Form 99	Return of Organiza Under section 501(c), 527, or 4947(a)(1	-			s) 2019
(Rev. Januar)		-	-	-	Open to Public
A For the O	Service Go to www.irs.gov/Form 019 calendar year, or tax year beginning JUL			formation. IN 30,2020	Inspection
		1, 2019 an		•	
B Check if applicable:	C Name of organization		1	D Employer identific	
Address change	LUTHERAN SOCIAL SERVICES	OF CENTRAL O	нто		
Name	Doing business as	•••••••		31-441258	36 •
Initial return	Number and street (or P.O. box if mail is not delivere	d to street address)	Room/suite	E Telephone number	
Final return/	500 W. WILSON BRIDGE RD		245	614-228-5	5200
termin- ated	City or town, state or province, country, and ZIP or WORTHINGTON, OH 43085	or foreign postal code		G Gross receipts \$ H(a) Is this a group re	<u>55,065,943.</u>
Applica- tion	F Name and address of principal officer: LARRY	CROWELL	'	for subordinates	
pending	SAME AS C ABOVE				
		(insert no.) 🔲 4947(a)(1			ist. (see instructions)
	LSSCO.ORG			H(c) Group exemption	
	ganization: X Corporation Trust Associa	ition Other ►	L Year of	formation 1314	State of legal domicile: OH
	Summary		COLLEDIT		
9 1 Bri	iefly describe the organization's mission or most sign	ificant activities: SEE	SCHEDUL		
2 Ch 2 Ch 3 Nu 4 Nu	neck this box 🕨 🔲 if the organization discontinu	od ite operatione ar diar	acad of mars th	an 25% of its not and	oto
2 Ch	neck this box				ets. 19
5 4 Nu	imber of independent voting members of the governing	, , ,		4	19
	tal number of individuals employed in calendar year 2			5	685
O I	tal number of volunteers (estimate if necessary)		0	6	9144
to TaTo	tal unrelated business revenue from Part VIII, column	(C), line 12		7a	0.
▲ b Ne	t unrelated business taxable income from Form 990-	T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
<u> </u>	ontributions and grants (Part VIII, line 1h)			9,651,060.	22,970,391.
0	ogram service revenue (Part VIII, line 2g)	\sim	2	8,149,072.	27,748,066.
	vestment income (Part VIII, column (A), lines 3, 4, and			<u>217,554</u> . 2,583,770.	<u>369,305.</u> 3,978,181.
	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			0,601,456.	55,065,943.
	tal revenue - add lines 8 through 11 (must equal Par ants and similar amounts paid (Part IX, column (A), lin			0,001,450.	0.
	enefits paid to or for members (Part IX, column (A, line			0.	0.
15 00	laries, other compensation, employee beens (Part I		2	3,907,807.	25,884,801.
	ofessional fundraising fees (Part IX, column (A), line 1			870,971.	1,174,317.
b To	tal fundraising expenses (Part IX, Chunn (D), line 25)	▶ <u>2,527,</u> 3			
	her expenses (Part IX, column (A, Lines 11a-11d, 11f-			7,009,138.	27,179,402.
	tal expenses. Add lines 18-17 (must equal Part IX, co			1,787,916.	54,238,520.
	evenue less expenses. Subtract line 18 from line 12			1,186,460.	827,423.
			0	nning of Current Year	End of Year 98,585,683.
	· · · · · · · · · · · · · · · · · · ·			6,953,534.	40,861,090.
동리	et assets of fund balances. Subtract line 21 from line 3	20		5,936,469.	57,724,593.
Part II	Signature Block		U	, ,	, ,
Under penaltie	somenery, I declare that I have examined this return, inclu	ding accompanying schedul	es and statement	s, and to the best of my	knowledge and belief, it is
true, correct, a	in complete. Declaration of preparer (other than officer) is				
N N	Phil Helen			8/13/2	21
Sign	Signature of officer			Date	
	PHILIP HELSER, CFO				
	Type or print name and title		Dat		PTIN
	rint/Type preparer's name Prep	oarer's signature	Da	if	
Paid Preparer Ei	rm'o name			Self-employe	d
	rm's address			Firm's EIN 🕨	
	rm's address 🖕				

	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 \$ 6,125,520. including grants of \$ 0.) (Revenue \$ 16,500.
-rd	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 82,776 NIGHTS OF SHELTER AND 207,975 MEALS.
	PROVIDED 02,770 NIGHIS OF SHELLER AND 207,975 MEALS.
	X '
4b	(Code:) (Expenses \$ 8,220,015. including grads (\$ 0.) (Revenue \$ 4,193,874.)
	LUTHERAN SOCIAL SERVICES OPERATES 22 HUD SECTION 202 AND SECTION 8
	HOUSING SITES THROUGHOUT OHIO TO ROVIDE AFFORDABLE HOUSING TO VERY LOW INCOME SENIORS AND THE DISABLED 984 INDIVIDUALS WERE HOUSED BY THIS
	INCOME SENIORS AND THE DISABLED 984 INDIVIDUALS WERE HOUSED BY THIS PROGRAM FOR THE FISCAL YEAR SAPORTED.
	PROGRAM FOR THE FISCAL TEAR DEORTED.
	>
	V
4c	(Code:) (Expenses \$ 11,838,114. including grants of \$ 0.) (Revenue \$ 12,753,090.
4c	THE GOOD SHERHERD 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
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Form 990 (2019)	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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			$\boldsymbol{\bigcirc}$
	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		<u>X</u>
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ī		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
3	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 volucian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt reputator services?			77
	If "Yes," complete Schedule D, Part IV	9		Х
)	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
I	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in ParX, lin 1? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
.1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Pirt vill	11c		~
a	Did the organization report an amount for other assets in Part 1, Jm 15, that is 5% or more of its total assets reported in	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Port X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		х
2	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u></u>
d		12a		х
h	Schedule D, Parts XI and XII	IZa		- 23
D	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 inswere two to line 12a, then completing Schedule D, Parts XI and XII is optional	120		Х
, la		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		- 23
5	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 organization? If "Yes," complete Schedule F, Parts II and IV	15		х
3	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
,	Did 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	
	Uid 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
}	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
,		19		х
)2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	and an	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
	101-20-20		990	

