



Department of the Treasury
Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 293932580009 8
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	LUTHERAN FAMILY SERVICES OF NE INC Number, street, and room or suite no. If a P.O. box, see instructions. 124 SOUTH 24TH STREET, NO. 230		E Unrelated business activity codes (See instructions) 23-7267972
	City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68102-1226		532000

C Book value of all assets at end of year 7,114,869.	F Group exemption number (See instructions.) ►
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G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity. ► **PROPERTY MANAGEMENT**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **LUTHERAN FAMILY SERVICES OF NEBRAS** Telephone number ► **402-978-5649**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from partnerships and S corporations (attach statement)	4c		
6	Rent income (Schedule C)	5		
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. E)	7		
		8		

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

► 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on 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

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

► 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a
41b
41c
41d

► 41e

42 Subtract line 41e from line 40

► 42 0.

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 0.

45a Payments: A 2016 overpayment credited to 2017

45a
45b 1,000.
45c
45d
45e
45f
45g

► 46 1,000.

46 Total payments. Add lines 45a through 45g

► 47

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

► 48

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

► 49 1,000.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

► 50 1,000.

50 Enter the amount of line 49 you want Credited to 2018 estimated tax ► Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 ►

Yes No
 X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

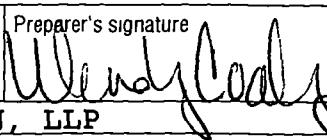
Yes No
 X

53 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 best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here

►  9/29/18
Signature of officer► Vice President for Finance
PRESIDENT AND CEO
TitleMay the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	WENDY R. COOLEY		8/29/18		P01523804
	Firm's name ► SEIM JOHNSON, LLP		Firm's EIN ►	47-6097913	
	18081 BURT STREET, SUITE 200 Firm's address ► OMAHA, NE 68022-4722		Phone no.	(402) 330-2660	