| Department o Internal Rever | f the Treasury nue Service | | al security numbers on this for gov/Form990 for instructions a | - | - | | Open to Public Inspection |
|--------------------------------|-------------------------------|--|---|-----------------------|--------------------|------------------------|--|
| A For the | e 2018 calend | dar year, or tax year beginning | | nd ending J | | 2019 | |
| B Check if | C Name o | of organization | | | D Employer | identificat | ion number |
| applicabl | | | | | | | |
| Chang | | IERAN SOCIAL SERV | ICES OF CENTRAL (| DHIO | | 1 441 | |
| Chang | | pusiness as r and street (or P.O. box if mail is n | at delivered to atreat address) | Deem/ouite | | <u>31-441</u> | |
| Final | 500 | W. WILSON BRIDGE | , | Room/suite 245 | E Telephone | 514-22 | 28-5300 |
| termin terd | _ | town, state or province, country, | | | G Gross receipts | | 50,665,280. |
| Amenoreturn | WOR1 | THINGTON, OH 430 | 85 | | H(a) Is this a g | group retui | rn |
| Applic tion pendir | | and address of principal officer: L | ARRY CROWELL | | for subor | dinates | |
| | SAME | AS C ABOVE | | | H(b) Are all subo | | |
| | empt status: ∣ te: ► LSSC | X 501(c)(3) 501(c) (|) ◀ (insert no.) 4947(a)(| 1) or 527 | | | t. (see instructions) number ▶ 9386 |
| | | X Corporation Trust | Association Other | I Year | | | state of legal domicile: OH |
| Part I | Summary | | | | |) | and or logar dormono, OII |
| 1 | Briefly descril | be the organization's mission or r | nost significant activities: SEE | SCHEDU | | | |
| Governance 5 C C | | | | | \mathbf{U} | | |
| erna 2 | Check this bo | | iscontinued its operations or disp | osed of more | than 25% of its | | |
| × 3 | | oting members of the governing b | , , , , , | | | . 3 | <u> </u> |
| | | dependent voting members of the | | | | . 4 | 892 |
| O | | of volunteers (estimate if necess | | \mathbf{O} | | 6 | 12398 |
| ito 7a | | ed business revenue from Part VII | | | | 7a | 0. |
| ▲ b | Net unrelated | I business taxable income from F | orm 990-T, line 38 | • | | 7b | 0. |
| | | | | | Prior Year | | Current Year |
| <u>م</u> 8 | | and grants (Part VIII, line 1h) | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 20,934,6 | | 19,651,060. |
| 0 | • | rice revenue (Part VIII, line 2g) | | | 26,532,6 799,1 | | 28,149,072. 217,554. |
| | | icome (Part VIII, column (A), lines e (Part VIII, column (A), lines 5, 60 | | | 3,947,4 | | 2,583,770. |
| | | e (Part VIII, Coldmin (A), lines 3, oc | | | 52,213,9 | | 50,601,456. |
| | | milar amounts paid (Part IX, colu | | | | 0. | 0. |
| 14 | Benefits paid | to or for members (Part IX, colun | n (A, line 4) | | | 0. | 0. |
| 0 | Salaries, othe | er compensation, employee buse | s (Part IX, column (A), lines 5-10 |) | 22,405,2 | | 23,907,807. |
| × 16a b X 3 | Professional 1 | fundraising fees (Part IX, column | (A), line 11e)), line 25) ► 2,057, | 127 | 901,4 | 42. | 870,971. |
| | | sing expenses (Part IX, C turn (D ses (Part IX, column (A, Lines 11a | | | 28,524,9 | 49. | 27,009,138. |
| '' | | es. Add lines 18-17 (must equal P | | | 51,831,6 | | 51,787,916. |
| | | expenses. Subtract line 18 from | | | 382,2 | | -1,186,460. |
| | | 1 | | Ве | ginning of Curren | t Year | End of Year |
| | | | | | 93,213,7 | /85. | 92,890,003. |
| | - | Patt, line 26) | | | 36,727,4 | <u>102.</u> | 36,953,534. |
| ⊇ <u>∃</u> 22 Part II | Net assets of Signature | fund balances. Subtract line 21 t e Block | rom line 20 | | 56,486,3 | 003. | 55,936,469. |
| | | I declare that I have examined this re | turn including accompanying sched | iles and stateme | ents and to the he | est of my kn | owledge and belief it is |
| true, cor eo | | e. Declaration of preparer (other than | | | | - | |
| | | Philippin | , | | | 12/3/2 | 20 |
| Sign | , . | re of officer | | | Date | | |
| | | JIP HELSER, CFO | | | | | |
| | , | print name and title | Dueneueile starset | 1 I | Date | Check | 1 PTIN |
| Paid | Print/Type pre | eparer's name | Preparer's signature | | | if 🖵 | |
| Preparer | Firm's name | • | | | Firm's | self-employed FIN ► | |
| Use Only | Firm's address | | | | 111113 | | |

| | 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? |
| • | 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 | (Code:) (Expenses \$ 6,020,093. including grants of \$ 0.) (Revenue \$ 17,700. |
| та | SERVING SINGLE ADULT HOMELESS MEN AND WOMEN, FAITH MISSION OPERATES |
| | THREE SHELTERS, TWO COMMUNITY KITCHENS, A COMPREHENSIVE WEALTH CLINIC, |
| | AND TWO RESOURCE CENTERS TO HELP THE PEOPLE EXPERIENCING HOMELESSNESS |
| | FIND INCOME AND HOUSING. FOR THE FISCAL YEAR REPORTED, FAITH MISSION |
| | PROVIDED 84,578 NIGHTS OF SHELTER AND 216,841 MEALS. |
| | FROVIDED 04,570 NIGHIS OF SHELLER AND 210,041 MERLIS. |
| | |
| | |
| | |
| | |
| | |
| | X ' |
| | |
| 4b | (Code:) (Expenses $7,216,021$. including graps $3,071,716$.) (Revenue $3,071,716$. |
| | LUTHERAN SOCIAL SERVICES OPERATES 2 HUD SECTION 202 AND SECTION 8 |
| | HOUSING SITES THROUGHOUT OHIO TO ROVIDE AFFORDABLE HOUSING TO VERY LOW INCOME SENIORS AND THE DISABLED 1,010 INDIVIDUALS WERE HOUSED BY THIS |
| | INCOME SENIORS AND THE DISABLED 1,010 INDIVIDUALS WERE HOUSED BY THIS PROGRAM FOR THE FISCAL YEAR SADORTED. |
| | PROGRAM FOR THE FISCAL TEAR DEDRIED. |
| | |
| | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 10,955,845. including grants of \$0.) (Revenue \$12,492,218.] |
| 4c | THE GOOD SUPPHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 40 | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD |
| 4c | THE GOOD SEPHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABILT PATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD PROVIDED 43,582 DAYS OF CARE. |
| | THE GOOD SHERHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABIL TATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD PROVIDED 43,582 DAYS OF CARE. Other program services (Describe in Schedule 0.) (Expenses \$ 21,144,433. including grants of \$ 0.) (Revenue \$ 14,791,208.) |
| 4d | THE GOOD SEPHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABILT PATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD PROVIDED 43,582 DAYS OF CARE. |

| Form 990 (2018) | LUTHERAN | SOCIAL | SERVICES | OF | CENTRAL | OHIO | 31-4412586 | Page 3 |
|----------------------|----------------|--------|----------|----|---------|------|------------|---------------|
| Part IV Checklist of | Required Scheo | lules | | | | | | |

| | | | Yes | No |
|----|--|--------------|---------|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | - |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | Č |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Å |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | \cdot | V |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | \mathbf{N} | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par J | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 | | |
| | 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 usedian 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 | | X |
| 0 | 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 | Х | |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Par X, line 19? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in part X, line 12 that is 5% or more of its total | | | |
| | 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 | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Pert 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 Sect X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 2a | Did the organization obtain separate, independent udited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolicited, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization inswered No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have asgregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign orgenization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 6 | Did the orgunization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for forsion individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 7 | Dio 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 | |
| | I 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 | | х |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes." | | | |
| - | complete Schedule G, Part III | 19 | | х |
| 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | | 20a | | |
| 1 | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | |
| • | | | | х |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | Δ |

09181202 147228 38036-30

3 2018.06040 LUTHERAN SOCIAL SERVICES 38036-33

| | t IV Checklist of Required Schedules (continued) | | V | |
|---|---|-----|-----|----------|
| ~ | | | Yes | No |
| 2 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 2 |
| | Schedule J | 23 | X | |
| a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | V |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 2.1 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 0 | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | N | | |
| | any tax-exempt bonds? | 24c | | |
| ł | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 3 | 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 | | X |
|) | Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'es complete | | | |
| | Schedule L, Part I | 25b | | x |
| | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to by jurrent or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualitied persons? If "Yes." | | | |
| | complete Schedule L. Part II | 26 | | x |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, ker en oloyee, substantial | | | <u> </u> |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | | 27 | | x |
| | of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following varties (see Schedule L, Part IV | 21 | | |
| | | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 00- | | x |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or ker anoloyee? If "Yes," complete Schedule L, Part IV | 28b | | |
| ; | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Sciedule L, Part IV | 28c | | X |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | <u> </u> |
| | Did the organization receive contributions of art, historical measures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| | Did the organization sell, exchange, dispose on or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| | Did the organization own 100% of an extend disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7 01-32 If "Yes," complete Schedule R, Part I | 33 | Х | |
| | | | | |

| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | |
|-----|---|-----|
| | Part V, line 1 | 34 |
| 35a | Did the organization a controlled entity within the meaning of section 512(b)(13)? | 35a |
| b | If "Yes" to line 35 m did the organization receive any payment from or engage in any transaction with a controlled entity | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b |
| 36 | Section 50: (c) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | |
| | If "Yes, complete Schedule R, Part V, line 2 | 36 |
| 37 | Ind the segmization conduct more than 5% of its activities through an entity that is not a related organization | |
| | any that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | |

| ote. All Form 990 filers are required to complete Schedule O | 38 | Х | |
|--|---|--|--|
| t 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 |
| Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 232 | | | |
| Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| (gambling) winnings to prize winners? | 1c | Х | |
| 12-31-18 | Form | 990 | 2018 |
| 1 | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 232 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 1 | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 232 Ib 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 232 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X |

832004 12-31-18

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| | 990 (2018) LUTHERAN SOCIAL SERVICES OF CENTRAL OH V Statements Regarding Other IRS Filings and Tax Compliance (continued) | IO 31-44 | 12586 | Page 5 |
|---|---|----------------------------|--------------|----------|
| - | Statements Regarding Other Ins Things and Tax Compliance (continued) | | | |
| - | Enter the number of employees reported on Form W.2. Transmittel of Wass and Tay Statements | 1 | Ť | es No |
| d | 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 81 | 92 | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | ζ . |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions | | | |
| - | | | 0- | x C |
| | | 、 | | -Ô. |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C | | 30 | YU |
| a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | - | | V. |
| | financial account in a foreign country (such as a bank account, securities account, or other financial ac | ccount)? | | |
| D | If "Yes," enter the name of the foreign country: | | -* Ւ | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | COUNTS (FBAR). | | X |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | 5b | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | <u> </u> |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | |
| _ | any contributions that were not tax deductible as charitable contributions? | | <u>6a</u> | <u> </u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | |
| | were not tax deductible? | N J | . <u>6</u> b | |
| • | Organizations that may receive deductible contributions under section 170(c). | J | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and ser | vices provided to the payo | | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided | | 7b | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s required | | |
| | to file Form 8282? | | . 7c | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ntract? | 7e | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contra | ct? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property dig the organization file For | m 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, o organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, boats, airplanes, or organization received a contribution of cars, airplanes, or organization received a | ion file a Form 1098-C | ? 7h | |
| 3 | Sponsoring organizations maintaining donor advised funds. Die a conor advised fund maintained | by the | | |
| | sponsoring organization have excess business holdings at any time during the year? | | . 8 | |
|) | Sponsoring organizations maintaining donor advised funds | | | |
| а | Did the sponsoring organization make any taxable distribution under section 4966? | | . 9a | |
| b | Did the sponsoring organization make a distribution advisor, donor advisor, or related person? | | 9b | |
|) | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions include on Part VIII, line 12 | 10a | | |
| | Gross receipts, included on Form 990, Par Vin line 12, for public use of club facilities | 10b | | |
| | Section 501(c)(12) organizations. Erren | - | | |
| | Gross income from members or share advers | 11a | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | 11b | | |
| а | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | |
| | If "Yes," enter the arrout of tax-exempt interest received or accrued during the year | 12b | 120 | |
| | Section 501(c)(29) qualitied nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | |
| a | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| h | | | | |
| υ | Enter the amount of reserves the organization is required to maintain by the states in which the | 126 | | |
| _ | o ganization is licensed to issue qualified health plans | 13b | | |
| С | Ener the amount of reserves on hand | 13c | | v |
| | | - | | <u> </u> |
| P | "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | 14b | — |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | |
| | excess parachute payment(s) during the year? | | . 15 | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | <u> </u> |
| | If "Yes," complete Form 4720, Schedule O. | | | |

832005 12-31-18

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.