	1990 (2019) LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412 rt IV Checklist of Required Schedules (continued)	200	P	age 4
	- Continuedy		Yes	No
	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			
	Schedule J	23	Х	
a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			\sim
	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		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	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 disqualified 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 'res, complete			
	Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to a successful the second			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 25%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>and I</i>	26		X
	Did the organization provide a grant or other assistance to any current or former officer, area or, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection commutes member, or to a 35% controlled entity (including an employee thereof) or family member of any of these personner. It have complete Schedule L, Part III	07		x
		27		
	Was the organization a party to a business transaction with one of the following arties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
	Did the organization liquidate, terminate, or discovery and cease operations? If "Yes." complete Schedule N. Part I	31		Х
	Did the organization sell, exchange, dispore of 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 exit disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7101-33 /f "Yes," complete Schedule R, Part I	33	Х	
	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	Х	
a	Did the organization a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35, 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		X
	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		X
	Ed the seconization conduct more than 5% of its activities through an entity that is not a related organization			
		37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? I ote: All Form 990 filers are required to complete Schedule O	38	x	
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Iote: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance		x	
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? I ote: All Form 990 filers are required to complete Schedule O		X Yes	No

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming
 (gambling) winnings to prize winners?	<u></u>	

4 2019.06010 LUTHERAN SOCIAL SERVICES 38036-33

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Form 990 (2019)

1c

	990 (2019) LUTHERAN SOCIAL SERVICES OF CENTRAL OH t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u>10 31-4412</u>	2586	Pa	age 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 685	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a		· · · · · · · · · · · · · · · · · · ·	3a		x (
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		7 7
	At any time during the calendar year, did the organization have an interest in, or a signature or other an			×N	Y
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	-		/N	x
h	If "Yes," enter the name of the foreign country				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAB)	X ľ	▼	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		X
č	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou		organization sciol	6a		х
h	any contributions that were not tax deductible as charitable contributions?				
J			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	λ~	00		
′ a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service and service and the section and partly for goods and service an	Uces provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided	ices provided to the payor :	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	a roquirod			
С		s required	7.		х
	to file Form 8282?	74	7c		<u></u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contra		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, o other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Die a conor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds				
а			9a		
b			9b		
0	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions includer Part VIII, line 12	<u>10a</u>	- 1		
b	Gross receipts, included on Form 990, Par Vin line 12, for public use of club facilities	10b	- 1		
1	Section 501(c)(12) organizations. Erren	1			
а	Gross income from members or share s	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29 gualitied nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the arount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
1			14a		Х
b	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
•	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х

Form 990 (2019)	LUTHERAN	SOCIAL	SERVICES	OF	CENTRAL	OHIO	31-4412586	Page 6

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 on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No .
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other	~ <		
	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under th		X	•	
•	of officers, directors, trustees, or key employees to a management company or other person?		\mathbf{N}_{3}		x
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's as		b 5		x
6			6	х	
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a				
1a			7a	x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	tosknolders, or	1a	- 23	
D			76	х	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:	7b		
		ar by the following.	0-	х	
	The governing body?		<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?		<mark>8b</mark>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the			v
0.01	organization's mailing address? If "Yes," provide the names and addresses on tichedule		9		X
eci	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
_	$\mathbf{\lambda}$			Yes	No
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		<u>10b</u>		
	Has the organization provided a complete copy of this Form 910 coal members of its governing bod	y before filing the form	? 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest polic, 2 of "No," go to line 13			X	
	Were officers, directors, or trustees, and key employees requires to disclose annually interests that could give rise		12 b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
			12c	X	
	Did the organization have a written whistleblower policy?			Х	
			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a on the secribe the process in Schedule O (see instructions).				
6a	Did the organization in contribute assets to, or participate in a joint venture or similar arranged	nent with a			
	taxable entity, during the year?		16a		X
b	If "Yes," die the organization follow a written policy or procedure requiring the organization to evalua				
	in joint em rearrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
ect	tion C. Disclosure				•
7	List the states with which a copy of this Form 990 is required to be filed NONE				
	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		-,,-,,,		
•		n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		and finan	cial	
-	statements available to the public during the tax year.			orai	
	State the name, address, and telephone number of the person who possesses the organization's bo				
n –					
0	PHILLP HELSER - DI4-228-3200				
0	PHILIP HELSER - 614-228-5200 500 W. WILSON BRIDGE RD, STE 245, WORTHINGTON, OH	43085			

