Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning	UL I, ∠UI/ and	ل enaing	UN 30, 2018	
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres	LUTHERAN SOCIAL SERVICE	ES OF CENTRAL OF	HIO		
	Name change	Doing business as			31-4	412586
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone numbe	
	Final return/	500 W. WILSON BRIDGE RI	•	245	· ·	228-5300
	termin- ated				G Gross receipts \$	52,301,722.
	Amend		En or loreign poolar code		H(a) Is this a group re	
	return Applica	•	RY CROWELL		for subordinates	
	tion pendin		KI CKOWEEE			1
_	-		4 ('accept acc) 40.47(-1/4)	507	H(b) Are all subordina	
		empt status: <u>X</u> 501(c)(3) 501(c) () te: ► LSSCO • ORG		or 527		list. (see instructions)
			oppointing Other	1. ,,		n number ▶ 9386
	Form of art I		sociation Other	L Year	of formation 1314 N	State of legal domicile: OH
	_	Summary	GER.	COLLEDIA		
ø	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	#XJ	
Activities & Governance					<u> </u>	
ž	2	Check this box if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its net ass	
Š	3	Number of voting members of the governing body	(Part VI, line 1a)	^	3	21
G	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	21
S	5	Total number of individuals employed in calendar y	ear 2017 (Part V, line 2a)		5	899
įţį	6	Total number of volunteers (estimate if necessary)	/ .	$oldsymbol{\cup}$	6	7476
ĊÈ	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12	_	7a	0.
⋖	b	Net unrelated business taxable income from Form	990-T, line 34		7b	0.
					Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			30,984,302.	20,934,682.
ηne	9	Program service revenue (Part VIII, line 2g)	XO		25,426,584.	26,532,692.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 70		124,059.	799,143.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			4,207,710.	3,947,418.
	1		,		60,742,655.	52,213,935.
_		Total revenue - add lines 8 through 11 (must equal			00,742,033.	0.
		Grants and similar amounts paid (Part IX, column	•		0.	0.
		Benefits paid to or for members (Part IX, colunn (A			21,212,331.	22,405,276.
es	15	Salaries, other compensation, employee been s (F			1,251,186.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			1,231,100.	901,442.
Ž.	b	Total fundraising expenses (Part IX, Column (D), line			00 400 060	00 504 040
ш	''	Other expenses (Part IX, column (A), Lines 11a-11d,			29,402,862.	28,524,949.
	18	Total expenses. Add lines 18-17 (hust equal Part I)	K, column (A), line 25)		51,866,379.	51,831,667.
_	19	Revenue less expenses. Subtract line 18 from line	12		8,876,276.	382,268.
Net Assets or	3			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Par X line 16)			93,329,943.	93,213,785.
t As	21	Total liabilitie (Patt), line 26)			40,945,668.	36,727,402.
Se	22	Net assets of fund balances. Subtract line 21 from	line 20		52,384,275.	56,486,383.
	art II	Signature Block				
Und	der pena	Ities of energy, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, cor ec	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.	
	7	Phil Helser			7/1/	19
Sig		Signature of officer			Date	
اد	re	► PHILIP HELSER, CFO				
(,		Type or print name and title				
-		Print/Type preparer's name	Preparer's signature] [Date Check	PTIN
Pai	_d	Tringrypo proparor o namo	i roparor o orginaturo		if	
	parer	Firm's name		1	self-employ	ou
	Only	Firm's name			Firm's EIN	
USE	, Only	Firm's address			Dhans	
_		20 dia Hila			Phone no.	
Ma	y tne IH	RS discuss this return with the preparer shown abo	ve : (see instructions)			Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EVERY DAY WE PROVIDE THE BASIC HUMAN NEEDS OF FOOD, SHELTER, SAFETY
	AND HEALING TO PEOPLE ACROSS OHIO BY PROVIDING A MEAL, A BED, HEALTH
	CARE AND HOPE. BECAUSE EACH LIFE DESERVES RESPECT AND DIGNITY. BY
	SERVING PEOPLE IN NEED, WE ARE CREATING A BETTER WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Ye X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	$(\texttt{Code:} \ \ \ \) \ (\texttt{Expenses} \ \ \ \ \ \ \ \ \ \ \ \ \ $
	SERVING SINGLE ADULT HOMELESS MEN AND WOMEN, FAITH MISSION OPERATES
	THREE SHELTERS, TWO COMMUNITY KITCHENS, A COMPREHENSIVE FEALTH CLINIC,
	AND TWO RESOURCE CENTERS TO HELP THE PEOPLE EXPERIENCING HOMELESSNESS
	FIND INCOME AND HOUSING. FOR THE FISCAL YEAR REPORTED, FAITH MISSION
	PROVIDED 85,321 NIGHTS OF SHELTER AND 224,336 MEALS.
4b	(Code:) (Expenses \$7, 298, 237. including grafts \$0.) (Revenue \$2, 778, 962.)
	LUTHERAN SOCIAL SERVICES OPERATES 2 HUD SECTION 202 AND SECTION 8
	HOUSING SITES THROUGHOUT OHIO TO AROVIDE AFFORDABLE HOUSING TO VERY LOW
	INCOME SENIORS AND THE DISABLED 1,006 INDIVIDUALS WERE HOUSED BY THIS
	PROGRAM FOR THE FISCAL YEAR PAPERTED.
	10 260 401
4c	(Code:) (Expenses 10,369,401. including grants of \$0.) (Revenue \$11,335,326.) THE GOOD SHARHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF
	THE GOOD SHAPHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND
	REHABILITATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD
	PROVIDED 42,787 DAYS OF CARE.
	TROVINDO 42,707 BATS OF CARE.
	7.O'
	V
•	
1,	
•	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 21,751,209. including grants of \$ 0.) (Revenue \$ 16,123,151.)
4e	Total program service expenses ► 45,324,045.
	Form 990 (2017)