| Check if Schedule O contains a response or note to any line in this Part VI | | X |
|---|-----|----|
| Section A. Governing Body and Management | | |
| | Vaa | No |

| Inter the number of voting members of the governing body at the end of the tax year 1a 17 Inter the number of voting members of the governing body, or if the governing body, or if the governing body, or if the governing body at the end of the tax year 1a 17 Inter the number of voting members included in line 1a, above, who are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 16 | | • | 60 |
|--|---|--|---|
| ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1b 17 Enter the number of voting members included in line 1a, above, who are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 10 | | • ` | 00 |
| inter the number of voting members included in line 1a, above, who are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | • | |
| Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | | | |
| fficer director trustee or key employee? | | | |
| | 2 | | X |
| Did the organization delegate control over management duties customarily performed by or under the direct supervision | N | | |
| f officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | x |
| Did the organization have members or stockholders? | 6 | Х | |
| | | 37 | ĺ |
| | <u>7a</u> | A | |
| | | v | ĺ |
| | 7b | Λ | |
| | | v | |
| | | | |
| | as | Δ | <u> </u> |
| | | | x |
| | 9 | | Δ |
| The section B requests information about policies not required by the Internal Revenue Code.) | | Vac | No |
| Nid the exceptization have local chapters, branches, or affiliates? | 102 | 162 | X |
| | 10a | | |
| | 10h | | ĺ |
| | | x | |
| | 110 | | |
| | 12a | Х | |
| | 12b | Х | |
| | | | |
| | 12c | х | ĺ |
| | 13 | Х | |
| | 14 | Х | |
| | | | |
| ersons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| he organization's CEO, Executive Director, or top management official | 15a | Х | |
| Other officers or key employees of the organization | 15b | Х | |
| | | | |
| Did the organization in wat in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | 16a | | X |
| | | | |
| | | | |
| | 16b | | <u> </u> |
| | | | |
| | | | |
| | s only) a | availat | ole |
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| | fire - | - | |
| | tinanc | al | |
| | | | |
| | | | |
| | | | |
| 2-31-18 | Earm | 990 | (2010) |
| | bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? The governing body? The governing body? The governing body? The act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body? The act on mittee with authority to act on behalf of the governing body by the Internal Revenue Code. The activities of such chapters, affiliates? The syn did the organization have written policies and procedures gradering the activities of such chapters, affiliates, and bar benezities on such their operations are consistent with the governation's exempt purposes? The the organization provided a complete copy of this Form 90 bond 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. Did the organization neqularly and consistently molecular enderce compliance with the policy? The organization neqularly and consistently molecular enforce compliance with the policy? The organization have a written whist blover policy? Did the organization have a written down are proven and destruction policy? The organization have a written down are process in Schedule O (see instructions). Did the organization have a written policy or procedure requiring the organization to evaluate its participation in schedule O (see instructions). Did the organization for the erganization on the assets to, or participate in a joint venture or similar arrangement with a axable entity. Other wears experiments under apolicable federal tax law, and take steps to safeguard the or | nore members of the governing body? 7a ve any governance decisions of the organization reserved to (or subject to approval by) members. Whethers, or presons other than the governing body? 7b Vid the organization contemporaneously document the meetings held or written actions undertaken during in year by the following: 7b Presons other than the governing body? 8a Sach committee with authority to act on behalf of the governing body? 8a Sach committee with authority to act on behalf of the governing body? 8a Sach committee with authority to act on behalf of the governing body? 8a On B. Policies. (Tries, rustee, or key employee listed in Part VII, Section A, why oney the reached at the granization have local chapters, branches, or affiliates? 10a Old the organization have written policies and procedures of the governing body before filing the form? 12a Bescribe in Schedule O the process, if any, used by the organization near a written conflict of interest body. If No, '9o to line 13 12a Did the organization near a written whistleficher policy? 14 Did the organization have a written opolicy of the isform 90. Did wer site so conflicts? 12b Did the organization have a written ontict of interest body. If No, '9o to line 13 12a Did the organization have a written ontict of interest body. If No, '9o to line 13 12a Di | nore members of the governing body? 7a X ve any governance decisions of the organization reserved to (or subject to approval by) members. (A subject, approval by) members, approval b, organization contemporaneously document the meetings held or written actions undertaken during the vear by the following: 7a X ve any governance decisions of the organization reserved to (or subject to approval by) members. (A subject to approval by) members, and the governing body? 8a X ach committee with authority to act on behalf of the governing body? 8a X 8b X ach committee with authority to act on behalf of the governing body? 8a X 8b X ach committee with authority to act on behalf of the governing body? 8a X 8b X ach committee with authority to act on behalf of the governing body? 9 9 9 of the governing body? 8a X 8b X act horganization maining address? 10a 10a 10a 10a bit the organization provided a complete copy of this Fon 900. 11a X 10a 10a 10a 10a 10a 10a 12a X 10a 10a 10a 10a 10a 10a 12a X |

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| Part VII Compensation of Officers, Employees, and Independe | | | | з, г | (e) | , 20 | ihic | yees, nighest com | pensaleu | |
|--|--|--------------------------------|------------------------|-------------|--------------|---------------------------------|--------------------|-----------------------------|----------------------------|----------------------|
| | | | | | | D - 1 | | | | Г |
| Check if Schedule O contains a resp | | | | | | | | · – · | | L |
| Section A. Officers, Directors, Trustees, Key | | | | | | - | | | 1 | · |
| 1a Complete this table for all persons required t | - | | | - | | | | | - | - |
| • List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no comper | rs, directors, tru Isation was paid | istee d. | es (v | vnetr | her | inaiv | iduai | is or organizations), regar | diess of amount of co | ompensation. |
| List all of the organization's current key e | mployees, if any | /. Se | | | | | | | | . (|
| List the organization's five current highest able compensation (Box 5 of Form W-2 and/or B | | | | | | | | | | |
| List all of the organization's former officer | | | | | | | | | | |
| reportable compensation from the organization a | and any related | orga | aniza | ation | s. | | | | | X |
| • List all of the organization's former direct more than \$10,000 of reportable compensation | | | | | | | | | or trustee of the or | inization, |
| List persons in the following order: individual tru | - | | | | - | | - | - | ighest componsited | employees; |
| and former such persons. | | i 0, ii | lotit | ation | | | | | | empleyeee, |
| Check this box if neither the organization | nor any related | orga | niza | tion | cor | nper | sate | d any current officer, dire | ctor, ontrustee. | |
| (A) | (B) | | | _ (0 | C) | | | (D) | | (F) |
| Name and Title | Average | (do | | Pos heck | | n e than i | one | Reportable | R portable | Estimated |
| | hours per | box | , unle | ess per | rson | is botl or/trus | nan | compensation | tompensation | amount of |
| | week (list any | - | | | | 1 | | from the | from related organizations | other compensatio |
| | hours for | direct | | | | p | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | 'ustee | | | ensate | | (W-2/1090-NUSC) | , , | organizatior |
| | organizations | Individual trustee or director | In stitutional trustee | | Key employee | Highest compensated employee | | | | and related |
| | below line) | dividu | stituti | Officer | i ne ni | ghest | Former | | | organization |
| (1) RON KERR | 1.50 | - | = | G | Å | 글들 | е Г | `` + | | |
| CHAIR; PLANNING (UNTIL 12/18) | 0.00 | x | | x | | • | K | 0. | ο. | (|
| (2) REV. BONNIE GERBER | 1.50 | | | | | | | | | |
| SECRETARY/CHAIR ELECT | 0.00 | x | | x | | | | 0. | 0. | (|
| (3) DEEANNE MARLOW | 1.50 | | | | 2 | | | | | |
| CHAIR; PLANNING (UNTIL 12/18) | 0.00 | х | | X | K | 1 | | 0. | 0. | (|
| (4) BETSY BLAKE | 1.50 | | $\boldsymbol{\beta}$ | | | | | | | |
| CHAIR; NOMINATING/BOARD (FROM 01/19) | 0.00 | À | | 1 | | | | 0. | 0. | (|
| (5) STEVE DENUNZIO | 1.50 | \sim | Γ. | | | | | | | |
| MEMBER | | X | | | | - | | 0. | 0. | (|
| (6) REV. MARK DIEMER | 15 | | | | | | | | 0 | |
| MEMBER | | Х | | <u> </u> | _ | _ | | 0. | 0. | (|
| (7) MINDI CUNNINGHAM | 0.00 | v | | | | | | 0. | 0. | (|
| (8) FRED MANNING | 1.50 | <u> </u> | | - | | - | | 0. | 0. | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | (|
| (9) SHARON MORRIS | 1.50 | | \vdash | 1 | | + | | · · | ``` | |
| CHAIR; NOMINATING/BOARD (UN IL 12/18) | 0.00 | | | | | | | 0. | 0. | (|
| (10) ANDY PRAKEL | 1.50 | 1 | | 1 | | | | | | |
| CHAIR; FINANCE (FROM (1)8) | 0.00 | х | | | L | | | 0. | 0. | (|
| (11) DEBBIE RYAN | 1.50 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | (|
| (12) JESSICA OUTNN | 1.50 | | | | | | | | | |
| мемвер | 0.00 | Х | | | | | | 0. | 0. | (|
| (13) R. MARC SCHROEDER | 1.50 | | | | | | | | | |
| MEMBER | 0.00 | X | | ┨ | | + | $\left \right $ | 0. | 0. | (|
| (14) IARTY SCHWALBE | 1.50 | | | | | | | | _ | , |
| EMBER (15) BRADFORD SIGNET | 0.00 | X | - | | - | - | $\left - \right $ | 0. | 0. | (|
| (1) DRADFORD SIGNET | 1.50 | v | | | | | | 0. | 0. | (|
| MEMBED (IINTIT, 9/19) | | | | 1 | <u> </u> | | | U • | U • | |
| MEMBER (UNTIL 8/18) | | | | | | | | | | |
| (16) BETH SPARKS | 1.50 | | | | | | | n | n | ſ |
| | | х | | | | | | 0. | 0. | (|