Part VII Compensation of Offic Employees, and Indep				J, N	чсу	Lub	loyee	o, mynest ol	mpensaleu	
Check if Schedule O contains			, line	in tl	his F	Part VII				
Section A. Officers, Directors, Trustee	1	,						ployees		
 1a Complete this table for all persons req List all of the organization's current Enter -0- in columns (D), (E), and (F) if no c List all of the organization's current List the organization's five current hi able compensation (Box 5 of Form W-2 and Compensation) 	officers, directors, tru ompensation was paic key employees, if any ghest compensated e	istee I. 7. Se mplo	es (w e ins	heth struc s (ot	ner ir ction ther	ndividu s for d than ai	uals or o lefinition n office	organizations), reg n of "key employe r, director, truste	gardless of amount of ee." e, or key employee) wi	compensation.
 List all of the organization's former eportable compensation from the organiz List all of the organization's former nore than \$10,000 of reportable compens See instructions for the order in which to I 	officers, key employee ation and any related directors or trustees sation from the organiz	es, a orga that atio	nd h Iniza t rec	ighe tion eive	est c s. ed, in	omper 1 the ca	nsated e	employees who r as a former direc	eceived more than \$10	00,000 of
Check this box if neither the organiz	·		nizat	tion	com	inensa	ted any	current officer of		
(A)	(B)	Jiga	zai			ponod		(D)		(F)
Name and title	Average hours per week	box,	not ch , unles	Posi neck i ss per	ition more f rson is	than one s both an r/trustee)	C	Reportable ompensation from	Apportable appensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Former	(\V	the organization -2/1097-NISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REV. LARRY A. CROWELL	50.00									
PRESIDENT & CEO	0.00			Х				331,013.	0.	31,893.
(2) PHILIP HELSER	50.00									
CFO	0.00			X		С Т	_	163,508.	0.	24,158.
(3) MICHELE CENCI	40.00			× (162 602		10 004
VICE PRESIDENT OF DEVELOPMENT (4) RICK DAVIS	40.00					X		163,693.	0.	19,994.
EXECUTIVE VICE PRESIDENT AND COO			10)		х		176,584.	0.	7,446.
(5) HEATHER DUBBE	40.00					Δ		1/0,504.		7,110.
VP OF HUMAN RESOURCES						х		148,946.	0.	5,681.
(6) JOSEPH ABRAHAM	40 0									
DIRECTOR GOOD SHEPHERD HOME						Х		123,063.	0.	31,606.
(7) CHAD WOLVERTON	40.00									
VICE PRESIDENT OF IT	0.00					X		124,683.	0.	23,987.
(8) DAN BAILEY	1.50	37		37				0		
BOARD CHAIR (9) REV. BONNIE GERBER	0.00	X		Х				0.	0.	0.
SECRETARY/CHAIR ELECT	0.00	x		х				0.	0.	0.
(10) BETSY BLAKE	1.50	~		Δ						
CHAIR, NOMINATING/BOAR	0.00	х						0.	0.	0.
(11) STEVE DENUMARO	1.50									
MEMBER (UNTIL 12)19)	0.00	х						0.	0.	0.
(12) REV. MARY DIEMER	1.50									
иемвер	0.00	Х					_	0.	0.	0.
(13) MY DI CUNNINGHAM MEMBER	1.50	x						0.	0.	0.
(14) RED MANNING	1.50	•					+	0.	0.	
EMBER	0.00	х						0.	0.	0.
(15) DEBBIE RYAN	1.50									
MEMBER	0.00	Х						0.	0.	0.
(16) JESSICA QUINN	1.50							-	_	_
MEMBER	0.00	Х					_	0.	0.	0.
(17) REV. MARC SCHROEDER	1.50									I .
MEMBER	0.00	77	ין					0.	0.	0.

