ome			_
			2	1	4. Net income (loss)				* *	7 -
1. Description of exploited activity	1 .	2. Gross elated business income from de or business	3. Expe directly cor with prod of unrela business i	nnected uction ated	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from ac	ss income tivity that unrelated as income		6. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)			-	1						
(3)								_		
(4)		-						_		
(1)	j p	ter here and on page 1, Part I, ne 10, col (A)	Enter here page 1, F line 10, co	Part I,				<u> </u>		Enter here and on page 1, Part II, line 26
Totals	▶	0.		0.						0.
Schedule J - Adv	ertising Ir	ncome (see i	nstructions)						
Part I Income F	rom Perio	odicals Rep	orted on	a Cons	solidated Basis					
1. Name of perio	odical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compucols 5 through 7		irculation icome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)					1					
(4)					1					
	2 (5)\		0.	0						
Totals (carry to Part II, line Part II Income F	rom Perio	l Idicals Ren	- *			nach por	adioal lister	d in Di	مدالة العم	0,
columns 2 th	hrough 7 on a	a line-by-line ba	sis)	а Осра	ilate Dasis (FOI)	each pend	oucai liste	u in Pa	art II, tili Iri	
1. Name of period	odical	2. Gross advertising income	3. advert	Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, computed sols 5 through 7		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Senior Scene no	ewspaper	146,2	58.	113,748	. 32,520).			38,683.	32,520.
(2)				_	1		-	i		
(3)					1	1				-
(4)				_				_		
Totals from Part I	<u> </u>	 	0.	0				Ц		0,
Totalo Homi Litt		Enter here and o page 1, Part I,	n Enter h	ere and on	-				Ì	Enter here and on page 1,
Totals, Part II (lines 1-5)	•	line 11, col (A) 146 _ 21		1, col (B) 113 748						Part II, line 27
Schedule K - Con	npensatio					instructio	ns)			,
	1. Name			<u> </u>	2. Title		3. Percer time devot busines	ed to		ensation attributable elated business
(1)				 			333103	~ 	-	
-	·						 			
(2)								%		
(3)				-			 	%		
(4)		 					L	%		
Total. Enter here and on pa	age 1, Part II, I	ine 14						<u> </u>		0.

Form 990-T Schedule E - Deprecia	tion Deducti	on	Statement	2
Description	Activity Number	Amount	Total	
Straight line depreciation expense - SubTotal -	1	139,076.	139,0	76.
Total of Form 990-T, Schedule E, Column	3(a)		139,0	76.
Form 990-T Schedule E - Other	Deductions		Statement	3
Form 990-T Schedule E - Other Description	Deductions Activity Number	Amount	Statement	3
	Activity Number	Amount 203,036.		