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| Part VII Section A. Officers, Directors, Tru | | | | | 112.0 | | | CENTRAL OHIO | | 1000 | |
|---|---|--|---|---|---|--|--|---|---|---|---|
| (A) | | bloy | ees, | | | ines | t Co | | · , | | (5) |
| (A) | (B) Average | | | (C Posi | | | | (D) | (E) | | (F) |
| Name and title | hours per | | not cl | heck r | nore t | than o | | Reportable | Reportable | | Estimated |
| | week | | , unles cer an | | | | | compensation from | compensation from related | | amount of other |
| | (list any | tor | | | | | | the | organizations | | onner ompensation |
| | hours for | direct | | | | p | | organization | (W-2/1099-MISC | | from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | () | · | organization |
| | organizations | trust | ial tru | | yee | ompe | | | | | and related |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | Jer | | | 0 | reanizations |
| | line) | Indiv | Insti | Officer | Key e | High emp | Former | | | | |
| (18) LINDA TAYLOR | 1.50 | | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | | 0 | 0. |
| (19) MARK VOLTMANN | 1.50 | | | | | | | | | \square | |
| CHAIR; FINANCE (UNTIL 9/18) | 0.00 | Х | | | | | | 0. | | | 0. |
| (20) BRIAN WEBER | 1.50 | | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (21) DAN BAILEY | 1.50 | | | | | | | | $\overline{\mathbf{n}}$ | | |
| BOARD CHAIR (FROM 01/19) | 0.00 | Х | | х | | | | 0. | \mathbf{N} | 0. | 0. |
| (22) SHELLEY MILANO | 1.50 | | | | | | | | ク | | |
| MEMBER | 0.00 | х | | | | | | | - | 0. | 0. |
| (23) REV. LARRY A. CROWELL | 1.00 | | | | | | | | | | |
| PRESIDENT & CEO | 49.00 | | | х | | | | 31 22. | | 0. | 27,459. |
| (24) PHILIP HELSER | 1.00 | | | | | | | | | - | |
| CFO | 49.00 | | | х | | | | 53,598. | | 0. | 27,559. |
| (25) JOSEPH ABRAHAM | 0.00 | | | | | | 1 | | | | |
| DIRECTOR - GOOD SHEPHERD HOME | 40.00 | | | | | x | \mathbf{V} | 120,110. | | 0. | 26,229. |
| (26) RICK DAVIS | 40.00 | | | | - | | | | | | |
| EXECUTIVE VICE PRESIDENT AND COO | 0.00 | | | | Ć | X | | 170,617. | | 0. | 6,048. |
| dh. Cuit total | | | | | 2 | e | | 764,147. | | | 87,295. |
| c Total from continuation sheets to Part V | II Section A | | | K. | 0 | י | | 425,156. | | | 30,015. |
| d Total (add lines 1b and 1c) | | • | 0 | | ••••• | ا ا | | 1,189,303. | | | 17,310. |
| 2 Total number of individuals (including but | | | i i i ci | ah | | J | | ceived more than \$100,0 | | | |
| compensation from the organization | | C | J | uub | 0.0) | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 010 | | | | 7 |
| | | \leftarrow | - | | | | | | | | Yes No |
| 3 Did the organization list any former office | | Istac | a ka | v em | | | | | | | |
| | | 10100 | , no | y 011 | | vee . | or h | highest compensated en | nlovee on | | |
| line 122 If "Van " complete Schodula I for | | | | | | | | nighest compensated en | | 3 | x |
| line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the | | | | | | | | · · · | | 3 | X |
| 4 For any individual listed on line 1a, is the | um of reportabl | e co | mpe | ensat | tion | and | oth | er compensation from th | ne organization | | |
| 4 For any individual listed on line 1a, is the and related organizations greater than and | um of reportabl 0,000? If "Yes, | e co " co | mpe mple | ensat ete S | tion a | and <i>dule</i> | oth J fa | er compensation from th | ne organization | | |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 5 Did any person listed on line 1ar eceive or | um of reportabl 0,000? <i>If</i> "Yes, accrue comper | e co " co nsati | ompe <i>mple</i> on fr | ensat ete S om a | tion : Schee any i | and <i>dule</i> unre | oth J fo | er compensation from the such individual | ne organization | 4 | X |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 13 5 Did any person listed on line 1a receive or rendered to the organization? IN Yes, coll | um of reportabl 0,000? <i>If</i> "Yes, accrue comper | e co " co nsati | ompe <i>mple</i> on fr | ensat ete S om a | tion : Schee any i | and <i>dule</i> unre | oth J fo | er compensation from th | ne organization | | X |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive rendered to the organization? https://www.sconsection.B. Independent Contractors | Im of reportabl 0,000? If "Yes, accrue comper nplete Schedul | le co " <i>co</i> nsatio e <i>J fe</i> | ompe <i>mple</i> on fr or su | ensat ete S om a uch p | tion i Schee any u berso | and <i>dule</i> unre | oth J fo | er compensation from the such individual | ual for services | 4 | |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive a rendered to the organization? In Yes con Section B. Independent Contractors 1 Complete this table for yoursive highest contractors | Im of reportable 0,000? If "Yes, accrue comper <u>mplete Schedule</u> compensated inco | le co " <i>co</i> nsatione <i>J fe</i> lepe | ompe <i>mple</i> on fr or su | ensat ete S om a u <u>ch p</u> nt co | tion Schee any u bersc | and <i>dule</i> unre on | oth J fo late | er compensation from th or such individual od organization or individ at received more than \$ | ual for services | 4 | |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 15 5 Did any person listed on line 1a ecceive or rendered to the organization? IN Yes, col Section B. Independent Contractors 1 Complete this table for your live highest contractors the organization. Report compensation for the organization. | Im of reportable 0,000? If "Yes, accrue comper <u>mplete Schedule</u> compensated inco | le co " <i>co</i> nsatione <i>J fe</i> lepe | ompe <i>mple</i> on fr or su | ensat ete S om a u <u>ch p</u> nt co | tion Schee any u bersc | and <i>dule</i> unre on | oth J fo late | er compensation from th or such individual d organization or individ at received more than \$ the organization's tax ye | ual for services | 4 | x X from |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 N 5 Did any person listed on line 1a receive or rendered to the organization? https://openstear.com/ 5 Section B. Independent Contractors 1 Complete this table for your live highest conthe organization. Report compensation for the organization. Report compensation for (A) | Im of reportabl 0,000? If "Yes, accrue comper <u>implete Schedul</u> ompensated inc the calendar ye | le co " <i>co</i> nsatione <i>J fe</i> lepe | ompe <i>mple</i> on fr or su | ensat ete S om a u <u>ch p</u> nt co | tion Schee any u bersc | and <i>dule</i> unre on | oth J fo late | er compensation from the or such individual | ual for services | 4 5 | from |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 15 5 Did any person listed on line 1a ecceive or rendered to the organization? In Yes, consection B. Independent Contractors 1 Complete this table for your live highest contraction. Report compensation for (A) Name and business | Im of reportabl 0,000? If "Yes, accrue comper <u>implete Schedul</u> ompensated inc the calendar ye | le co " <i>co</i> nsatione <i>J fe</i> lepe | ompe <i>mple</i> on fr or su | ensat ete S om a u <u>ch p</u> nt co | tion Schee any u bersc | and <i>dule</i> unre on | oth J fo late | er compensation from th or such individual d organization or individ at received more than \$ the organization's tax ye | ual for services | 4 5 | x X from |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? https://www.com/section B. Independent Contractors Complete this table for yournive highest contractors (A) Name and busines ONE AND ACL INC. | In at reportabl 0,000? If "Yes, accrue comper <u>mplete Schedul</u> ompensated inc the calendar yes address | e co " co sati e J fe lepe ear e | ompe mple on fr or su nder endin | ensat ete S om a <u>uch p</u> nt co ug wi | tion a Schee any u Derscontra | and <i>dule</i> unre on | oth J fo late | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s | ual for services | 4 5 nsation Com | from (C) pensation |
| For any individual listed on line 1a, is the and related organizations greater than 6 h Did any person listed on line 1a ecceive or rendered to the organization? <u>In Yess consection B. Independent Contractors</u> Complete this table for yournive highest or the organization. Report compensation for (A) Name and busines ONE AND ACL INC. P.O. BOX 936517, ATLANTA | m t reportabl 0,000? If "Yes, accrue comper <u>mplete Scheduli</u> ompensated inc the calendar yes address , GA 311 | e co " co nsatio <u>e J fo</u> lepe ear e | ompe mple on fr or su nder endin | ensat ete S om a <u>uch p</u> nt co ug wi | tion a Schee any u Derscontra | and <i>dule</i> unre on | oth J fe late | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING | ne organization ual for services 100,000 of competent ear. | 4 5 nsation Com | from |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? https://www.com/section B. Independent Contractors Complete this table for yournive highest or the organization. Report compensation for (A) Name and business ONE AND ACI INC. P.O. BOX 936517, ATLANTA WSB AFHAPILITATION SERVI | m t reportabl 0,000? If "Yes, accrue comper <u>mplete Schedul</u> ompensated inc the calendar yes address , <u>GA 311</u> CES, INC | e co satic e <u>J f</u> lepe ear e | mpe mple on fr or su nder endin | ensat ete S om a <u>uch p</u> nt co ng wi | tion a Check any to perso ntra th o | and dule unre on | oth J fa elate | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING PHYSICAL THEI | ne organization ual for services 100,000 of competent ear. | 4 5 | x from (C) pensation 28,974. |
| 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? https://www.com/section B. Independent Contractors 1 Complete this table for yournive highest of the organization. Report compensation for (A) Name and busines ONE AND ACIA INC. P.O. BOX 936517, ATLANTA WSB KEH PILLITATION SERVI 610 MAIN ST, STE B, C. | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated incomponent the calendar yes address , GA 311 CES, INC ANFIELD, | e co " co nsati <u>e J fr</u> lepe <u>ear e</u> 93 | mpe mple on fr or su nder endin | ensat om a <u>uch p</u> nt co og wi | tion a Check any to perso ntra th o | and dule unre on | oth J fa elate | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING | ne organization ual for services 100,000 of competent ear. | 4 5 | from (C) pensation |
| For any individual listed on line 1a, is the and related organizations greater than 5 The bid any person listed on line 1a receive or rendered to the organization? In Yess constrained by the organization. Report complete this table for your live highest contractors Complete this table for your live highest contractors <l< td=""><td>In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated inco- the calendar yes address , GA 311 CES, INC ANFIELD, 0 SOUTH</td><td>e co satione <u>e J fo</u> lepe ear e 93 • 0 HI</td><td>mpe mple on fr or su nder endin - 6 H GH</td><td>ensat ete S om a <u>ich p</u> nt co ng wi</td><td>tion a Check any to perso ntra th o</td><td>and dule unre on </td><td>oth J fo elate</td><td>er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING PHYSICAL THEI SERVICES</td><td>ne organization ual for services 100,000 of compe ear. ervices</td><td> 4 5 </td><td>X from (C) pensation 28,974. 46,754.</td></l<> | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated inco- the calendar yes address , GA 311 CES, INC ANFIELD, 0 SOUTH | e co satione <u>e J fo</u> lepe ear e 93 • 0 HI | mpe mple on fr or su nder endin - 6 H GH | ensat ete S om a <u>ich p</u> nt co ng wi | tion a Check any to perso ntra th o | and dule unre on | oth J fo elate | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING PHYSICAL THEI SERVICES | ne organization ual for services 100,000 of compe ear. ervices | 4 5 | X from (C) pensation 28,974. 46,754. |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? <u>Investication B. Independent Contractors</u> Complete this table for yournive highest or the organization. Report compensation for (A) Name and busines ONE AND ALL INC. P.O. BOX 936517, ATLANTA WSB KEH PILITATION SERVI 610 MAIN ST, STE B, C. PIANTE & MORAN, PLLC, 25 STRIET, SUITE 100, COLUM | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated inco- the calendar yes address , GA 311 CES, INC ANFIELD, 0 SOUTH | e co satione <u>e J fo</u> lepe ear e 93 • 0 HI | mpe mple on fr or su nder endin - 6 H GH | ensat ete S om a <u>ich p</u> nt co ng wi | tion a Check any to perso ntra th o | and dule unre on | oth J fo elate | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING PHYSICAL THEI | ne organization ual for services 100,000 of compe ear. ervices | 4 5 | x from (C) pensation 28,974. |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? <u>INVES</u> COL Section B. Independent Contractors Complete this table for yournive highest or the organization. Renorcompensation for (A) Name and busines ONE AND ACL INC. P.O. BOX 936517, ATLANTA WSB REH PILITATION SERVI 610 MAIN ST, STE B, C. PIANTE & MORAN, PLLC, 25 STRIET, SUITE 100, COLUM TLFORD, INC | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated incomponent the calendar year s address , GA 311 CES, INCO ANFIELD, 0 SOUTH BUS, OH | e co " co nsati e <u>J fo</u> depe ear e 93 • 0 HI 43 | mpee mplee on fr or su nder endin H GH 21 | ensat ete S om a <u>ich p</u> nt co ng wi | tion a Check any to perso ntra th o | and dule unre on | oth J fo late s th thin | er compensation from th or such individual ed organization or individ at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING PHYSICAL THEN SERVICES AUDIT AND TAX | ne organization ual for services 100,000 of compe ear. ervices | 4 Insation Com 1,5 9 | x from (C) pensation 28,974. 46,754. 11,655. |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? https://www.com/section B. Independent Contractors Complete this table for yournive highest or the organization. Report compensation for (A) Name and busines ONE AND ALL INC. P.O. BOX 936517, ATLANTA WSB AFHAPILITATION SERVI 610, MAIN ST, STE B, C. PLANTE & MORAN, PLLC, 25 STRIET, SUITE 100, COLUME 1220 DUBLIN ROAD, COLUME | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated incomponent the calendar year s address , GA 311 CES, INCO ANFIELD, 0 SOUTH BUS, OH | e co " co nsati e <u>J fo</u> depe ear e 93 • 0 HI 43 | mpee mplee on fr or su nder endin H GH 21 | ensat ete S om a <u>ich p</u> nt co ng wi | tion a Check any to perso ntra th o | and dule unre on | oth J fe elate s th thin | er compensation from th or such individual ed organization or individual at received more than \$ the organization's tax ye (B) Description of s FUNDRAISING PHYSICAL THEN SERVICES AUDIT AND TAX CONSTRUCTION | ine organization ual for services 100,000 of competent ervices RAPY | 4 Insation Com 1,5 9 | X from (C) pensation 28,974. 46,754. |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceiver rendered to the organization? https://www.com/section B. Independent Contractors Complete this table for yournive highest contractors Name and busines NE AND ACI INC. P.O. BOX 936517, ATLANTA WSB AEHAPILITATION SERVI MAIN ST, STE B, C. PLANTE & MORAN, PLLC, 25 STRIET, SUITE 100, COLUME SLUE SKY THERAPY | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated inc the calendar yes address , GA 311 CES, INC ANFIELD, 0 SOUTH BUS, OH US, OH 4 | e co " co isation e J for e J for | mpe mple on fr <u>or su</u> nder endin — 6 | ensat ete S oom a uch p nt co og wi 51' 51' 5 | tion : Schea any (Dersc Intra th o 7 | and dule unre <u>on</u> ctor <u>r wit</u> | oth J fo elate s th thin I I Z Z | er compensation from th or such individual ed organization or individual at received more than \$ the organization's tax yet (B) Description of s FUNDRAISING PHYSICAL THEN SERVICES AUDIT AND TAX CONSTRUCTION PHYSICAL THEN | ine organization ual for services 100,000 of competent ervices RAPY | 4 5 | x from (C) pensation 28,974. 46,754. 11,655. 61,843. |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive rendered to the organization? https://www.com/section B. Independent Contractors Complete this table for yournive highest cather organization. Report compensation for (A) Name and busines ONE AND ALL INC. P.O. BOX 936517, ATLANTA WSB KEH PILITATION SERVI 610 MAIN ST, STE B, C. PIANTE & MORAN, PLLC, 25 STRIET, SUITE 100, COLUME BLUE SKY THERAPY 510 W. MAIN ST. STD. B, C. | In treportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated inc. the calendar yes address , GA 311 CES, INC. ANFIELD, 0 SOUTH BUS, OH 4 CANFIELD | e co " co isatiu e J fa lepe ear e 93 • 0 HI 43 32 | mpe mple on fr or su nder endin H GH 21 15 OH | ensat ete S om a <u>uch p</u> nt co nt co ng wi 51' 5 | tion a Schea any i Dersc ontra th o 7 | and dule unre on . | oth J fo elate s th thin | er compensation from the or such individual | ane organization ual for services 100,000 of compensation ervices RAPY C RAPY | 4 5 | x from (C) pensation 28,974. 46,754. 11,655. |
| For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a ecceive or rendered to the organization? <u>INVES</u> COLOR Section B. Independent Contractors Complete this table for yournive highest of the organization. Report compensation for (A) Name and busines ONE AND ACL INC. P.O. BOX 936517, ATLANTA WSB REH PILITATION SERVI 610 MAIN ST, STE B, C. PIANTE & MORAN, PLLC, 25 STREET, SUITE 100, COLUME BLUE SKY THERAPY 510 W. MAIN ST. STD. B, 7 2 Total number of independent contractors | Impereportable p,000? If "Yes, accrue comper- mplete Schedule ompensated incompensated incompensated incompensated the calendar yes address , GA 311 CES, INCOM ANFIELD, 0 SOUTH BUS, OH 4 CANFIELD CANFIELD CANFIELD | e co " co isatiu e J fa lepe ear e 93 • 0 HI 43 32 | mpe mple on fr or su nder endin H GH 21 15 OH | ensat ete S om a <u>uch p</u> nt co nt co ng wi 51' 5 | $\frac{1}{2}$ | and dule unre ctor r wit | oth J fo elate s th thin | er compensation from the or such individual | ane organization ual for services 100,000 of compensation ervices RAPY C RAPY | 4 5 | x from (C) pensation 28,974. 46,754. 11,655. 61,843. |
| For any individual listed on line 1a, is the and related organizations greater than on 5 Did any person listed on line 1a ecceive or rendered to the organization? https://www.com/section.B.Independent Contractors Complete this table for yournive highest of the organization. Report compensation for (A) Name and busines ONE AND ALL INC. P.O. BOX 936517, ATLANTA WSB KEH PILLITATION SERVI 610 MAIN ST, STE B, C. PIANTE & MORAN, PLLC, 25 STRIET, SUITE 100, COLUME BLUE SKY THERAPY 510 W. MAIN ST. STD. B, C. | Impt reportable 0,000? If "Yes, accrue comper- mplete Schedule ompensated inc the calendar yes address , GA 311 CES, INC ANFIELD, 0 SOUTH BUS, OH 4 CANFIELD INCLUDING but noisitation ► | e co " co sati <u>e J fo</u> depe ear e 93 • 0 HI 43 • 0 t lin | mpe mple on fr <u>or su</u> nder <u>endin</u> <u>- 6</u> <u>H</u> <u>21</u> <u>15</u> <u>OH</u> | ensati ete S om a <u>uch p</u> nt co ng wi 51' 444 5 5 | $\frac{1}{2}$ | and dule unre ctor r wit | oth J fo elate s th thin I | er compensation from the or such individual | ane organization ual for services 100,000 of compensation ervices RAPY C RAPY | 4 5 5 5 1 . 5 9 3 2 2 | x from (C) pensation 28,974. 46,754. 11,655. 61,843. |