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Part VII Section A Office								CENTRAL OHIC		4125	86 P	0
Section A. Offic	ers, Directors, Trust	tees, Key Emp	ploy	ees,	and	Highe	est C	ompensated Employee	s (continued)			
(A)		(B)		_	(C)			(D)	(E)		(F)	
Name and	title	Average	(do			ion ore thai	n one	Reportable	Reportable		Estimat	ed
		hours per	box	, unles	s pers	on is bo	oth an	compensation	compensatio	on 🛛	amount	of
		week		er and	a dire	ector/tru	ustee)	from	from related		other	
		(list any	recto					the	organization		compensa	
		hours for related	or di	ee		ated		organization	(W-2/1099-MIS	SC)	from th	
		organizations	ustee	trustee		e libeus		(W-2/1099-MISC)			organizat	
		below	lual tr	tional		st con	r yee				organizat	n ns
		line)	Individual trustee or director	In stitutional t	Officer	Key employee Highest compensated	Former					
(18) MARTY SCHWALBE		1.50		_		<u> </u>				<u> </u>	X	
MEMBER (UNTIL 12/19)		0.00	х					0.		0		0.
(19) BETH SPARKS		1.50								\mathbf{O}	V	
MEMBER (UNTIL 12/19)		0.00	Х					0.				0.
(20) TODD TREON		1.50										
CHAIR; PLANNING		0.00	Х					0.		0.		0.
(21) LINDA TAYLOR		1.50										
MEMBER		0.00	Х					0.	\sim	0.		0.
(22) BRIAN WEBER		1.50							り			-
MEMBER		0.00	Х	\square						0.		0.
(23) SHELLEY MILANO		1.50										-
MEMBER (UNTIL 12/19)		0.00	Х							0.		0.
(24) GREG JORDAN		1.50										~
MEMBER (FROM 01/20)		0.00	Х	\square		-				0.		0.
(25) ED KENDALL		1.50					K					^
MEMBER (FROM 01/20)		0.00	Х					0.		0.		0.
(26) KELLY KROSKIE		1.50										0
MEMBER (FROM 01/20)		0.00	X					0.		0.	1 4 4 7	0.
								1 221 400				
1b Subtotal		0			z Q	<u>}</u>		1,231,490.		0.	144,7	
c Total from continuation	on sheets to Part VII				Ś	3		0.		0.		0.
c Total from continuation d Total (add lines 1b an	on sheets to Part VII nd 1c)		2	$\hat{2}$		5		0. 1,231,490.		0.	144,7	0.
 c Total from continuation d Total (add lines 1b and 2 Total number of individual 	on sheets to Part VII nd 1c) duals (including but no		Se		abo	ove) w	ho re	0.	000 of reportable	0.		0. 65.
c Total from continuation d Total (add lines 1b an	on sheets to Part VII nd 1c) duals (including but no		<u>C</u>	? }	abo	ove) w	ho re	0. 1,231,490.	000 of reportable	0.		0. 65. 7
 c Total from continuation d Total (add lines 1b and 1b) 2 Total number of individed compensation from the 10 compensation from the 1	on sheets to Part VII ad 1c) duals (including but no e organization ►	ot limited to th		<u>}</u>		,		0 • 1 , 231 , 490 • ceived more than \$100,	•	0.	144,7	0. 65. 7
 c Total from continuation d Total (add lines 1b and 2 Total number of individing compensation from the 3 Did the organization list 	on sheets to Part VII ad 1c) duals (including but no e organization st any former officer,	ot limited to th	ee, k	k ey er	mplo	yee, o	or hig	0. 1,231,490. accived more than \$100, hest compensated emp	loyee on	0.0.	144,7	0. 65. 7 No
 c Total from continuation d Total (add lines 1b and 2) Total number of individing compensation from the 3 Did the organization liss line 1a? If "Yes," comp 	on sheets to Part VII ad 1c) duals (including but no e organization st any former officer, blete Schedule J for sp	ot limited to th directo truste	ee, k	x ey er	mplo	yee, c	or hig	0. 1,231,490. ceived more than \$100, hest compensated emp	loyee on	0.0.	144,7	0. 65. 7
 c Total from continuation d Total (add lines 1b and 2 Total number of individe compensation from the 3 Did the organization list line 1a? If "Yes," comp 4 For any individual lister 	on sheets to Part VII ad 1c) duals (including but no e organization ► st any former officer, blete Schedule J for so d on line 1a, is the cu	directo truste constantionidual m i reportabl	ee, k e co	key er	mplo nsati	oyee, c on an	or hig d oth	0. 1,231,490. Acceived more than \$100, hest compensated emp her compensation from t	loyee on he organization	0.	144,7 Yes 3	0. 65. 7 No
 c Total from continuation d Total (add lines 1b and 10 compensation from the compensation from the 10 compensation from	on sheets to Part VII ad 1c) duals (including but no e organization ► st any former officer, blete Schedule J for st d on line 1a, is the officers ons greater than \$ 100	directo trusta uchandi idual m t reportabl	ee, k e co " co.	xey er mper mple	mplo nsati te Sc	oyee, o on an	or hig d oth	0. 1,231,490. ceived more than \$100, hest compensated emp er compensation from t or such individual	loyee on he organization	0.	144,7	0. 65. 7 No
 c Total from continuation d Total (add lines 1b and 10 compensation from the compensation from the 10 compensation from	on sheets to Part VII ad 1c)	directo truste uch mai reportabl N00? If "Yes, ccrue compen	ee, k e co " co nsatie	mple on fro	mplo nsati te Sc om a	oyee, o on an chedu ny un	or hig d oth le J fi relate	0. 1,231,490. Acceived more than \$100, hest compensated emp her compensation from t for such individual	loyee on he organization dual for services	0.	144,7 Yes 3	0. 65. 7 No
 c Total from continuation d Total (add lines 1b and 10 compensation from the compensation from the 10 compensation from	on sheets to Part VII ad 1c)	directo truste uch mai reportabl N00? If "Yes, ccrue compen	ee, k e co " co nsatie	mple on fro	mplo nsati te Sc om a	oyee, o on an chedu ny un	or hig d oth le J fi relate	0. 1,231,490. ceived more than \$100, hest compensated emp er compensation from t or such individual	loyee on he organization dual for services	0.	144,7 Yes 3 4 X	0. 65. 7 No X
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Part VII Section A. Officers, Directo	rs, Trustees, Key	/ Emp	oloye	es, a	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)	T			(C)			(D)	(E)	(F)
Name and title	Average	e		Pos	sitior	n		Reportable	Reportable	Estimated
	hours		(che	ck all	that	appl	y)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any hours fo	/ 				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	or 🛛				sated		(00-2/1099-00150)		organization and related
	organizati	ons	Individual trustee of director Institutional trustae		yee	Highest com pen sated em ployee				organizations
	below		i dual		Key employee	est co	er			
	line)	1.45	Indiv Inetit	Officer	Keye	High	Former			X
(27) ANDREW MESLOW	1.5	0							3	
MEMBER (FROM 01/20)	0.0		x					0.	. .	0.
(28) BRANDON RIGGINS	1.5									
MEMBER (FROM 01/20)	0.0		x					0.	0.	0.
(29) REV. ADAM STEINBRENNER	1.5	0								
MEMBER (FROM 01/20)	0.0	0 2	X					0.	0.	0.
(30) JILL TREECE	1.5							(\sim	
MEMBER (FROM 01/20)	0.0		x 🗌						0.	0.
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		Check if Schedule O contains a respon	se or note to any lin			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Γ	1 a	Federated campaigns 1a					
		Membership dues 1b					
	с	Fundraising events 1c					
	d	Related organizations 1d					
		Government grants (contributions) 1e	3,354,483.				
	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f	19,615,908.				\sim
		Noncash contributions included in lines 1a-1f	4,433,962.	22,970,391.			2
	n	Total. Add lines 1a-1f	Business Code	22,570,551.			
	2 a	NET RESIDENT SERVICES	623990	27,748,066.	27,748,066.	\rightarrow	
	b			_ , , , , , , , ,			
	c		_		N	၂	
	d						
	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	►	27,748,066.			
	3	Investment income (including dividends, int		•			
		other similar amounts)		141,77			141,775.
	4	Income from investment of tax-exempt bon					
	5	Royalties					
	•		(ii) Personal	λ'			
		Gross rents <u>6a</u> Less: rental expenses 6b					
		Less: rental expenses 6b Rental income or (loss) 6c	X	Ø			
		Net rental income or (loss)		¥			
		Gross amount from sales of (i) Securitie	es (ii) he				
		assets other than inventory 7a	\$27,530.				
	b	Less: cost or other basis					
		and sales expenses 7b	O .				
	с	Gain or (loss) 7c	227,530.				
		Net gain or (loss)	▶	227,530.			227,530.
	8 a	Gross income from fundraising events thou					
		including \$ of					
		contributions reported on line 1/). See					
		· · · · · · · · · · · · · · · · · · ·	8a				
		-	8b				
		Net income or for from fundraising event Gross income from gaming activities. See	s >				
	5 a		9a				
	b		9b				
	c	Net income or (loss) from gaming activities	•				
	1 a	Give sales of inventory, less returns	F				
	X		10a				
	b		10b				
		Net income or (loss) from sales of inventory	· ►				
	-		Business Code				
		MANAGEMENT FEE INCOME	900099	2,318,592.	2,318,592.		
		DEVELOPMENT FEES	900099	499,771.	499,771.		
	с	CATERING INCOME	900099	410,173.	410,173.		
			900099	749,645.	749,645.		1
•		All other revenue		3,978,181.	, -		