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			~ (
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	•	٦.
4	during the tax year? If "Yes," complete Schedule C, Part II	1,4	•.	V
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7	✓	
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Rai	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustain for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt regulation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in PacX, line 19? If "Yes," complete Schedule D,	110	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part 1, 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in 22 t X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions up ler FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent judited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolio ted, independent audited financial statements for the tax year?			
	If "Yes," and if the organization inswers. No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
Ø	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," Son white Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organisation report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	C for follow individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Die the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
ri 📞	id the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
\	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
1 9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	000	X
		Form	220	2017)

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	Continued)			
00-	Did the averagination are such and average heavital facilities (1,5 m).	00-	Yes	No X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			(
~~	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22	•	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	1.	Y
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ノ	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	X	•	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1~		
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 910 FZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or a ables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, are squalified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, directly, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the billowing parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and extern ins):			
а	A current or former officer, director, trustee, or key employee: Vi Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, directly, luser, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, the stee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Ye " omplete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,00 mon-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of ant historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedul IN	30		X
31	Did the organization liquidate, terminal of dissolve and cease operations?			٦,
	If "Yes," complete Schedule N, Rart I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.
00	Schedule N, Part II	32		X
33	Did the organization w 100% of an entity disregarded as separate from the organization under Regulations		Х	
04	sections 301.7707 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25-	Part V, lines	34 35a	Х	
აsa b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes able 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งวล	- 22	
D	when the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36-	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
~~	"Yes," complete Schedule R, Part V, line 2	36		х
67	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
*	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