| Part VII Section A. Officers, Directors, Tru (A) | (B) | | , | (C) | | | Compensated Employe (D) | (E) | (F) |
|---|-------------------------|--------------------------------|-----------------------|--|------------------------------|----------|-------------------------|----------------------------|------------------|
| Name and title | Average Position | | | | | | Reportable | (L) Reportable | (F) Estimated |
| Name and the | hours (check all that a | | | | | lv) | compensation | compensation | amount of |
| | per | | | | | ,, | from | from related | other |
| | week | | | | yee | | the | organizations | compensation • |
| | (list any | ector | | | old m | | organization | (W-2/1099-MISC) | from the |
| | hours for | or dir | e | | tted e | | (W-2/1099-MISC) | | organization |
| | related | istee | truste | | bens | | | | and related |
| | organizations below | ual tru | ional | a la | t com | | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer Varia amalariaa | Highest compensated employee | Former | | | |
| (27) MICHELE CENCI | 40.00 | - | - | 0 1 | 2 <u></u> | ш. | | ` | |
| VICE PRESIDENT OF DEVELOPMENT | 0.00 | | | | x | | 162,163. | | 5,915. |
| (28) HEATHER MCCRACKEN | 40.00 | | | | 1 | | 102,103. | | 5,515. |
| VP OF HUMAN RESOURCES | 0.00 | | | | x | | 143,186. | | 5,427. |
| (29) CHAD WOLVERTON | 40.00 | | | | | | 115,100. | | 5,427. |
| VICE PRESIDENT OF IT | 0.00 | | | | x | | 119,807. | 0. | 18,673. |
| | | | | | | | 115,007 | \mathbf{v} | 10/0/01 |
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832201 04-01-18

| | | | e in this Part VIII (A) Total revenue | (B) Related or exempt function | Unrelated business | (D) Revenue excluded from tax under sections 512 - 514 |
|----------|--|-------------------------|---|---|-----------------------|--|
| 1: | a Federated campaigns 1a | | | revenue | revenue | 512 - 514 |
| | b Membership dues 1b | | | | | |
| | c Fundraising events 1c | | | | | |
| | d Related organizations 1d | | | | | |
| e | e Government grants (contributions) 1e | 3,400,081. | | | | |
| f | f All other contributions, gifts, grants, and | | | | | |
| | similar amounts not included above 1f | 16,250,979. | | | C | \mathbf{N} |
| | g Noncash contributions included in lines 1a-1f: \$ | | 10 651 060 | | | |
| ł | h Total. Add lines 1a-1f | | 19,651,060. | | | |
| <u> </u> | a NET RESIDENT SERVICES | Business Code 623990 | 28,149,072. | 28,149,072. | | |
| | b | | | <u> </u> | \sim | + |
| | c | | | | <u> </u> | |
| | d | | | | - | |
| e | e | | | | | |
| f | f All other program service revenue | | | | | |
| ç | g Total. Add lines 2a-2f | ▶ | 28,149,072. | | | |
| 3 | Investment income (including dividends, intere | | | | | |
| | other similar amounts) | | 184,561 | | | 184,562. |
| 4 | Income from investment of tax-exempt bond p | | | | | |
| 5 | Royalties | | | | | |
| 6 | (i) Real | (ii) Personal | ک ^۲ | | | |
| | a Gross rents | | | | | |
| | c Rental income or (loss) | X | Ø | | | |
| | d Net rental income or (loss) | | ~ | | | |
| | a Gross amount from sales of (i) Securities | | | | | |
| | assets other than inventory | 97,816. | | | | |
| k | b Less: cost or other basis | | | | | |
| | and sales expenses | 64,824. | | | | |
| | Gain or (loss) | 32,992. | 20.000 | | | 20.000 |
| | d Net gain or (loss) | ····· > | 32,992. | | | 32,992. |
| 8 8 | a Gross income from fundraising verts not including \$ | | | | | |
| | contributions reported online 1). See | | | | | |
| | Part IV, line 18a | | | | | |
| k | b Less: direct expenses b | | | | | |
| c | c Net income or (0,) from fundraising events | ► | | | | |
| 9 a | a Gross incom from gaming activities. See | | | | | |
| | Part IV, Ine 19 | ۱ <u> </u> | | | | |
| k | b Less direct expenses b | | | | | |
| 5 | Net income or (loss) from gaming activities | | | | | |
| K | Given sales of inventory, less returns | | | | | |
| 1 | and allowances and allowances and be Less: cost of goods sold be | └├────┤ | | | | |
| | c Net income or (loss) from sales of inventory | ` | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11 : | a MANAGEMENT FEE INCOME | 900099 | 2,293,448. | 2,293,448. | | |
| | CATERING INCOME | 900099 | 696,020. | 696,020. | | 1 |
| | c | | | | | |
| c | d All other revenue | 900099 | -405,698. | -405,698. | | |
| | | | 2,583,770. | | | |

| ti | on 501(c)(3) and 501(c)(4) organizations must comp | lete all columns. All othe | er organizations must con | nplete column (A). | |
|--------|--|------------------------------|---|--|--------------------------------|
| | Check if Schedule O contains a respon | | | (0) | |
| | not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | 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 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | \sim |
| 4 | Benefits paid to or for members | | | | \mathbf{O} |
| 5 | Compensation of current officers, directors, | | | | 7 |
| | trustees, and key employees | | | | - |
| 3 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 40.000 = | | | |
| 7 | Other salaries and wages | 19,235,790. | 16,470,494. | 3,150,830. | 614,466. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 217,286. | 186,049 | 24,296. | 6,941. |
| Э | Other employee benefits | 3,059,000. | | 342,039. | 97,716. |
|) | Payroll taxes | 1,395,731. | 1,195,084. | 156,062. | 44,585. |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 52,323. | | 52,323. | |
| с | Accounting | 195,900. | \ | 195,900. | |
| d | Lobbying | | \mathbf{O} | | |
| е | Professional fundraising services. See Part IV, line 17 | 870,97 | | | 870,971. |
| f | Investment management fees | XC | | | • |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 4,1,661. | 3,919,663. | 206,298. | |
| 2 | Advertising and promotion | 4.874. | 67,386. | 3,744. | 3,744. |
| 3 | Office expenses | 2,630,511. | 8,596,600. | 754,606. | 279,305. |
| 4 | Information technology | 458,738. | 435,801. | 22,937. | |
| - 5 | Royalties | | 100,0010 | | |
| 6 | Occupancy | 6,935,119. | 6,519,012. | 277,405. | 138,702. |
| 7 | Travel | 161,229. | 137,045. | 24,184. | |
| , 8 | Payments of travel or entertainment expenses | 101/2001 | 10//0100 | 21/1010 | |
| 0 | for any federal, state, or local public oficials | | | | |
| • | Conferences, conventions, and meetings | 28,636. | 24,341. | 4,295. | |
| 9 | | 1,164,267. | 1,120,952. | 43,315. | |
|) | | 1,104,207. | 1,120,552. | ±3,3±3• | |
| 1 | Payments to affiliate | 3,740,245. | 3,621,592. | 117,946. | 707. |
| 2 | Depreciation, departice and amortization | 5,740,245. | J,021,392. | 117,940. | 107. |
| 3 | Insurance | | | | |
| ł | Other expenses. It mize expenses not covered above. (List mixellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) | | | | |
| | chourt, in the 24e expenses on Schedule O.) | 250 261 | 250 261 | | |
| а | BO DEBTS | 259,261. | 259,261. | 10 007 | |
| ۴ | EMPLOYEE RECRUITMENT | 182,074. | 163,867. | 18,207. | |
| ¢ | J | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 51,787,916. | 45,336,392. | 4,394,387. | 2,057,137. |
| 6 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |

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Form 990 (2018)

09181202 147228 38036-30

| | 990 (| 2018) DUIRERAN SOCIA | ц рі | TRAICES OF CEN | 1 L L L L | OHIO | <u> 7 T -</u> | 4412JOO Page II |
|--------|----------|--|---------|----------------------------|-----------|-----------------------------|---------------|---------------------------|
| Pa | tΧ | Balance Sheet | | | | | | |
| | | Check if Schedule O contains a response or note | e to an | y line in this Part X | | | | |
| | | | | | Begi | (A) nning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 855,301. | 1 | 1,153,944. |
| | 2 | Savings and temporary cash investments | | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 595,352. | 3 | 714,87 <u>9</u> . |
| | 4 | Accounts receivable, net | | | 6, | <u>,604,307.</u> | 4 | 6,171,904. |
| | 5 | Loans and other receivables from current and fo trustees, key employees, and highest compensa | | , , | | | | |
| | | Part II of Schedule L | | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of section | 4958(c | ;)(3)(B), and contributing | | | | <i>Joj</i> |
| sts | | employees' beneficiary organizations (see instr). | | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | \frown | | |
| ◄ | 8 | Inventories for sale or use | | | | | 8 | F OC 000 |
| | 9 | | | | | 726,488 | 9 | 526,909. |
| | 10a | Land, buildings, and equipment: cost or other | 10- | 123,155,496. | | \mathbf{O} | | |
| | L | | | | 66 | 743,743. | 10c | 70,546,051. |
| | | Less: accumulated depreciation | 10b | | | 172,172. | | 10,540,051. |
| | 11 | Investments - publicly traded securities | | | | 415,425. | 11 | 13,519,324. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | ,41J,42J. | | ,,,4. |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | | 13 | |

11

150,000.

106,992.

535,004.

92,890,003.

29,342,746.

36,953,534.

-4,608,443.

57,627,126.

2,917,786.

55,936,469.

92,890,003.

Form 990 (2018)

593,841.

621,913.

5,860,030.

11 12 13 150,000. 14 14 Intangible assets 123,169. 15 Other assets. See Part IV, line 11 15 93,213,785. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,628,628. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 688,840. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part 21 21 edule D Loans and other payables to current and former directors, trustees, 22 Liabilities and disqualified persons. key employees, highest compensated employ Complete Part II of Schedule L 22 Secured mortgages and notes payable conclusion but hird parties 28,794,396. 23 23 Unsecured notes and loans payable to berelated third parties 0. 24 24 income tax, payables to related third 25 Other liabilities (including federa parties, and other liabilities not i ded on lines 17-24). Complete Part X of 615,538. 25 Schedule D 36,727,402. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete liner 2) through 29, and lines 33 and 34. sets or Fund Balances -4,654,201. 27 27 Unrestricted tassets 60,265,717. 28 28 Tempora ricted net assets 874,867. 29 29 Perminently restricted net assets ganizations that do not follow SFAS 117 (ASC 958), check here 🕨 📘 omplete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 56,486,383. Total net assets or fund balances 33 33 93,213,785. Total liabilities and net assets/fund balances 34 34