ction 501(c)(3) and 501(c)(4) organizations must co	<u>mplete all </u> columns. All othe	er organizations must con	nplete column (A).	
Check if Schedule O contains a resp		this Part IX		
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organization	าร			
and domestic governments. See Part IV, line 21 \dots				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreig	n			
individuals. See Part IV, lines 15 and 16				\sim
Benefits paid to or for members	-		\	\mathbf{O}
Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above to disqualified			\sim	
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)		17,665,639.		607 000
Other salaries and wages	20,922,2/1.	±/,003,039.	3 3 9 , 594 .	627,038.
Pension plan accruals and contributions (include	221 061	150 050	49,338.	10 764
section 401(k) and 403(b) employer contributions)	221,961. 3,196,841.	159,859 2,691,872	416,316.	<u>12,764</u> 88,653
Other employee benefits		1,317,023	180,912.	44,893.
Payroll taxes	,J43,/40.		100,912.	44,093.
Fees for services (nonemployees):				
a Management	444 600	62,263.	47,748.	1,628.
b Legal		150,680.	57,970.	I,020.
c Accounting		1.50,000.	57,570•	
d Lobbyinge Professional fundraising services. See Part IV, line 1		S		1,174,317.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.	4, 22, 520.	5,379,870	-1,270,165.	120,715.
2 Advertising and promotion		110,692.	7,117.	,
Office expenses		8,128,773.	153,815.	404,467.
Information technology		176,726.	135,599.	41,553.
Royalties				,
Occupancy	6,666,528.	6,220,785.	440,606.	5,137.
Travel	153,398.	104,700.	45,451.	3,247.
Payments of travel or entertainment expenses				•
for any federal, state, or local public oficials				
Conferences, conventions, and meetings	36,502.	27,979.	8,359.	164.
Interest	1,187,905.	1,146,546.	41,359.	
Payments to affiliate				
Depreciation, departic and amortization	4,109,919.	4,036,359.	73,560.	
Insurance				
Other expenses. In mize expenses not covered				
above (List mix cellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
a nount, int the 24e expenses on Schedule 0.)				
a FRANCHISE TAX	624,910.	624,910.		
EMPLOYEE RECRUITMENT	300,654.	194,798.	104,258.	1,598.
AD DEBTS	296,220.	296,220.		
d DUES AND SUBSCRIPTIONS	34,755.	32,283.	1,292.	1,180.
e All other expenses	59,160.	-18,816.	77,976.	
Total functional expenses. Add lines 1 through 24e		48,510,061.	3,201,105.	2,527,354.
Joint costs . Complete this line only if the organization	n			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)				Form 990 (2019