38 X Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	252			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?	······		1c	Х	ک
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					(/)
	filed for the calendar year ending with or within the year covered by this return	2a	899			~
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		·····	За		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		······································	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ıccoun	t)?	4a		<u> </u>
D	If "Yes," enter the name of the foreign country: ►		(E(A,D)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		(FBAN).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If IIVes II to line 5e on 5h, did the engagination file Forms 0000 TO	٠ الر	J	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170 c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and artly for goods and ser	vices p	rovided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			
	to file Form 8282?	 I		7с		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v
e	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit co		:?	7e		<u> </u>
t ~	Did the organization, during the year, pay premiums, directly activalizedly, on a personal benefit contral if the organization received a contribution of qualified in the arganization received a contribution of qualified in the arganization file.			7f 7g		
g h	If the organization received a contribution of qualified the description of the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, or other vehicles, did the organization received a contribution of cars, backs, airplanes, are also cars, and a cars, and			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor actise funds. Did a donor advised fund maintained			711		
	sponsoring organization have excess business to ings at any time during the year?			8		
9	Sponsoring organizations maintaining apnotativised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) or graziations. Enter:	1	1			
a	Gross income from the bers or shareholders	11a				
b	Gross income role other sources (Do not net amounts due or paid to other sources against					
100	amounts due of received from them.)	10410)	120		
ıza b	Section 49 (7a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 Yes, where the amount of tax-exempt interest received or accrued during the year	1041 !		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD				
 	Is the organization licensed to issue qualified health plans in more than one state?			13a		
•	ote. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
•	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	000	<u> </u>
				Form	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 21 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint d Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A organization's mailing address? If "Yes." provide the names and addresses Section B. Policies (This Section B requests information about policies not requi d bv the Internal Revenue Code. Yes Nο b If "Yes," did the organization have written policies and procedures governing the activities of such 10a Did the organization have local chapters, branches, or affiliates? Has the organization provided a complete copy of this Form 900 call members of its governing body before filing the form?Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Х Х 12a Did the organization have a written conflict of interest police 12a "No." ao to line 13 re to disclose annually interests that could give rise to conflicts? Х Were officers, directors, or trustees, and key employees re-12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х in Schedule O how this was done 12c Did the organization have a written whistle plot er policy? Х 13 13 Did the organization have a written do un en retention and destruction policy? Х 14 14 Did the process for determining compa tion of the following persons include a review and approval by independent persons, comparability data, an contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 1 describe the process in Schedule O (see instructions). 16a Did the organization in test in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity. (u) Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation arrangements under applicable federal tax law, and take steps to safeguard the organization's us with respect to such arrangements? C. Disclosure NONE ist the states with which a copy of this Form 990 is required to be filed ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: PHILIP HELSER - 614-228-5200 WILSON BRIDGE RD, STE WORTHINGTON

Form **990** (2017)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received each able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest composited employees and former such persons.

Check this box if neither the organization r	nor any related	orga	niza	tion	cor	nper	nsat	ed any current officer, d	rector, or trustee.	
(A) Name and Title	(B) Average hours per week	Position (do not check more box, unless person is officer and a director			than	h an	(D) Reportable compensation from	Apportable sep pensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/109) TUSC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RONALD SEIFFERT BOARD CHAIR - THRU AUG 17	1.00	х		х		Ι.	K	0.	0.	0.
(2) RON KERR	1.50					X				•
BOARD CHAIR/STRATEGIC PLANNING	4.00	Х	-	X				0.	0.	0.
(3) JOHN GULDIG SECRETARY/CHAIR/QUALITY-THRU AUG 17	1.00	х	1	×.	K			0.	0.	0.
(4) REV. BONNIE GERBER SECRETARY/CHAIR/QUALITY-COMPLIANCE	1.50	>	7					0.	0.	0.
(5) DEEANNE MARLOW	1.50			^	 	\vdash		0.	U•	0.
CHAIR, STRATEGIC PLANNING	0.00	X						0.	0.	0.
(6) BETSY BLAKE MEMBER	15	. ,						0.	0	
(7) STEVE DENUNZIO	1.50	Х			 	+	-	0.	0.	0.
MEMBER	0.00	Х						0.	0.	0.
(8) REV. MARK DIEMER	1.50									
MEMBER	0.00	Х	_		_	_		0.	0.	0.
(9) MINDI ISRAEL MEMBER	1.50	Х						0.	0.	0.
(10) FRED MANNING	1.50									
MEMBER OF	0.00	Х						0.	0.	0.
(11) SHARON MOREA. CHAIR, NOMINATIN & BOARD DEV	1.50	Х						0.	0.	0.
(12) REV. M. JAN C. DAVIDSON	1.00	25				\vdash	H		•	•
CHAIR MOMINATING/BOARD-THRU AUG 17	0.50	Х						0.	0.	0.
(13) ANY PRAKEL	1.50								•	•
MEMBER (14) EBBIE RYAN	1.50	Х	\vdash		+	+		0.	0.	0.
EMBER	0.00	x						0.	0.	0.
(15) JESSICA QUINN	1.50									
MEMBER	0.00	Х						0.	0.	0.
(16) REV. MARC SCHROEDER	1.50									
MEMBER (A.E.) NAPEN GENERAL DE	0.00	X	\vdash		-	\vdash	1	0.	0.	0.
(17) MARTY SCHWALBE MEMBER	1.50	х						0.	0.	0.
700007 11 00 17	1 0.00	Λ	1		1	1	1	1 0.	U •	Form 990 (2017)