Form 990 (2018)

| Total expenses (must equal Part IX, column (A), line 25)251Revenue less expenses. Subtract line 2 from line 13-1Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))456Net unrealized gains (losses) on investments5Donated services and use of facilities6Investment expenses7Prior period adjustments8Other changes in net assets or fund balances (explain in Schedule O)9Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | |
|--|-------------------|------------|
| Total expenses (must equal Part IX, column (A), line 25) 2 51 Revenue less expenses. Subtract line 2 from line 1 3 -1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 56 Donated services and use of facilities 6 6 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 art XII Financial Statements and Reporting 9 Check if Schedule O contains a response or note to any line in this Part XII 0 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain reviewed 0. 9 0 Were the organization's financial statements compiled or reviewed by an independent accountant? 11 12 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 0 0 Were the organization's financial statements audited by an independent accountant? | <u></u> | X |
| Total expenses (must equal Part IX, column (A), line 25) 2 51 Revenue less expenses. Subtract line 2 from line 1 3 -1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 56 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 53 column (B) 10 53 10 53 rt.XII Financial Statements and Reporting 0 10 53 Check if Schedule O contains a response or note to any line in this Part XII 0 10 53 Accounting method used to prepare the Form 990: Cash Cash Check "Other," explain C where 0. Were the organization changed its method of accounting from a prior year or checked "Other," explain C where 0. 10 53 If "Yes," check a box below to indicate whether the financial statements for the year were commided or reviewed o | 0,601,4 | 56. |
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| consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that ass measuresponsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 2b X | |
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| As a result of a federal award, was the organization required to unorgo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 2c X | |
| Act and OMB Circular A-133? | | |
| | | |
| If "Yes," did the organization undergo the required abilit requires? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe are store taken to undergo such audits | 3a X | <u> </u> |
| or audits, explain why in Schedule O and describe are seen to undergo such audits | | |
| Forma | 3b X | |
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

| | t of the Treasury venue Service | | Go to www.irs | ► Attach to Form 990 of s.gov/Form990 for instruc | | | nformation. | | Inspection |
|-------------|------------------------------------|---------------------------|--------------------|--|----------------|-----------------------------------|-------------------------------|------------------------|----------------------------|
| ame o | f the organization | | | | | | Ì | mployer | identification number |
| | Ū | | ERAN SOC | IAL SERVICES (| OF CEN | TRAL (| | | 1-4412586 |
| Part I | Reason | | | IS (All organizations must | | | | | |
| he orga | | | | is: (For lines 1 through 12, | | | | | |
| 1 | 7 | | | iation of churches describ | | | 1)(A)(i). | | |
| 2 | A school des | cribed in secti | on 170(b)(1)(A)(| (ii). (Attach Schedule E (Fo | rm 990 or 9 | 90-EZ).) | | | |
| 3 | A hospital or | a cooperative I | nospital service | organization described in | section 170 | D(b)(1)(A)(i | ii). | | |
| 4 | A medical res | earch organiza | ation operated ir | n conjunction with a hospit | al describec | d in sectio | on 170(b)(1)(A)(iii |). Enter | the hospital's name, |
| | city, and state | | | | | | | | \mathbf{O}^{\bullet} |
| 5 | An organizati | on operated fo | r the benefit of a | a college or university own | ed or operat | ted by a go | overnmental unit | describe | a in |
| | section 170 | (b)(1)(A)(iv). (C | omplete Part II.) |) | | | | $\boldsymbol{\Lambda}$ | |
| 6 | A federal, sta | te, or local gov | ernment or gov | ernmental unit described ir | section 1 | 70(b)(1)(A) | (v). | | |
| 7 | An organizati | on that normal | ly receives a sul | bstantial part of its support | from a gove | ernmental | unit or from the | eneral p | oublic described in |
| | section 170(l | b)(1)(A)(vi). (Co | omplete Part II.) | | | | \sim | | |
| 8 | A community | trust describe | d in section 17 | 0(b)(1)(A)(vi). (Complete P | art II.) | | \sim | | |
| 9 | | | | ibed in section 170(b)(1)(A | | | | | |
| | or university of | or a non-land-g | rant college of a | agriculture (see instructions | s). Enter the | name, cit | and state of the | e college | or |
| | _ university: | | | | | $-\mathbf{A}$ | ` | | |
| 10 X | 0 | | | nore than 33 1/3% of its su | | | | | |
| | | | | ubject to certain exception | | | | | |
| | | | | ome (less section 511 tax) t | iromousine | ssos acqui | red by the organ | ization a | fter June 30, 1975. |
| | | 509(a)(2). (Con | • | | X | | | | |
| | - | | | clusively to test for public | | | | | |
| 12 | An organizati | on organized a | nd operated exc | clusively for the benefit o | to perform t | | ns of, or to carry | | ourposes of one or |
| | | | | cribed in section 50 (P) | | | | | neck the box in |
| . [| | ugn 120 that c | nization operate | pe of supporting on an zati | d by ito our | ipiete imes | | y. Solly by d | nivina |
| a | Type I. A Si | ted organizatio | n(s) the power t | ed, supervised or controlle to regularly appoint or elect | a maiority (| of the direc | anization(s), typi | of the su | prorting |
| | | | | , Sections 4 and B. | a majonty c | | | | pporting |
| b | | | - | vised or controlled in conne | ection with it | s sunnorte | ad organization(s |) by bay | ina |
| | | | | organization vested in the | | | | | |
| | | | | T, Sections A and C. | | | inter of manage | | |
| c | | | | orting organization operate | d in connec | tion with. | and functionally i | ntearate | d with. |
| | | | | tions). You must complete | | | | 3 | |
| d | | - | - | supporting organization op | | | | d organiz | ation(s) |
| | | | | ganization generally must s | | | | | |
| | | | | complete Part IV, Sectio | | | | | |
| e | Check this | box if the orga | nization receive | d a written determination f | rom the IRS | that it is a | Type I, Type II, ⁻ | Гуре III | |
| | functionally | integrated, or | Type III non-fun | nctionally integrated support | ting organiz | zation. | | | |
| f Er | nter the number | at supported o | rganizations | | | | | | |
| g Pr | | ing information | about the supp | oorted organization(s). | | | | | |
| | (i) Name or scope | offied | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your govern | anization listed ing document? | (v) Amount of me | | (vi) Amount of other |
| | organization | 1 | | above (see instructions) | Vee | No | support (see instr | uctions) | support (see instructions) |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

Schedule A (Form 990 or 990-EZ) 2018 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|---|---|----------------------------------|---------------------|---------------------------------------|--|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 3 The value of services or facilities | | | | | | N. |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | / |
| 4 Total. Add lines 1 through 3 | | 1 | | | | |
| 5 The portion of total contributions | | | | | | |
| by each person (other than a | | | | | | 1 |
| governmental unit or publicly | | | | | \mathbf{N} | |
| supported organization) included | | | | | | |
| on line 1 that exceeds 2% of the | | | | | | |
| amount shown on line 11, | | | | | | |
| column (f) | | | | $\mathbf{\Lambda}$ | | |
| 6 Public support. Subtract line 5 from line 4. | | | - | | | |
| Section B. Total Support | | | | | | <u> </u> |
| | (a) 2014 | (b) 2015 | | (d) 2017 | (a) 2019 | (f) Total |
| alendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | | (d) 2017 | (e) 2018 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, | | | A ' | | | |
| dividends, payments received on | | | N | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| 9 Net income from unrelated business | | 1 SO | | | | |
| activities, whether or not the | | | | | | |
| business is regularly carried on | | \mathcal{N} | | | | |
| 0 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | |) | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 1 Total support. Add lines 7 through 10 | | | | | | |
| 2 Gross receipts from related activities, | , e.c. rec instructio | ons) | | | 12 | |
| 3 First five years. If the Form 990 s to | r the rganization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| organization, check this box and sto | phere | | | | | |
| ection C. Computation of Public | rc Support Per | rcentage | | | , , , , , , , , , , , , , , , , , , , | |
| 4 Public support percentage for 2018 (I | line 6, column (f) d | ivided by line 11, c | olumn (f)) | | 14 | % |
| 5 Public support percentage from 2017 | 7 Schedule A, Part | II, line 14 | | | 15 | % |
| 6a 33 1/3% support pat - 2718. If the | organization did no | ot check the box o | n line 13, and line [.] | 14 is 33 1/3% or n | nore, check this bo | x and |
| stop here. The organization qualifies | | | | | | |
| b 33 1/3% support test - 2017. If the | | | | | | |
| and stor here. The organization qual | | | | | | |
| 7a 10% - face and - circumstances test | | | | | | |
| and the organization meets the "fac | | | | | | |
| | | | | | | |
| | test. The ordaniza | | | - | | ······································ |
| meets the "facts-and-circumstances" | - | - | check a box on line | e 13, 16a 16b or | 17a, and line 15 is | 10% or |
| heets the "facts-and-circumstances" h 1% -facts-and-circumstances test | t - 2017. If the org | ganization did not o | | | | |
| meets the "facts-and-circumstances" | t - 2017. If the org he "facts-and-circu | ganization did not o Imstances" test, ch | neck this box and | stop here. Explai | n in Part VI how the | |

Schedule A (Form 990 or 990 EZ) 2018 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|--|--|---|---|---|---|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | 17828134. | 23531126. | 30984302. | 20934682. | 19651060. | 112929104 |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | 29230005. | 27716352. | 29634294. | 30480110. | 30732842 | <u>47793603</u> |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | 17 | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | S - | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | - CV- | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 47058139. | 51247478. | 60618596. | 54 4792. | 50383902. | 260722907 |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | λ · | | | 0. |
| c Add lines 7a and 7b | | | \mathbf{N} | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) ection B. Total Support | | X |) | | | 260722907 |
| alendar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 27 T | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 Amounts from line 6 | 47058139. | 51217478. | 60618596. | 51414792. | 50383902. | 260722907 |
| Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 158,576. | 118,387. | 140 155. | 186,109. | 184 652. | 787,879. |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| | 58,576. | 118,387. | 140,155. | 186,109. | 184,652. | 787,879. |
| c Add lines 10a and 10b I1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | 110,507. | 140,155. | 100,109. | 104,052. | 101,015. |
| regularly carried on | | | | | | |
| 2 Other income. Do not include gain or loss from the sale of a stal | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of altital assets (Explain in active) | 47216715. | 51365865. | 60758751. | 51600901. | 50568554. | 261510786 |
| Other income. Do not include gain or loss from the sale of rabital assets (Explain in ration | | | | | | 261510786 ation, |
| Other income. Do not include gain or loss from the sale of a lital assets (Explain in Pat 14) Total support. (And lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for | or the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ation, |
| Other income. Do not include gain or loss from the sale of parital assets (Explain in Part V) Total support. (Audims 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this by and stop here | or the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ation, |
| Other income. Do not include gain or loss from the sale of calital assets (Explain in Cat V) Total support. (Addins 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this bax and stop here ection C. Computation of Public | or the organization's | s first, second, thir centage | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ation, |
| Other income. Do not include gain or loss from the sale of calital assets (Explain in Cat W) Total support. (Addines 9, 10c, 11, and 12.) First five years. Ethe Form 990 is for check this bux and stop here ection C. Computation of Public Public support percentage for 2018 (| ic Support Per | s first, second, thir centage livided by line 13, | column (f)) | ax year as a section | n 501(c)(3) organiz | ation, 99.70 % |
| Other income. Do not include gain or loss from the sale of calital assets (Explain in Cat V.) Total support. (Addines 9, 10c, 11, and 12.) First five years. With Form 990 is for check this box and stop here ection C. Computation of Public | ic Support Per (line 8, column (f), d 7 Schedule A, Part | s first, second, thir centage livided by line 13, III, line 15 | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ation, 99.70 % |
| Other income. Do not include gain or loss from the sale of rabital assets (Explain in rat tu- 3 Total support. (Addins 9,10c, 11, and 12.) First five yours. 5 the Form 990 is for check this box and stop here ection C. Computation of Publ 5 Public support percentage for 2018 (6 Public support percentage from 2017 ction D. Computation of Investional Computation of Investional Computational Computation of Investional Computational Computation of Investional Computatio | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income | s first, second, thir rcentage livided by line 13, III, line 15 Percentage | column (f)) | ax year as a section | n 501(c)(3) organiz | ation, 99.70 % |
| Other income. Do not include gain or loss from the sale of calital assets (Explain in rat to the Total support. (Addins 9, 10c, 11, and 12.) First five years. Sthe Form 990 is for check this box and stop here ection C. Computation of Publ Public support percentage for 2018 (Bublic support percentage from 2017 ction D. Computation of Invest Investment income percentage for 2 | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income 018 (line 10c, colur | s first, second, thir rcentage livided by line 13, III, line 15 Percentage mn (f), divided by l | d, fourth, or fifth ta column (f)) | ax year as a section | n 501(c)(3) organiz | ation, 99.70 % 99.70 % |
| Other income. Do not include gain or loss from the sale of calital assets (Explain in Fatture). Total support. (Addins 9, 10c, 11, and 12.) First five years. Sithe Form 990 is for check this box and stop here | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A, | s first, second, thir rcentage livided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 | d, fourth, or fifth ta column (f)) | ax year as a section | 15 16 17 18 | ation, 99.70 % 99.70 % .30 % .30 % |
| Other income. Do not include gain or loss from the sale of calital assets (Explain in Cation) Total support. (Ard Incs 9, 10c, 11, and 12.) First five years. the Form 990 is for check this bax and stop here Computation of Public Public support percentage for 2018 (Public support percentage from 2017 oction D. Computation of Investigation of Support percentage for 2 Investment income percentage from 9a 33 1/3% support tests - 2018. If the | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A, e organization did r | s first, second, thir rcentage livided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box | column (f)) ine 13, column (f)) on line 14, and line | ax year as a section 15 is more than 3 | 15 15 16 17 18 3 1/3%, and line 1 | ation, 99.70 % 99.70 % .30 % .30 % 7 is not |
| 12 Other income. Do not injude gain or loss from the sale of rahital assets (Explain in ratio) 13 Total support. (Addins 9,10c, 11, and 12.) 14 First five years. the Form 990 is for check the Dex and stop here 15 Public support percentage for 2018 (16 Public support percentage from 2017 17 Investment income percentage for 2 18 Investment income percentage from 19a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A, e organization did r and stop here. The | s first, second, thir centage livided by line 13, III, line 15 Percentage mn (f), divided by line Part III, line 17 not check the box organization qual | ine 13, column (f)) on line 14, and line | e 15 is more than 3 upported organiza | 15 15 16 17 18 3 1/3%, and line 1 ttion | ation, 99.70 % 99.70 % .30 % .30 % 7 is not ► X |
| 12 Other income. Do not injude gain or loss from the sale of rahital assets (Explain in Fatter). 13 Total support. (Arthurs 9, 10c, 11, and 12.) 14 First five years. I the Form 990 is for check the Dox and stop here. 15 Public support percentage for 2018 (16 Public support percentage from 2017 investment income percentage from 2017 investment income percentage from 2018 [19 a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2017. If the support tests - 2017. | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A, e organization did r and stop here. The e organization did r | s first, second, thir centage livided by line 13, (III, line 15 Percentage mn (f), divided by line Part III, line 17 not check the box organization qual not check a box or | ine 13, column (f)) on line 14, and line ifies as a publicly s in line 14 or line 19a | ax year as a section ax year as a section at 15 is more than 3 upported organiza a, and line 16 is mo | 15 15 16 17 18 3 1/3%, and line 1 ttion ore than 33 1/3%, a | ation, 99.70 % 99.70 % .30 % .30 % 7 is not |
| 12 Other income. Do not injude gain or loss from the sale of rahital assets (Explain in Patter) 13 Total support. (Addins 9, 10c, 11, and 12.) 14 First five years. I the Form 990 is for check this Dox and stop here. 15 Public support percentage for 2018 (16 Public support percentage from 2017 Section D. Computation of Invest Investment income percentage from 19a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a | ic Support Per (line 8, column (f), d 7 Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A, e organization did r and stop here. The e organization did r eck this box and st | s first, second, thir rcentage livided by line 13, III, line 15 Percentage mn (f), divided by line Part III, line 17 not check the box organization qual not check a box or top here. The organization | d, fourth, or fifth ta column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a | e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly support | 15 15 16 17 18 3 1/3%, and line 1 tion ore than 33 1/3%, a orted organization | ation, 99.70 % 99.70 % .30 % .30 % 7 is not |