11

$07190726 \ 147228 \ 38036-30$

2019.06010 LUTHERAN SOCIAL SERVICES

07190726 147228 38036-30

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year **(B)** End of year 1,153,944. 2,040,924 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 714,879. 997 Pledges and grants receivable, net 3 6,171,904. Accounts receivable, net 4 28

	5	Loans and other receivables from any current or fo	mer officer, director,			
		trustee, key employee, creator or founder, substan	tial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				
Assets	8	Inventories for sale or use			8	
As	9	D		526,909.		789,368.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	0a 124,705,842.	\sim	/	
	b		ob 56,410,787.	70,545,051.	10c	68,295,055.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		13,519,324.	12	18,929,777.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		150,000.	14	150,000.
	15	Other assets. See Part IV, line 11		106,992.	15	97,994.
	16	Total assets. Add lines 1 through 15 (must equal I		92,890,003.	16	98,585,683.
	17	Accounts payable and accrued expenses	X	5,860,030.	17	6,318,985.
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue		535,004.	19	900,700.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Par			21	
S	22	Loans and other payables to any current or former	officer, anoctor,			
Liabilities		trustee, key employee, creator or founder, substan	tian contributor, or 35%			
abi		controlled entity or family member of any of there			22	
	23	Secured mortgages and notes payable to unrelate		29,342,746.		32,890,283.
	24	Unsecured notes and loans payable to unrelated th		593,841.	24	0.
	25	Other liabilities (including federal incometax, payal				
		parties, and other liabilities not included on lines 17	7-24). Complete Part X			
		of Schedule D		621,913.	25	751,122.
	26	Total liabilities. Add line 17 through 25		36,953,534.	26	40,861,090.
		Organizations that follow FASB ASC 958, check	here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	_		-4,608,443.		-4,868,475.
Ba	28	Net assets with a por restrictions		60,544,912.	28	62,593,068.
pun		Organizations that do not follow FASB ASC 958	check here 🕨 🔛			
rΕ		and complete lines 29 through 33.				
s o	29	Capit I stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Palon or capital surplus, or land, building, or equip			30	
t As	X	Received earnings, endowment, accumulated incom			31	
Nei	32	Total net assets or fund balances		55,936,469.		57,724,593.
	33	Total liabilities and net assets/fund balances		92,890,003.	33	98,585,683.
1)					Form 990 (2019)

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 11

Form 990 (2019)

1 2

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4

Check if Schedule O contains a response or note to any line in this Part XI	·····			X
		55,06	5 9	13
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1	54,23		
Revenue less expenses. Subtract line 2 from line 1	3		27,4	
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,93		
Net unrealized gains (losses) on investments	5	-26		0.
Donated services and use of facilities	6			C
Investment expenses	7			•
Prior period adjustments	8			
Other changes in net assets or fund balances (explain on Schedule O)	9		27,8	14.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				0.2
column (B)) XII Financial Statements and Reporting	10	$\mathbf{S}^{+}, 1^{-}$	24,5	93.
Check if Schedule O contains a response or note to any line in this Part XII		•		
		•	Yes	No
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 in shedue ().	_		
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were complet or reviewed	on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and serarae basis			37	
Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
If "Yes," check a box below to indicate whether the financial statements for the year nere audited on a separate consolidated basis, or both:	basis,			
Separate basis X Consolidated basis Both consolidated and separate basis				
If "Yes" to line 2a or 2b, does the organization have a committee that assume responsibility for oversight of the	audit.			
review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
As a result of a federal award, was the organization required to use region and it or audits as set forth in the Sing	gle Audit			
Act and OMB Circular A-133?		<u>3a</u>	Х	
If "Yes," did the organization undergo the required addition audits? If the organization did not undergo the requir	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
		Forn	n 990	(2019)
$\sim 0^{\circ}$				
\mathbf{V}				
\wedge				
~ 0				
\sim				
f "Yes," did the organization undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the required ability function of the organization did not undergo the organization did not und				