732007 11-28-17

Form **990** (2017)

MEMBER

PRESIDENT & CEO

(26) PHILIP HELSER

CFO		49.00		Х				143,473.	0.	25,746.
1b	Sub-total			(7		left	449,369.	0.	49,543.
С	Total from continuation sheets to Part VII	, Section A	·········	X,		, 	•	677,773.	0.	46,144.
d	Total (add lines 1b and 1c)		\ C		•			1,127,142.	0.	95,687.

Total number of individuals (including but not limited to the second above) who received more than \$100,000 of reportable compensation from the organization

Х

0.00

1.00

1.00

49.00

Yes No Did the organization list any former officer, direct rustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such 3 Х idi idual f reportable compensation and other compensation from the organization For any individual listed on line 1a, is the cim Х and related organizations greater than 4 00? If "Yes," complete Schedule J for such individual Did any person listed on line 1a accrue compensation from any unrelated organization or individual for services Х rendered to the organization? complete Schedule J for such person

Section B. Independent Contractors

(25) REV. LARRY A. CROWELL

Complete this table for your rive highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ELFORD, INC.		
1220 DUBANI ROAD, COLUMBUS, OH 43215	CONSTRUCTION	4,066,068.
WSB REHADILITATION SERVICES, INC.	PHYSICAL THERAPY	
610 M. MAIN ST, STE B, CANFIELD, OH 44406	SERVICES	1,103,880.
ONF AND ALL, INC.		
P(O) BOX 936517, ATLANTA, GA 31193-6517	FUNDRAISING	888,895.
RERARDI & PARTNERS, INC.		
1398 GOODALE BLVD, COLUMBUS, OH 43212	CONSTRUCTION	471,120.
SIMONSON CONSTRUCTION SERVICES, INC.		
2112 TROY RD, ASHLAND, OH 44805	RENOVATIONS	307,716.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

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305,

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23,797.

	SOCIAL	SE	CRV	IC:	ES	0	F	CENTRAL OHIO	31-441	2586
Part VII Section A. Officers, Directors, To	ustees, Key Er	nplc	yee	s, an	nd H	ighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat a	app	ly)	compensation	compensation	amount of
	per week					96		from the	from related organizations	other compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted en		(W-2/1099-MISC)	, , ,	organization
	related	stee c	truste			pensa				and related
	organizations below	ual tru	ional		ploye	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Y'
(27) JOSEPH ABRAHAM	0.00	=	 -	0	<u> </u>		4		\	
DIRECTOR - GOOD SHEPHERD HOME	40.00	-				Х		125,506.	\ \ \C	24,707
(28) RICK DAVIS	40.00	1						123/3001	7/6	21,707
EXECUTIVE VICE PRESIDENT AND COO	0.00	1				Х		164,686.	173.	4,910
(29) MICHELE CENCI	40.00							,		,
VICE PRESIDENT OF DEVELOPMENT	0.00		L			Х		155,348.	\bigcirc 0.	5,404
(30) HEATHER MCCRACKEN	40.00									
VP OF HUMAN RESOURCES	0.00					X		131,728	0.	4,518
(31) CHAD WOLVERTON	40.00							<u> </u>		
VICE PRESIDENT OF IT	0.00	<u> </u>	_			X		100 435.	0.	6,605
		_								
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Total to Doub VIII. Continue A. Nord Co.								677,773.		46,144
Total to Part VII, Section A, line 1c		<u> </u>						011,113.		40,144