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170 (2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization.
- **c** Did the organization support any foreign supported organization that does not have a LPG determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used explosively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part 11 including (i) the names and EIN numbers of the supported organizations added, substituted or entremoved; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document sumorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the key of an event beyond the organization's control?
- 6 Did the organization provide support (whener the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its support organizations, or (iii) other supporting organizations that also support or benefit one or more of the lling organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the objective operation of the directly or indirectly at any time during the tax year by one or more disqualined persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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| | | | V | N |
|------------------------------|--|---------------|-----|--------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | -7 |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | \sim |
| Sec | tion B. Type I Supporting Organizations | | | V |
| | | | Yts | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | • |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Fart V how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | • | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the lasiday of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and an privor support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the one of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trusters effect (i) appointed or elected by the supported | - | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | 2 | | |
| 3 | the organization maintained a close and continuous marking relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | _ | | |
| U | significant voice in the organization's investment pulicies and in directing the use of the organization's | | | |
| | income or assets at all times during the tay year? If "Yes," describe in Part VI the role the organization's | | | |
| | | 3 | | |
| Sec | supported organizations played in this easy and the supporting Organizations | 3 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | 115). | | |
| a b | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | | | |
| c | The organization poported a governmental entity. Describe in Part VI how you supported a government entity (see | instructions, | | N - |
| 2 | Activities Test. Activities (a) and (b) below. | | Yes | No |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | tow the aganization was responsive to those supported organizations, and how the organization determined | | | |
| | the second statistics are not the stand second second second statistics. | 2a | | |
| | that these activities constituted substantially all of its activities. | | | |
| 1 | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| ر | | | | |
| | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| (| Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 2b | | |
| 3 | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these | 2b | | |
| | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more if the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. | 2b 3a | | |
| а | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |

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| Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must co n A - Adjusted Net Income | - | 110V. 20, 1970 (Explain In F | |
|--|--|--|--|
| | | ections A through E. | rant vi.) See instructions. All |
| - | (A) Prior Year | (B) Current Year (optional) | |
| let short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| dd lines 1 through 3 | 4 | | |
| Depreciation and depletion | 5 | | |
| Portion of operating expenses paid or incurred for production or | | | |
| ollection of gross income or for management, conservation, or | | | |
| naintenance of property held for production of income (see instructions) | 6 | | |
| Other expenses (see instructions) | 7 | | |
| djusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| n B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| ggregate fair market value of all non-exempt-use assets (see | | \sim | |
| nstructions for short tax year or assets held for part of year): | | \sim | |
| verage monthly value of securities | 1a | | |
| werage monthly cash balances | 1b | | |
| air market value of other non-exempt-use assets | 1c | | |
| otal (add lines 1a, 1b, and 1c) | 1d 🗸 | | |
| Discount claimed for blockage or other | | | |
| actors (explain in detail in Part VI): | | | |
| acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d | 3 | | |
| Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | 4 | | |
| let value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| finimum Asset Amount (add line 7 to line 6) | 8 | | |
| n C - Distributable Amount | | | Current Year |
| djusted net income for prior year (from Sectional ine 8, Column A) | 1 | | |
| Inter 85% of line 1 | 2 | | |
| Inimum asset amount for prior year from Section B, line 8, Column A) | 3 | | |
| inter greater of line 2 or line 3 | 4 | | |
| ncome tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| mergency temporary reduction (see instructions) | 6 | | |
| Check here if the urrent year is the organization's first as a non-functiona | lly integrat | ed Type III supporting orga | anization (see |
| instructions | | | |
| | add lines 1 through 3 bepreciation and depletion fortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or naintenance of property held for production of income (see instructions) other expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) n B - Minimum Asset Amount aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): vverage monthly value of securities vverage monthly cash balances air market value of other non-exempt-use assets otal (add lines 1 a, 1b, and 1c) Discount claimed for blockage or other actors (explain in detail in Part VI): cquisition indebtedness applicable to non-exempt-use assets subtract line 2 from line 1d cash deemed held for exempt-use assets (subtract line 4 from line 3) fultiply line 5 by .035 tecoveries of prior-year distributions finimum Asset Amount djusted net income for prior year (from Section B, line 8, Column A) net enstructions inter greater of line 2 or line 3 finimum Asset amount for prior year for Section B, line 8, Column A) <td>dd lines 1 through 3 4 depreciation and depletion 5 fortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or an antenance of property held for production of income (see instructions) 6 other expenses (see instructions) 7 djusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount 8 aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a werage monthly cash balances 1b air market value of other non-exempt-use assets 1c otal (add lines 1a, 1b, and 1c) 1d ubiscount claimed for blockage or other 2 actors (explain in detail in Part VI): 2 cuguisition indebtedness applicable to non-exempt-use assets 2 ubtract line 2 from line 1d 3 asah deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount) 4 let value of non-exempt-use assets (subtract line 4 from line 3) 5 ntultiply line 5 by .035 6 ecoveries of prior-year distributions 7 nter asset Amount (add line 7 to line 6) 8 n C - Distributable A</td> <td>dd lines 1 through 3 4 lepreciation and depletion 5 ordion of operating expenses paid or incurred for production or ollection of goss income or for management, conservation, or anintenance of properly held for production of income (see instructions) 6 other expenses (see instructions) 7 ugusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount (A) Prior Y at (A) Prior Y at an arket value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): werage monthly value of securities 1a werage monthly value of securities 1a 1a werage monthly value of the ron-exempt-use assets 1c 1a otal (add lines 1a, 1b, and 1c) 1d 1d vibract line 2 from line 1d 3 3 cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount) 4 let value of non-exempt use assets (subtract line 4 from line 3) 5 6 lutiply line 5 by .035 6 6 6 of - Distributable Amount <t< td=""></t<></td> | dd lines 1 through 3 4 depreciation and depletion 5 fortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or an antenance of property held for production of income (see instructions) 6 other expenses (see instructions) 7 djusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount 8 aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a werage monthly cash balances 1b air market value of other non-exempt-use assets 1c otal (add lines 1a, 1b, and 1c) 1d ubiscount claimed for blockage or other 2 actors (explain in detail in Part VI): 2 cuguisition indebtedness applicable to non-exempt-use assets 2 ubtract line 2 from line 1d 3 asah deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount) 4 let value of non-exempt-use assets (subtract line 4 from line 3) 5 ntultiply line 5 by .035 6 ecoveries of prior-year distributions 7 nter asset Amount (add line 7 to line 6) 8 n C - Distributable A | dd lines 1 through 3 4 lepreciation and depletion 5 ordion of operating expenses paid or incurred for production or ollection of goss income or for management, conservation, or anintenance of properly held for production of income (see instructions) 6 other expenses (see instructions) 7 ugusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount (A) Prior Y at (A) Prior Y at an arket value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): werage monthly value of securities 1a werage monthly value of securities 1a 1a werage monthly value of the ron-exempt-use assets 1c 1a otal (add lines 1a, 1b, and 1c) 1d 1d vibract line 2 from line 1d 3 3 cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount) 4 let value of non-exempt use assets (subtract line 4 from line 3) 5 6 lutiply line 5 by .035 6 6 6 of - Distributable Amount <t< td=""></t<> |

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Schedule A (Form 990 or 990-EZ) 2018 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 7

| rt V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations (continued) | |
|---|--|--|--|
| ion D - Distributions | | | Current Year |
| Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| organizations, in excess of income from activity | | | |
| Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 6 | X |
| Amounts paid to acquire exempt-use assets | | | |
| Qualified set-aside amounts (prior IRS approval required) | | | \()` |
| Other distributions (describe in Part VI). See instructions. | | | |
| Total annual distributions. Add lines 1 through 6. | | | |
| Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| (provide details in Part VI). See instructions. | | | |
| Distributable amount for 2018 from Section C, line 6 | | | |
| Line 8 amount divided by line 9 amount | 1 | | |
| ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2018 |
| Distributable amount for 2018 from Section C, line 6 | | \sim | |
| Underdistributions, if any, for years prior to 2018 (reason- | | | |
| able cause required- explain in Part VI). See instructions. | | | |
| Excess distributions carryover, if any, to 2018 | | | |
| From 2013 | | | |
| From 2014 | | | |
| From 2015 | | | |
| From 2016 | | | |
| From 2017 | | | |
| Total of lines 3a through e | | | |
| Applied to underdistributions of prior years | | | |
| Applied to 2018 distributable amount | | | |
| Carryover from 2013 not applied (see instructions) | | | |
| Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| Distributions for 2018 from Section D, | | | |
| line 7: \$ | <u>у</u> | | |
| Applied to underdistributions of prior years | | | |
| Applied to 2018 distributable amount | | | |
| Remainder. Subtract lines 4a and 4b from 4. | | | |
| Remaining underdistributions for years prior to 2018, if | | | |
| any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| than zero, explain in Part VI. See instructions. | | | |
| Remaining underdistributions for 2018. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Excess from 2017 | | | |
| | | | |
| | Image: Second Strip Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemplor organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount ion E - Distribution Allocations (see instructions) Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years </td <td>Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required -explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 from Section D, line 7: § Applied to underdistributions of prior years Applied to 2018 distributable amount</td> <td>ion D - Distributions CAP - The Color (parkations to accomplish exempt purposes) Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Admunts paid to scoper exemptive assets Color (Color (Co</td> | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required -explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 from Section D, line 7: § Applied to underdistributions of prior years Applied to 2018 distributable amount | ion D - Distributions CAP - The Color (parkations to accomplish exempt purposes) Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Admunts paid to scoper exemptive assets Color (Color (Co |

| | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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| | | al Financial Statements | | OMB No. 1545-0047 |
|--|---|---|----------------|---------------------------------|
| (Form 990) | Part IV, line 6, 7, 8, 9, 1 | ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | ZUIO Open to Public |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990. 990 for instructions and the latest information | Inspection | |
| Name of the organization | | | Em | ployer identification number |
| - | | RVICES OF CENTRAL OHIO | | 31-4412586 |
| Part I Organization | s Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accou | nts. Complete if the |
| organization ans | swered "Yes" on Form 990, Part IV, li | | | |
| | | (a) Donor advised funds | (b) Fur | nds and other accounts |
| | year | | | |
| | tributions to (during year) | | | Y` |
| | nts from (during year) | | | <u> </u> |
| | of year | | | |
| - | | writing that the assets held in donor advised t | | |
| e 1 | roperty, subject to the organization's | • | | |
| | | advisors in writing that grant funds can be use | | |
| | | or donor advisor, or for any other purpose con | | |
| Part II Conservation | | rganization answered "Yes" on Form 990, Parl | | Itto [] NO |
| | tion easements held by the organizat | | <u>ን</u> | • |
| | and for public use (e.g., recreation or | | ally impo | rtant land area |
| Protection of natu | | Preservation of a certifie | | |
| Preservation of op | | | | |
| | | lified conservation contribution in the form of a | conserva | ation easement on the last |
| day of the tax year. | igh zu in the organization held a qual | | | Held at the End of the Tax Year |
| a Total number of conser | vation easements | | 2a | |
| | | | 2b | |
| • | n easements on a certified historic st | | 2c | |
| | | after 7/25/06 and not on a historic structure | | |
| listed in the National Re | aiotor | \sim | 2d | |
| 3 Number of conservation | easements modified, transferred, re | eleased, eximpuished, or terminated by the org | anization | during the tax |
| year 🕨 | • | | | 3 |
| · · · | e property subject to conservation | asyment is located | | |
| | • • | sidic monitoring, inspection, handling of | | |
| | ment of the conservation easements | | | Yes No |
| | | , handling of violations, and enforcing conserv | | |
| | | | | 0 |
| 7 Amount of expenses inc | curred in monitoring, in pecting, han | dling of violations, and enforcing conservation | easemen | its during the year |
| ▶\$ | | | | 0 |
| 8 Does each conservation | n easement reported on line 2(d) abo | we satisfy the requirements of section 170(h)(4 |)(B)(i) | |
| and section 170(h)(4)(B) | | | | Yes No |
| 9 In Part XIII, describe ho | | tion easements in its revenue and expense sta | | nd balance sheet, and |
| include, if applicable, th | ie tex of the footnote to the organiz: | ation's financial statements that describes the | organizat | ion's accounting for |
| conservation easement | | | | |
| Part III Organizatio | Maintaining Collections of | of Art, Historical Treasures, or Othe | r Simila | r Assets. |
| Complete the o | organization answered "Yes" on Forr | n 990, Part IV, line 8. | | |
| 1a If the organization elect | .ed, as permitted under SFAS 116 (A | SC 958), not to report in its revenue statement | and bala | nce sheet works of art, |
| | | khibition, education, or research in furtherance | | |
| | to its financial statements that desci | | - | , |
| | | SC 958), to report in its revenue statement and | d balance | sheet works of art, historical |
| | | education, or research in furtherance of public | | |
| plating to these items: | [| , | , P | |
| | on Form 990. Part VIII. line 1 | | ► | \$ |
| (ii) Assets included in F | | | • | \$ |
| ., | , | easures, or other similar assets for financial ga | | e |
| U | | 116 (ASC 958) relating to these items: | , 5, 5, 6, 6 | - |
| • | | The (AGO 300) relating to these items. | | \$ |
| b Assets included in Form | | | | • |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|-------|--|
| 83205 | 1 10-29-18 |