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047

2019

4947(a)(1) nonexempt charitable trust

Department of the Treasury nternal Revenue Service		Attach to Form 990 or F			e	Open to Public Inspection
		v/Form990 for instruction	ons and th	e latest li		r identification number
Name of the organizati						
Part I Reason	LUTHERAN SOCIA for Public Charity Status					31-4412586
<u> </u>	a private foundation because it is: (•		,		
	nvention of churches, or association				l)(A)(I).	
	scribed in section 170(b)(1)(A)(ii). (X '
	a cooperative hospital service orga					
	search organization operated in co	njunction with a nospital	described	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,
city, and stat						
	ion operated for the benefit of a co	liege of university owned	a or operation	ed by a go	vernmental unit de 110	
	0(b)(1)(A)(iv). (Complete Part II.)					
	ate, or local government or governm					•
	ion that normally receives a substa	initial part of its support f	rom a gove	ernmental	unit or from the veneral	public described in
	(b)(1)(A)(vi). (Complete Part II.) y trust described in section 170(b)	(1)(A)(vi) (Complete Der	+ 11 \			
	al research organization described		,	nd in oonii		
	or a non-land-grant college of agric					
university:	or a non-land-grant college of agric			lame, c	and state of the college	
	ion that normally receives: (1) more	than 33 1/3% of its sun	nort from c		ns membershin fees ar	and aross receipts from
•	ated to its exempt functions - subject					
	unrelated business taxable income					
	509(a)(2). (Complete Part III.)		V	e doqui	is a by the organization of	
	ion organized and operated exclus	ively to test for public	fetv. See	section 50)9(a)(4).	
	ion organized and operated exclusion					purposes of one or
	y supported organizations describe					
	ough 12d that describes the type o					
a 🗌 Type I. A s	supporting organization operated, s	supervised of controlled	by its supp	orted org	anization(s), typically by	giving
the suppor	rted organization(s) the power to re	gularly appoint or elect a	a maiority o	of the direc	tors or trustees of the s	upporting
	on. You must complete Part IV, Se		, ,			
	supporting organization supervise		tion with its	s supporte	d organization(s), by ha	ving
	management of the supporting of the					
	on(s). You must complete Port				. .	
	nctionally integrated. A supportin		in connect	ion with, a	and functionally integrate	ed with,
	ted organization(s) (see instructions					
	on-functionally integrated. A supp					zation(s)
that is not	functionally integrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
	nt (see instructions). You must cor					
e Check this	box if the organization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
functionally	y in equated, or Type III non-functio	nally integrated supporti	ng organiz	ation.		
f Enter the number	stororted organizations					
g Provide the follow	ng information about the supporte					
(i) Name or scop	oorted (ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other
organization	n	above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
<u> </u>						
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\mathbf{O}						
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•						
Fotal						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(1) = 2 + 2	(-)	(-) ==	(-,		
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						
furnished by a governmental unit to					\C	
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly					\mathbf{N}	
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)				$\langle \rangle$		
6 Public support. Subtract line 5 from line 4.						
ection B. Total Support		•			•	•
alendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	1201	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest,			\			
dividends, payments received on			\mathbf{O}			
securities loans, rents, royalties,						
and income from similar sources		XC				
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on		K U				
0 Other income. Do not include gain						
or loss from the sale of capital)`				
assets (Explain in Part VI.)	5					
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities, e	.c. rec instruct	ions)		•	12	
3 First five years. If the Form 990 s for t	rganization	s first, second, thir			n 501(c)(3)	
organization, check this box and stop	iere					>
ection C. Computation of Public	Support Pe	rcentage			, ,	
4 Public support percentage for 2019 (lin	e 6, column (f) c	livided by line 11, c	olumn (f))		14	%
5 Public support percentage from 2018 S						%
6a 33 1/3% support pat -2719. If the or						
stop here. The organization qualifies a	s a publicly supp	ported organization				
b 33 1/3% support test - 2018. If the or	ganization did n	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
and stor neve. The organization qualifi	ies as a publicly	supported organiza	ation			
7a 10% -facts and-circumstances test -						
and the organization meets the "facts	s-and-circumstar	nces" test, check th	is box and stop h	nere. Explain in Pa	art VI how the organ	nization
meets the "facts-and-circumstances" te						
b 1% -facts-and-circumstances test -						
more, and if the organization meets the						
organization meets the "facts-and-circu						

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23531126.	30984302.	20934682.	19651060.	22970391.	118071561
	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	27716352	29634294	30480110.	30732842	31726247	50289845
	Gross receipts from activities that					. (
	are not an unrelated trade or bus- iness under section 513					, 7,	
	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf					D -	
	The value of services or facilities						1
	furnished by a governmental unit to				- G		
	the organization without charge						
	Total. Add lines 1 through 5	51247478.	60618596.	51414792.	5333902.	54696638.	268361406
	Amounts included on lines 1, 2, and			1	\`		
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			. <0			
	amount on line 13 for the year			λ ·			0.
	Add lines 7a and 7b			\mathcal{N}			
8 Sec	Public support. (Subtract line 7c from line 6.) tion B. Total Support			y			268361406
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 20 h	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	51247478.	<u>60618596.</u>	51414792.	50383902.	54696638.	268361406
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	118,38	140,155.	186,109.	184,652.	141,775.	771,078.
b	Unrelated business taxable income	S					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	18,387.	140,155.	186,109.	184,652.	141,775.	771,078.
	Net income from unrelated busiless activities not included in line 10b, whether or not the business is regularly carried on)					
	Other income. Do not include gain or loss from the sale of a stal assets (Explain in Pat						
13	Total support. (And Imps 9, 10c, 11, and 12.)	51365865.	60758751.	51600901.	50568554.	54838413.	269132484
14	First five years. I the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
Sec	tion C. Computation of Publ	ic Support Per	rcentage			, , <u>,</u>	
15	Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	<u>99.71 %</u>
16	Public support percentage from 2018	3 Schedule A, Part	III, line 15			16	99.70 <u>%</u>
Sto	tion D. Computation of Inves	stment Income	e Percentage			, , , , , , , , , , , , , , , , , , ,	
V	Investment income percentage for 2	019 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	.29 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	.30 %
19a	33 1/3% support tests - 2019. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	upported organiza	ation	► X
b	33 1/3% support tests - 2018. If the	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
932023	3 09-25-19		16		Sch	edule A (Form 99	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 4

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 oreign 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 (when here 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.)