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 3,252,077 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 17,682,605 g Noncash contributions included in lines 1a-1f: \$ 20,934,682 h Total. Add lines 1a-1f **Business Code** 26,532,692 623990 2 a NET RESIDENT SERVICES 26,532,692 Program Service f All other program service revenue 26,532,692 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 186,109. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis 90,787 and sales expenses 613,034 c Gain or (loss) 613,034. 613,034. d Net gain or (loss) 8 a Gross income from fundraising Other Revenue including \$ contributions reported or Part IV, line 18 b Less: direct expenses c Net income or lo from fundraising events me or (loss) from gaming activities sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** MANAGEMENT FEE INCOME 900099 2,322,086 2,322,086 CATERING INCOME 900099 770,988 770,988 900099 854,344. d All other revenue 854,344

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799,143,

3,947,418

52,213,935

Total revenue. See instructions.

e Total. Add lines 11a-11d

30,480,110.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				\V
,	individuals. See Part IV, line 22				
}	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				*
	Benefits paid to or for members			A	\sim
	Compensation of current officers, directors,				$oldsymbol{oldsymbol{eta}}$
	trustees, and key employees				•
	Compensation not included above, to disqualified			_	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			\sim	
	Other salaries and wages	18,078,993.	17,175,043.	723,160.	180,790
	Pension plan accruals and contributions (include	, .,	, , , , , ,	U	, , ,
	section 401(k) and 403(b) employer contributions)	203,194.	193,034	8,128.	2,032
	Other employee benefits	2,811,691.	2,671,10	112,468.	2,032 28,117
	Payroll taxes	1,311,398.	1,245,628.	52,456.	13,114
	Fees for services (non-employees):	•		·	•
а	Management		/ .O'		
	Legal	90,436.		90,436.	
	Accounting	207,500.	7	207,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	901,44			901,442
f	Investment management fees	XC			
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	3,741,952.	3,557,609.	187,243.	
	Advertising and promotion	23,885.	75,497.	4,194.	4,194
	Office expenses	11,790,326.	8,406,503.	2,611,557.	772,266
	Information technology	260,023.	247,022.	13,001.	
	Royalties	<u>) </u>			
	Occupancy	6,880,222.	6,467,409.	275,209.	137,604
	Travel	153,811.	130,739.	23,072.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public oficials				
	Conferences, conventions, and meetings	29,749.	25,287.	4,462.	
	Interest	1,226,276.	1,189,488.	36,788.	
	Payments to affiliate	2 545 222	2 442 525	100 110	
	Depreciation, depletio and amortization	3,547,098.	3,440,685.	106,413.	
	Insurance				
	Other expenses. It mize expenses not covered above. (List nix cellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	a nount, Nathe 24e expenses on Schedule O.)	201 000	201 000		
3	BO DEBTS	391,008.	391,008.	11 076	
-	EMPLOYEE RECRUITMENT	119,763.	107,787.	11,976.	
Ĺ)				
b					
	All other expenses	E1 021 667	4E 204 04E	1 160 062	2 020 550
	Total functional expenses. Add lines 1 through 24e	51,831,667.	45,324,045.	4,468,063.	2,039,559
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2017)