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|------------|----------|--------|----------|----------|
| 2018.06040 | LUTHERAN | SOCIAL | SERVICES | 38036-33 |

| (check all that apply): | | | | | | | | |
|--|------------------------|-------------------------|--------------------|-------------|-----------------|----------------------|--------------|----------|
| Public exhibition | c | | hange program | | | | | |
| Scholarly research | e | • U Other | | | | | | |
| Preservation for future generations | | | | | | | | (|
| Provide a description of the organization's conduction by During the year, did the organization solicit conductions of the organization solicit conductions are set of the organization solicit conductions and the organization solicit conductions are set of the organizations are set of the organization solicit conductions are set of the organizations are set of the organiza | | | | | | rt XIII. | • | 0 |
| to be sold to raise funds rather than to be ma | | | | | _ | Yes | , • A | |
| art IV Escrow and Custodial Arran | | | | | | | or | |
| reported an amount on Form 990, Pa | | | and another of our | | | , in io o, | ĸ | |
| Is the organization an agent, trustee, custod | an or other intermed | iary for contribution | s or other asse | ets not inc | luded | X | | |
| on Form 990, Part X? | | - | | | | es | | No |
| If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | |
| | | | | | | Amou | int | |
| Beginning balance | | | | | | | | |
| d Additions during the year | | | | | | | | |
| Distributions during the year | | | | | | | | |
| Ending balance | | | | \frown | 1f | | | _ |
| Did the organization include an amount on F | | | | | دL | Yes | | _ No |
| If "Yes," explain the arrangement in Part XIII. Irt V Endowment Funds. Complete | | | | | | | L | |
| | (a) Current year | (b) Prior year | (c) Two years | | Three years bac | k (e) Fo | our years | back |
| Beginning of year balance | 5,066,420. | 5,367,881. | 4,718 | | 4,016,407 | | 3,454, | |
| Contributions | 5,000. | 0. | | ,188. | 183,752 | | | 000. |
| Net investment earnings, gains, and losses | 415,957. | 423, 63. | | ,953. | 57,709 | | | 724. |
| Grants or scholarships | 0. | | 447 | ,000. | |). | | 0. |
| Other expenditures for facilities | | | | | | | | |
| and programs | -176,246. | 6 96,394. | -150 | ,000. | -461,969 | | -419 | |
| Administrative expenses | 30,219. | 28,530. | | ,121. | 10,976 | | | 148. |
| g End of year balance | 5,633,40. | | | ,881. | 4,708,861 | • | 4,016, | 407. |
| Provide the estimated percentage of the curr | | |)) held as: | | | | | |
| Board designated or quasi-endowment | 38.60 | _% | | | | | | |
| Permanent endowment $\blacktriangleright 10.25$ | | | | | | | | |
| Temporarily restricted endowment \blacktriangleright 5 | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse | | tion that are hold ar | nd administers | d for the | ragnization | | | |
| by: | sson of the organiza | alion that are new ar | | | organization | | Yes | No |
| (i) unrelated organizations | • | | | | | 3a(i | | X |
| (ii) related organizations | | | | | | | | x |
| If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Schedule R? | | | | 3b | | |
| Describe in Part XIII the intended uses of the | | | | | | | | |
| rt VI Land, Buildings, and Equipm | | | | | | | - | |
| Complete if the organization answere | d "Yes" on Form 990 |), Part IV, line 11a. S | See Form 990, | Part X, lin | e 10. | | | |
| Description of property | (a) Cost or o | • • • | t or other | • • | umulated | (d) Bo | ok valu | le |
| {\` | basis (investr | , | (other) | depre | eciation | | | |
| Land | | | 0,192. | | | | <u>90,1</u> | |
| Failding | | 90,29 | 8,125. | 38,24 | 5,804. | 52,05 | 52,3 | 21. |
| Les schold improvements | | 11 00 | <u> </u> | | | | <u></u> | <u> </u> |
| Equipment | | | 2,288. | | 4,721. | 7,90 | | |
| gther | | 15,23 | 4,891. | - | 8,920. | <u>4,79</u> 70,54 | <u>95,9</u> | |
| al. Add lines 1a through 1e. (Column (d) must e | | | | | ► I | | | L 1 |

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| chedule D (Form 990) 2018 LUTHERAN SC Part VII Investments - Other Securities. | | | | | | |
|---|---|---|-------------|--------------------|----------------|-----------|
| Complete if the organization answered "Yes" | " on Form 990. Part IV. I | ne 11b. See Form 990. F | Part X. lin | e 12. | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va | | | d-of-year mark | ket value |
|) Financial derivatives | | | | | - | |
| Closely-held equity interests | | | | | | |
|) Other | | | | | | <u> </u> |
| (A) CASH | 8,349,78 | 2. END-OF-Y | EAR M | IARKET | VALUE | |
| (B) EQUITY SECURITIES | 3,312,03 | | | | VALUE | |
| (C) CORPORATE BONDS | 893,19 | | | | VALUE | |
| (D) GOVERNMENT BONDS | 709,13 | | EAR M | IARKET | VALUE | |
| (E) OTHER | 255,18 |). END-OF-Y | EAR M | IARKET | VALUE | |
| (F) | | | | | X | • |
| (G) | | | | | | |
| (H) | | | | - | 70- | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 13,519,32 | 1. | | | | |
| Part VIII Investments - Program Related. | | | | | ` | |
| Complete if the organization answered "Yes" (a) Description of investment | on Form 990, Part IV, I (b) Book value | ne 11c. See Form 990, F (c) Method of va | | e 13 O stor enc | d-of-year mark | et value |
| (1) | (, | | | | , | |
| (2) | | | 5 | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | • | | | |
| | | | | | | |
| (6) | | | | | | |
| (6) | | | | | | |
| (7) | | 201 | | | | |
| (7) (8) | | 40 ¹ | | | | |
| (7) (8) (9) | ~ | 40 ¹ | | | | |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | | | |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | | o 15 | | |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | ie 15. | (b) Boo | |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) | | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► eart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) | " on Form 990; Nan W, I | ne 11d. See Form 990, F | Part X, lin | e 15. | (b) Boo | ok value |
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| (7) (8) (9) atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line | " on Form 990, Nan.w, I) Description | | Part X, lin | e 15. | (b) Boo | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the stiganization answered "Yes" | " on Form 990, Ran w, I) Description | ne 11e or 11f. See Form | | | | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (8) (9) (9) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9 | " on Form 990, Ran w, I) Description | | | | | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" Complete if the organization answered "Yes" (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" (1) Federal income taxes | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form | | | | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" Complete if the organization answered "Yes" | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" Complete if the organization answered "Yes" (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" (1) Federal income taxes | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form | | | | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) part X Other Liabilities Complete if the organization answered "Yes" (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) part X Other Liabilities Complete if the organization answered "Yes" (1) Federal income taxes (2) TENANT | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) rat IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (10) Escription of liability (11) Federal inconnetaxes (2) TENANT SECURITY DEPOSITS/ (3) TRUES FUND LIABILITIES | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) (2) (3) (1) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) Federal incontexases (2) TENAMT SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) (2) (3) (1) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) Federal incontexases (2) TENAMT SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) (2) (3) (1) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) Federal incontexases (2) TENAMT SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (10) Federal incontextaxes (2) TENANT SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) (5) (6) (7) (8) | " on Form 990, Part W, I) Description ne 15.) | ne 11e or 11f. See Form (b) Book value | | | | ok value |
| (7) (8) (9) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) (2) (3) (1) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (1) Federal incontexases (2) TENAMT SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) | " on Form 990; Martwr, I) Description ne 15.) " on Form 990, Part IV, I RESIDENT | ne 11e or 11f. See Form (b) Book value | | | | ok value |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 LUTHERAN SOCIAL SERV: Part XI Reconciliation of Revenue per Audited Financial | |
|---|--|
| Complete if the organization answered "Yes" on Form 990, Part | - |
| 1 Total revenue, gains, and other support per audited financial statement | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a Net unrealized gains (losses) on investments | 2a 17,734. |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIII.) | 2d 5,898,818. |
| e Add lines 2a through 2d | 2e 5,916,552. |
| 3 Subtract line 2e from line 1 | 3 48,51,7,966. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a •••••••••••••••••••••••••••••••••••• |
| b Other (Describe in Part XIII.) | |
| c Add lines 4a and 4b | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir Part XII Reconciliation of Expenses per Audited Financia | No. 12.) Statements With Expenses per Paturn |
| | |
| Complete if the organization answered "Yes" on Form 990, Part | |
| 1 Total expenses and losses per audited financial statements | 1 51,815,806. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:a Donated services and use of facilities | |
| b Prior year adjustments | |
| | |
| c Other losses d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d | |
| 3 Subtract line 2e from line 1 | |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | \ _{4a} |
| b Other (Describe in Part XIII.) | 4b 30,219. |
| c Add lines 4a and 4b | 4c 30,219. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part | me 18.) 5 51,787,916. |
| Part XIII Supplemental Information. | |
| PART XI, LINE 2D - OTHER DJUSTMENTS: | ide any additional information. |
| NET ASSETS RELEASED FROM RESTRICTION | 5,898,818. |
| PART XI, LINE - OTHER ADJUSTMENTS: | |
| GAIN/LOSS ON SALE OF EQUIPMENT | -58,109. |
| RESTRICTED CONTRIBUTIONS | 2,104,865. |
| RESTRICTED INVESTMENT INCOME | 113,541. |
| RESTRICTED REALIZED GAIN/LOSS | 95,974. |
| INVESTMENT MANAGEMENT FEES | 30,219. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 2,286,490. |

832054 10-29-18

| Chedule D (Form 990) 2018 LUTHERAN SOCIAL SERVICES OF CENTRAL Part XIII Supplemental Information (continued) | OHIO 31-4412586 Page 5 |
|---|------------------------|
| | |
| ART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| AIN/LOSS ON SALE OF EQUIPMENT | 58,109. |
| | |
| ART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| IVESTMENT MANAGEMENT FEES | 30 219. |
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Schedule D (Form 990) 2018

832055 10-29-18

| (Form 990 or 990-EZ) | | e organization answered "Yes | | | | 19, or if the | 2018 |
|---|---------------------|---|----------------|-----------------------|-------------------------------------|----------------------------|---------------------|
| | C | rganization entered more that Attach to Form | | | | | Open to Public |
| Department of the Treasury nternal Revenue Service | ► Go | to www.irs.gov/Form990 for | | | | n. | Inspection |
| Name of the organization | | | | | | | entification number |
| | | N SOCIAL SERVIC | | | | 31-4412 | |
| | | Complete if the organization a | answered "" | Yes" or | ı Form 990, Part IV, li | ne 17. Form 990-E | Z filers are not |
| • | complete this part | | | | | | <u></u> |
| a X Mail solicitati | U | ed funds through any of the fo e So | • | | overnment grants | | |
| | email solicitations | | | • | nment grants | | |
| c Phone solicit | | | pecial fundr | • | • | | X |
| d 🗌 In-person sol | citations | | | 0 | | | \mathbf{h} |
| 2 a Did the organization | n have a written o | r oral agreement with any indiv | vidual (inclu | ding of | ficers, directors, trust | ees, or | _ |
| • • • | | art VII) or entity in connection v | - | | | Ye | s No |
| | | iduals or entities (fundraisers) | pursuant to | agreer | nents under which th | e fundraiser is to b | e |
| compensated at lea | ast \$5,000 by the | organization. | | | | \mathcal{N} | |
| | of in dividual | | _(iii |) Did braiser | | Amount paid | (vi) Amount paid |
| (i) Name and address or entity (fund | | (ii) Activity | have | custodv | (iv) Gross receips from activity | or retained by) fundraiser | to (or retained by) |
| | | | contri | ontrol of butions? | | listed in col. (i) | organization |
| ONE AND ALL, INC - | BOX | | Yes | No | | | |
| 936517, ATLANTA, GA | | MAILINGS | | X | 270,974. | 867,300. | . 403,674 |
| WEST CAMP PRESS, IN | | | | | | | 105.000 |
| COLLEGEVIEW RD., WE | STERVILLE, | MAILINGS | | \leftarrow | 160,798. | 55,760. | 105,038 |
| | | | | X | | | |
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| Total | $\mathbf{\Lambda}$ | | <u></u> | | 1,431,772. | 923,060. | . 508,712 |
| 3 List all states in whether | h ine organizatio | n is registered or licensed to so | olicit contril | outions | or has been notified | t is exempt from re | egistration |
| or licensing. | ` | | | | | | |
| DH HC | • | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

| | (a) Event #1 | EZ, lines 1 and 6b. List et (b) Event #2 | (c) Other events | (d) Total events |
|--|--|--|---------------------|----------------------------|
| | | | | (add col. (a) through |
| | (event type) | (event type) | (total number) | col. (c)) |
| | | | (total humber) | |
| 1 Gross receipts | | | | |
| | | | | |
| 2 Less: Contributions | | | | |
| 3 Gross income (line 1 minus line 2) | | | | |
| | | | • | |
| 4 Cash prizes | | | | Σ |
| | | | | |
| 5 Noncash prizes | | | - | - |
| 6 Rent/facility costs | | | \sim | |
| | | | 3 | |
| 7 Food and beverages | | | <u> </u> | |
| 8 Entertainment | | | | |
| 9 Other direct expenses | | | · | |
| 10 Direct expense summary. Add lines 4 through | h Q in column (d) | | ► | |
| 11 Net income summary. Subtract line 10 from I | | | ► | |
| t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | n 990, Port IV, line 19, or r | eported more than | |
| \$13,000 011 F0111 990-EZ, line 0a. | | Pull tabs/instant | | (d) Total gaming (add |
| | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| | | | | |
| 1 Gross revenue | ×0 | | | |
| 2 Cash prizes | | | | |
| | | | | |
| | | | | |
| 3 Noncash prizes | | | | |
| | 5 | | | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | |
| 4 Rent/facility costs | | | | |
| A Rent/facility costs Other direct expenses | 9 1 1 1 1 1 1 1 1 | Yes% | Yes % | |
| A Rent/facility costs Other direct expenses | ∑ | □ Yes% □ No | └── Yes % └── No | , |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor | No | No | No | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor | No | | No | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense sumpary. Add lines 2 through | h 5 in column (d) | □ No | <u>No</u> No | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 | h 5 in column (d) | □ No | <u>No</u> No | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the State(s) in which the organization conduction | h 5 in column (d) | No | No ► | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the states) in which the organization conduct gaming and an angle organization licensed to conduct gaming and another states. | No N | No | No ► | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the states) in which the organization conducts and a sine organization licensed to conduct gaming and a sine organization licensed to conduct gaming | No N | No | No ► | |
| 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the states) in which the organization conducts | h 5 in column (d) | States? | No ► | |

