823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form 990-T	(2018) GOOD SHEPHERD LUTHERAN COMMUNITY 47-0	391515	Page
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0
	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1	35	0 .
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1	
00	lines 33 and 34	36	
×37	$\Gamma$	<i>19</i>	1,000
<i>Y</i> .	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	90 21	1,000
38	enter the smaller of zero or line 36	1	0
Part		30	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	<b>▶</b> 359	0
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
40	Tax rate schedule or Schedule D (Form 1041)		
44	Proxy tax See instructions		
	•		
42	Alternative minimum tax (trusts only)	42	<del></del>
	Tax on Noncompliant Facility Income. See instructions	48	
_	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0
Part \		T	·
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	<del> </del>	
	Other credits (see instructions)		
•	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b></b>   ,	
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	ule) 47	
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		
b	2018 estimated tax payments 50b		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 500		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>▶</b> 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>▶</b> 54	
85	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	<u>▶ 5</u> 5	
Part \	I Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	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 foreign 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 >\$		1
	Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	y knowledge 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 knowledge	May 15 - 180 - 1	- thus
Here	Nation 6. Colling   07/09/2020 \ CEO/ADMINISTRATOR	May the IRS discus- the preparer shown	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTİN	
Paid	MARC D REVIDENCE   // (Au) 0/ /3/1/-   /-1-1010	•	43366
Prepa	rer Third B. British Townson, L. D.		097913
Use C	/	4/-01	031313
	18081 BURT STREET, SUITE 200	///02/22/	0_2660
_	Firm's address ► OMAHA, NE 68022-4722 Phone no		
823711 01	-09-19	Form	n <b>990-T</b> (201)

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory v	valuation ► N/A		· <del>-</del> ·-			—
1 Inventory at beginning of year	1	mounds of mive		Inventory at end of year		•	6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6				Ť		
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4 a Additional section 263A costs			┪	line 2	,	7			
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b		٦ ĭ	property produced or a					
5 Total Add lines 1 through 4b	5			the organization?		- 101 100010, 2551, 10			X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe		Leas	ed With Real Pro	perl	ty)	
1. Description of property									
(1)		· · · · · · · · · · · · · · · · · · ·		-		<del></del>			
(2)				<del> </del>					
(3)									
(4)									
	2. Rent receiv	ved or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percent property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) a		ected with the income in (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	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	bt-Financed	d Income (see	ınstru	ictions)					
			2	. Gross income from or allocable to debt-	ļ	Deductions directly cor to debt-finance	nected ced pro	perty	
1 Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1						
(2)									
(3)		-							
(4)		••							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6	by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of colur 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter 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			0.
Total dividends-received deductions in	ncluded in columi	n 8				<b>&gt;</b>	-		0.

Schedule F - Interest,	Annuitie	s, Royal	ties, a	nd Rents	s From Co	ontrolle	ed Organiz	atior		struction	
				Exempt (	Controlled O	rganizatio	ons				
1. Name of controlled organization		2. Emp identific numi	cation		elated income instructions)		al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5
(1)									<del></del>		·-
(2)				<del> </del>					_	1	<del></del> ,
(3)				<u> </u>			••				
(4)									_		
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net ur	nrelated incom se instructions		9. Total	of specified payr made	nents	10 Part of colu- in the controll gross	mn 9 thai ing organ s income	t is included ization's		eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)					•						
							Add colur Enter here and line 8, 0		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<b>•</b>			0.		0.
Schedule G - Investme (see inst	ent Incor ructions)	ne of a	Section	n 501(c)(	7), (9), or	(17) Or	ganizatior	)			
1. Desc	ription of incor	me			2 Amount of	income	<ol> <li>Deduction directly connected (attach scheol</li> </ol>	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				<b>_</b>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	ne, Other	r Ihan Ad	vertisii	ng Income	•			
Description of exploited activity	2. Gi unrelated income trade or b	business from	directly with pr of un	openses connected oduction related ss income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10,	Part I, col (A)	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisi	na Incor	0.	nstruction	0.	<u>l -, </u>	<u></u>					0.
Part I Income From					solidated	Basis					<del></del>
1 Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, computi	5. Circulal income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2) (3) (4)											]
(3)					_						]
(4)		<u>.</u>									
Totals (carry to Part II, line (5))	<b>•</b>		<u> </u>	0	•						0.
											Form <b>990-T</b> (2018)

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)

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)				<u> </u>		
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				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)	0.	0.	d Trucks on /			0.

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)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	1,865.	0.	1,865.	1,865.
06/30/06	30,851.	0.	30,851.	30,851.
06/30/07	44,673.	0.	44,673.	44,673.
06/30/08	46,543.	0.	46,543.	46,543.
06/30/09	68,458.	0.	68,458.	68,458.
06/30/10	80,093.	0.	80,093.	80,093.
06/30/11	71,550.	0.	71,550.	71,550.
06/30/12	58,484.	0.	58,484.	58,484.
06/30/13	40,073.	0.	40,073.	40,073.
06/30/14	18,381.	0.	18,381.	18,381.
06/30/15	55,733.	0.	55,733.	55,733.
06/30/16	59,434.	0.	59,434.	59,434.
06/30/17	58,192.	0.	58,192.	58,192.
06/30/18	16,662.	0.	16,662.	16,662.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	650,992.	650,992.