art X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	864,592. 1	855,301
2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	656,733. 3	595,35 <u>2</u>
4	Accounts receivable, net	9,347,284. 4	6,604,317
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees. Complete		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Part II of Schedule L	5	. .
6	Loans and other receivables from other disqualified persons (as defined under		X.
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary	_	
7	employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
7	Notes and loans receivable, net		
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	867,865 9	726,488
10a	Land, buildings, and equipment: cost or other	(2)	
	basis. Complete Part VI of Schedule D 10a 115,607,731		
b	Less: accumulated depreciation 10b 48,863,988	64 367,903. 10c	66,743,743
11	Investments - publicly traded securities	11	
12	Investments - other securities. See Part IV, line 11	16,945,793. 12	17,415,425
13	Investments - program-related. See Part IV, line 11	13	
14	Intangible assets	150,000. 14	150,000
15	Other assets. See Part IV, line 11	129,782. 15	123,169
16	Total assets. Add lines 1 through 15 (must equal line 34)	93,329,943. 16	93,213,785
17	Accounts payable and accrued expenses	6,135,766. 17	6,628,628
18	Grants payable	18	
19	Deferred revenue	769,752. 19	688,840
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part Vol Senedule D	21	
22	Loans and other payables to current and forms of ices, directors, trustees,		
	key employees, highest compensated employees, and disqualified persons.		
	Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable can elated third parties	32,690,940. 23	28,794,396
24	Unsecured notes and loans payable to by elated third parties	684,593. 24	(
25	Other liabilities (including federa income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X of		
	Schedule D	664,617. 25	615,538
26	Total liabilities. Add lines 17 through 25	40,945,668. 26	36,727,402
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and		
	complete line 24 through 29, and lines 33 and 34.		
27	Unrestricted set assets	-12,318,015. 27	-4,654,201
28	Tempor rily restricted net assets	63,832,423. 28	60,265,717
29	Perm neitly restricted net assets	869,867. 29	874,867
	Organizations that do not follow SFAS 117 (ASC 958), check here		
27 28 29	and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
) 2	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	52,384,275. 33	56,486,383
34	Total liabilities and net assets/fund balances	93,329,943. 34	93,213,785

Form **990** (2017)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number 31-4412586

Schedule J (Form 990) 2017

38036-33

Pa	art I Questions Regarding Compensation			
			Yts	(NO)
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			Y
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chafteur, chafteur)			
b				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a	2		
	9)			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation sarvey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		v
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonquarific setirement plan?	4a		X
D		4b 4c		X
С	Participate in, or receive payment from, an equity-based companyation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the policable amounts for each item in Part III.	40		
	The storage of lines 44.6, list the persons and provide the policable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of partizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section, ne 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describ in Pat III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organizatio 2	6b		Х
	If "Yes" on line of a r 6b, describe in Part III.			
7	For persons, stell on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described an lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any expounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initis contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	"Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
ک	Rigulations section 53.4958-6(c)?	9		ı

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (Camounts for that individual).

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxa le	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellation		
(1) REV. LARRY A. CROWELL	(i)	305,896.	0.	0.	9,324	14,473.	329,693.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.		0.	0.	0.
(2) PHILIP HELSER	(i)	143,473.	0.	0.	4,595	21,151.	169,219.	0.
CFO	(ii)	0.	0.	0.	0 .	0.	0.	0.
(3) JOSEPH ABRAHAM	(i)	125,506.	0.	0.	3,753.	20,954.	150,213.	0.
DIRECTOR - GOOD SHEPHERD HOME	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK DAVIS	(i)	164,686.	0.	9	3,294.	1,616.	169,596.	0.
EXECUTIVE VICE PRESIDENT AND COO	(ii)	0.	0.	•	0.	0.	0.	0.
(5) MICHELE CENCI	(i)	155,348.	0.		4,678.	726.	160,752.	0.
VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)			XV)				
	(i)							
	(ii)			O				
	(i)		•••					
	(ii)							
	(i)		0,					
	(ii)							
	(i)							
	(ii)		•					
	(i)		•					
	(ii)	<u> </u>						
	(i)							
	(ii)							
	(i)	·						
	(i)	<u> </u>						
~	(1)	-						
	(ii)							
~\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(i)							
	(ii)							
	(i)							
	(ii)							

rt III Supplemental Information
vide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number 31-4412586

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SINCE 1912, LUTHERAN SOCIAL SERVICES HAS BEEN PROVIDING SERVICES TO PEOPLE IN NEED, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, SENJOR LIVING, AFFORDABLE HOUSING COMMUNITIES, DISASTER RESPONSE AND OTHER PROGRAMS THAT UPLIFT FAMILIES AND STRENGTHEN COMMUNITIES.