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

| | 990 or 990-EZ) 2018 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412 | |
|---------------------------|--|-----------------|
| | | Yes No |
| | ation a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed charitable gaming? | Yes 🗌 No |
| | ercentage of gaming activity conducted in: | |
| a The organizati | ion's facility13a | % |
| | cility13b | % |
| | ne and address of the person who prepares the organization's gaming/special events books and records: | |
| | | |
| Name 🕨 | | |
| Address 🕨 _ | × | |
| I 5a Does the orga | anization have a contract with a third party from whom the organization receives gaming revenue? | Yes 🗌 No |
| | r the amount of gaming revenue received by the organization 🕨 💲 and the amount | |
| of gaming reve | enue retained by the third party \$ | |
| c If "Yes," enter | r name and address of the third party: | |
| Name 🕨 | | |
| Address 🕨 _ | ~ | |
| 16 Gaming mana | ager information: | |
| Name 🕨 | | |
| Gaming mana | ager compensation ▶ \$ | |
| Description of | | |
| Description of | f services provided | |
| | | |
| | <u> </u> | |
| Directo | pr/officer Employee Independent contractor | |
| | \sim | |
| 17 Mandatory dis | stributions: | |
| a Is the organization | ation required under state law to have charitable distributions from the gaming proceeds to | |
| | e gaming license? | Yes No |
| b Enter the amo | ount of distributions required unser state law to be distributed to other exempt organizations or spent in the | |
| | s own exempt activities duise the tax year 🕨 💲 | |
| Part IV Supp | plemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lin | nes 9, 9b, 10b, |
| 15b, 1 | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | |
| | | |
| SCHEDULE G | G, PARE I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | |
| | ~·· | |
| | | |
| ٦ | | |
| I) NAME | F FUNDRAISER: WEST CAMP PRESS, INC | |
| | | |
| (I) ADDRES | SS OF FUNDRAISER: 39 COLLEGEVIEW RD., WESTERVILLE, OH 4308 | 1 |
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832083 10-03-18

| | 990-EZ) LUTH | | | | |
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Schedule G (Form 990 or 990-EZ)

832084 04-01-18

| SCHEDULE J | Compensation Information | OMB No. 1545 | 5-0047 |
|----------------------------|--|------------------------|----------|
| (Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | 201 | 0 |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | 201 | 0 |
| Department of the Treasury | Attach to Form 990. | Open to P | |
| nternal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Inspecti | |
| Name of the organizati | | mployer identification | number |
| | LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO | 31-4412586 | <u> </u> |
| Part I Questio | ns Regarding Compensation | | |
| | | Y₁ ◆ | |
| | riate box(es) if the organization provided any of the following to or for a person listed on Form 99 | 0, | |
| | , line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| | charter travel Housing allowance or residence for persona | | |
| Travel for co | | lence | |
| | ication and gross-up payments Health or social club dues or initiation fees | | |
| Discretionary | spending account Personal services (such as maid, chauffeur, | | |
| | an line de sue els els el did de sus estas felles, e suiden estis, use endire us mante es | | |
| • | s on line 1a are checked, did the organization follow a written policy regarding payment or | | |
| | provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| e e | ers, including the CEO/Executive Director, regarding the items checked on line 1a | 2 | |
| trustees, and onic | ers, including the CEO/Executive Director, regarding the items checked on line ha | | |
| 3 Indicate which, if | any, of the following the filing organization used to establish the compensation of the organizatio | n'e | |
| | rector. Check all that apply. Do not check any boxes for methods used by articated organization | | |
| | sation of the CEO/Executive Director, but explain in Part III. | | |
| X Compensatio | | | |
| | compensation consultant X Compensation survey or study | | |
| | other organizations X Approval by the board or compensation con | nmittee | |
| | | | |
| 4 During the year. d | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | |
| | elated organization: | | |
| • | ce payment or change-of-control payment? | 4a | X |
| | eceive payment from, a supplemental nonsual fillor etirement plan? | 4b | X |
| | eceive payment from, an equity-based componie and arrangement? | 4c | X |
| | ines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| , | | | |
| Only section 501 | c)(3), 501(c)(4), and 501(c)(29) or gan zations must complete lines 5-9. | | |
| | on Form 990, Part VII, Section, ine 1a, did the organization pay or accrue any compensation | | |
| contingent on the | | | |
| a The organization? | - * | 5a | X |
| b Any related organ | | 5b | X |
| | or 5b, describe in Part III. | | |
| | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | |
| contingent on the | | | |
| a The organization? | | 6a | X |
| b Any related organ | | 6b | X |
| | r 60, describe in Part III. | | |
| 7 For persons ste | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | |
| | ines 5 and 6? If "Yes," describe in Part III | 7 | X |
| | s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | |
| | | 8 | X |
| | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | |
| initia contract exe | did the organization also follow the rebuttable presumption procedure described in | | |

Schedule J (Form 990) 2018 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586

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 (manounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) | Nontaxade | (E) Total of columns | (F) Compensation |
|----------------------------------|------|--------------------------|---|--|--------------------|-----------|-----------|----------------------|-----------------------|
| (A) Name and Title | - | (i) Base compensation | (ii) Bonus & incentive compensation | e reportable componentiation on prior Form 990 | | | | | |
| (1) REV. LARRY A. CROWELL | (i) | 319,822. | 0. | 0. | 9,745 | <u>کر</u> | 17,714. | 347,281. | 0. |
| | (ii) | 0. | 0. | 0. | | | 0. | 0. | 0. |
| (2) PHILIP HELSER | (i) | 153,598. | 0. | 0. | 4,972 | | 22,587. | 181,157. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | | 0. | 0. | 0. |
| (3) RICK DAVIS | (i) | 170,617. | 0. | 0. | 4,006. | | 2,042. | 176,665. | 0. |
| EXECUTIVE VICE PRESIDENT AND COO | (ii) | 0. | 0. | 0. | 0. | | 0. | 0. | 0. |
| (4) MICHELE CENCI | (i) | 162,163. | 0. |) | 4,875. | | 1,040. | 168,078. | 0. |
| VICE PRESIDENT OF DEVELOPMENT | (ii) | 0. | 0. | | 0. | | 0. | 0. | 0. |
| | (i) | | | | | | | | |
| | (ii) | | | $- \Delta$ | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | XV | | | | | |
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| | (ii) | | \ | O | | | | | |
| | (i) | | `. O | | | | | | |
| | (ii) | | | | | | | | |
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| A | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| \mathbf{A} | | | | | | | | Sched | ule J (Form 990) 2018 |
| 832112 10-26-18 | | | | 2.0 | | | | | |
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| | ICES OF CENTRAL OHIO | 31-441250 Page 3 |
| Part III Supplemental Information | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1 | a, 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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| 832113 10-26-18 | | Schedule J (Form 990) 2018 |
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| 832113 10-26-18 | 33 | |
| V · | | |

| (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. | 2018 Open to Public Inspection |
|--|--|--------------------------------------|
| Name of the organizatio | n Employer i | dentification number |
| <u>FORM 990, PA</u> | RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
| SINCE 1912, | LUTHERAN SOCIAL SERVICES HAS BEEN PROVIDING SERVICES | TQ |
| PEOPLE IN NE | ED, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, SENIC | |
| LIVING, AFFO | RDABLE HOUSING COMMUNITIES, DISASTER RESPONSE AND TH | IER |
| PROGRAMS THA | T UPLIFT FAMILIES AND STRENGTHEN COMMUNITIES. | |
| | | |
| FORM 990, PA | RT III, LINE 4D, OTHER PROGRAM SERVICES | |
| OTHER MAJOR | PROGRAMS OPERATED BY LUTHERAN SOCIAL SERVICES INCLUDE | OUR |
| INNOVATIVE, | HIGH-VOLUME FOOD PANTRY NETWORK, INDEPENDENT AND ASSI | STED |
| LIVING FACIL | ITIES (LSS KENSINGTON PLACE AND LSS LUTHERAN VILLAGE) | 1 |
| DISASTER PRE | PAREDNESS AND RESPONSE SERVICES, VETERAN TRANSITIONAL | J |
| HOUSING, SOC | IAL ENTERPRISES FOR JOI RAINING AND EMPLOYMENT (PATR | RIOT |
| PRIDE PAINTI | NG AND FAIRHAVEN NAVIOARE), 24-HOUR DOMESTIC VIOLEN | ICE |
| CRISIS, INF | ORMATION AND REFERENT LINE AND TEMPORARY EMERGENCY SH | IELTER |
| (LSS CHOICES |), LSS FAITH MISSION OF FAIRFIELD COUNTY AND LSS HOME | 2 |
| HEALTH CARE. | c_{0} | |
| EXPENSES \$ 2 | 1,144,435. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14, | 791,208. |
| | \wedge | |
| FORM 990, F A | RT VI, SECTION A, LINE 6: | |
| MEMBERS | HIS CORPORATION SHALL CONSIST OF ONE OR MORE INCORPOR | ATED |
| CONGREGATION | S OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, LUTH | IERAN |
| | SOURI SYNOD, OR OTHER LUTHERAN CONGREGATIONS WHICH: | |
| | · · · · · · · · · · · · · · · · · · · | |
| A) HAVE PREV | IOUSLY PROVIDED FINANCIAL OR VOLUNTEER SUPPORT TO THE | 8 |
| CORPORATION; | OR | |
| | | 990 or 990-EZ) (2018) |

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| 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 JUDICA | TORIES); AND |
| C) DECLARE IN WRITING THEIR INTENT TO SUPPORT THE PURPOS | E AND WORK OF THE |
| CORPORATION. | |
| | X` |
| FORM 990, PART VI, SECTION A, LINE 7A: | |
| THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT | OR APPOINT ONE OR |
| MORE MEMBERS OF THE GOVERNING BODY. | $\mathcal{Q}_{\mathcal{K}}$ |
| O | |
| FORM 990, PART VI, SECTION A, LINE 7B: | |
| THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO APPROV | E OR RATIFY THE |
| DECISIONS OF THE GOVERNING BODY. | |
| <u>}`</u> | |
| FORM 990, PART VI, SECTION B, LINE 1 B | |
| FORM 990 IS PREPARED BY OUR OUTSTRE AUDITING FIRM AND SU | BMITTED 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 STA | FF ANNUALLY REVIEW |
| AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY, AND DIS | CLOSE ANY SITUATION |
| OF POTENTIAL CONFLICT OF INTEREST. AT NEW-HIRE ORIENTAT | ION, ALL PERSONNEL |
| ACKNOWLEDGE THAT THEY UNDERSTAND THE CONFLICT OF INTERES | T POLICY. THE |
| COMPLIANCE OFFICER MONITORS FOR POTENTIAL CONFLICTS OF I | NTEREST, 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, 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 35 2018.06040 LUTHERAN SOCIAL SERVICES 38036-33

| lame of the organization | Employer identification number |
|---|--------------------------------|
| LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO | 31-4412586 |
| PEERS, AND SELECTED REPORTS FOR EACH MANAGEMENT OFFICIAL. | THE |
| PRESIDENT/CEO IS EVALUATED BY THE REST OF MANAGEMENT AS V | TELL AS THE BOARD |
| OF DIRECTORS THROUGH ITS EXECUTIVE COMMITTEE. THE FULL E | BOARD APPROVES THE |
| RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE. SALARY SURVE | YS ARE REFERENCED |
| AS APPROPRIATE TO ESTABLISH, WITH CONSIDERATION OF THE SI | ZE, GEOGRAPHIC |
| REACH, COMPLEXITY AND BREADTH OF SERVICES OF THE ORGANIZA | ATION |
| | ~~~ |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND | IANCIAL STATEMENTS |
| ARE AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| PARTNER CONTRIBUTIONS | 547,832. |
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