LINE 4D, FORM 990, PART III, OTHER PROGRAM BYINCLUDE OUR INNOVATIVE, HIGH-VOLUME FOOD PANTRY EPENDENT AND ASSISTED (LSS KENSINGTON NDSS LUTHERAN VILLAGE) SERV DISASTER PREPAREDNESS AND RESPONSE OHIO BENEFIT BANK SITES VETERAN TRANSITIONAL HOUSING INTERPRISES FOR JOB TRAINING AND (PATRIOT PRIDE PAIN FAIRHAVEN LAWN CARE AND FRESHBOX EMPLOYMENT DOMESTIC LENCE CRISIS 24-HOUR INFORMATION AND REFERRAL CATERING) LINE AND TEMPORARY SHELTER (LSS CHOICES), LSS FAITH MISSION SS HOME HEALTH CARE COUNTY 0. 751 INCLUDING GRANTS OF \$ REVENUE \$ 16,123,151. EXPENSES 21

FORM 990, TART VI, SECTION A, LINE 6:

MEMBERS OF THIS CORPORATION SHALL CONSIST OF ONE OR MORE INCORPORATED

CONGREGATIONS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, LUTHERAN

CHURCH - MISSOURI SYNOD, OR OTHER LUTHERAN CONGREGATIONS WHICH:

A) HAVE PREVIOUSLY PROVIDED FINANCIAL OR VOLUNTEER SUPPORT TO THE

CORPORATION; OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number 31-4412586

B) ARE LOCATED WITHIN THE CORPORATION'S SERVICE AREA (AS DEFINED IN

CONSULTATION WITH THE APPROPRIATE LUTHERAN CHURCH JUDICATORIES); AND

C) DECLARE IN WRITING THEIR INTENT TO SUPPORT THE PURPOSE AND WORK OF THE

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT OR APROINT ONE OR

MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO APPROVE OR RATIFY THE

DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 118

FORM 990 IS PREPARED BY OUR OUTSIDE AUDITING FIRM AND SUBMITTED TO THE

ACCOUNTING MANAGER AND CFO FOR REVIEW. PRIOR TO FILING, FORM 990 IS MADE

AVAILABLE TO ALL MEMBERS OF HE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF DIRECTORS AND MANAGEMENT STAFF ANNUALLY REVIEW

AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY, AND DISCLOSE ANY SITUATION

OF POTENTIAL CONFLICT OF INTEREST. AT NEW-HIRE ORIENTATION, ALL PERSONNEL

ACKNOWINDGE THAT THEY UNDERSTAND THE CONFLICT OF INTEREST POLICY. THE

COMPLIANCE OFFICER MONITORS FOR POTENTIAL CONFLICTS OF INTEREST, AND AT

EAST ANNUALLY UPDATES ALL DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

A WRITTEN ANNUAL PERFORMANCE EVALUATION IS PREPARED BY THE PRESIDENT/CEO,

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	Employer identification number 31 – 4412586
PEERS, AND SELECTED REPORTS FOR EACH MANAGEMENT OFFICIAL.	THE
PRESIDENT/CEO IS EVALUATED BY THE REST OF MANAGEMENT AS WE	LL AS THE BOARD
OF DIRECTORS THROUGH ITS EXECUTIVE COMMITTEE. THE FULL BO	ARD APPROVES THE
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE. SALARY SURVEY	S ARE REFERENCED
AS APPROPRIATE TO ESTABLISH, WITH CONSIDERATION OF THE SIZ	E, GEOGRAPHIC
REACH, COMPLEXITY AND BREADTH OF SERVICES OF THE ORGANIZAT	ION
FORM 990, PART VI, SECTION C, LINE 19:	<u>) </u>
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND NA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ACSETS:	
PARTNER CONTRIBUTIONS	4,119,539.
PARTNER CONTRIBUTIONS	
<u>, O , </u>	
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