17

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 5 Part IV Supporting Organizations (continued)

			Y.	NI -
			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			Y
			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	etion 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 sime (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 policies 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 of the supporting Organizations	3		
		nc)		
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. Complete line 2 below.	113].		
a b				
b				
c o		instructions,		Ne
2	Activities Test. An we (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,			
	by the aganization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
þ	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
2	that these activities constituted substantially all of its activities.	<u>2a</u>		
〈	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
(that these activities constituted substantially all of its activities. 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	2a 2b		
3	that these activities constituted substantially all of its activities. 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			
	that these activities constituted substantially all of its activities. 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.			
	that these activities constituted substantially all of its activities. 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.			
а	that these activities constituted substantially all of its activities. 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. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

18

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
	-		Part VI). See instructions. All
		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
· ·	3		
	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		\sim	
instructions for short tax year or assets held for part of year):		\sim	
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d 🗸		
Discount claimed for blockage or other			
factors (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,	·		
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
emergency temporary reduction (see instructions).	6		
Check here if the urrent year is the organization's first as a non-functiona	ally integrat	ed Type III supporting orga	anization (see
instruction			
Form		Schedule A	، (Form 990 or 990-EZ) 2019
	Type III Non-Functionally Integrated 509(a)(3) Supporting other Type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functionally integrated supporting organizations must of the type III non-functions. Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other fac	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Station A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production or income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Atom B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly calue of securities 1a 3 Average monthly calue of securities 1a 3 Average monthly calue of securities 1a 3 Average monthly calue of brockage or other factors (explain in detail in Part VI): 4 3 Acquisition indebtedness applicable to non-exempt-use assets 2 2 Subtract line 2 from	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in F other Type III non-functionally integrated supporting organizations must complete Sections A through E. tion A - Adjusted Net Income (A) Prior Year Met short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of properly held for production of income (see instructions) 6 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 tion B - Minimum Asset Amount (A) Prior Yf 7 Adgrage monthly value of securities 1a 9 Average monthly value of securities 1a 9 Average monthly value of securities 1a 9 Average difficult and for blockage or other 1d 1d Fair market value of other non-exempt-use assets 2 2 Other expenses applicable to non-exempt-use assets 2 2<

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 7

Ра	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations (continued)	
sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			&
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			()
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			\mathbf{X}
10	Line 8 amount divided by line 9 amount	Γ	, *	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		\sim	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015	•		
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,	Ň		
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. Fouresult greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions Cryvover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of me 7:			
а	Excess from 20.5			
b	Excess for 2016			
с	Excess Nord 2017			
d	Excess from 2018			
	Excess from 2019			

rt VI	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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(Form	990)		Part IV,	line 6, 7, 8, 9,	10, 11a, 1	1b, 11c, 11d	d "Yes" on Form d, 11e, 11f, 12a,	or 12b.			
	nent of the Treasury Revenue Service		Go to ww			to Form 990	0. and the latest ir	nformation.		Inspec	
Name	of the organization	on	<u>, , , , , , , , , , , , , , , , , , , </u>						Emple	oyer identificati	on numbe
	-	LUT	HERAN S	SOCIAL S	ERVIC	ES OF	CENTRAL (OHIO		31-4412	586
Par	t I Organiza	ations Ma	intaining I	Donor Advis	sed Fun	ds or Oth	er Similar Fu	inds or Ac	count	S. Complete if	the
	organizatio	n answered	"Yes" on For	m 990, Part IV,	line 6.						
						(a) Donor a	dvised funds	(b) Fund	s and other acco	ounts
	Total number at er									/	
	Aggregate value o									\	
	Aggregate value o	-									
	Aggregate value at										
5	Did the organizatio				-					VQ.	
6	are the organizatio									Yes	
	Did the organization for charitable purp										
	impermissible priva						or any other pur	· · · · · · · · · · · · · · · · · · ·		Yes	
Par				Complete if the	organizati	on answered	d "Yes" on Form	990, Part	7		
	Purpose(s) of cons										
-				or example, recr	•	•		ionanisto	, pricallv in	nportant land are	ea
	Protection o									oric structure	
	Preservation										
2	Complete lines 2a	through 2d	if the organiz	ation held a qu	alified con	servation co	ntribution in he	form of a co	nservatio	on easement on	the last
	day of the tax year									leld at the End of	
а	Total number of co	onservation	easements						2a		
b	Total acreage rest	ricted by co	nservation ea	sements			(2b		
	Number of conserv								2c		
	Number of conserv					25/06, and no	ot on a historic s	tructure			
	listed in the Nation	nal Register				(7)			2d		
	Number of conserv	vation easer	nents modifie	ed, transferred,	released,	exunguished	l, or terminated b	by the organi	zation d	uring the tax	
	year 🕨				ゝい	•					
	Number of states			•			•				
	Does the organization										
	violations, and enf						a and anfaraina				
6	Staff and voluntee	r nours devo	sted to monito	orino, il spertin	ig, nandiin	g of violation	is, and enforcing	g conservatio	n easem	ients during the	year
7	Amount of expens			in posting ba	ndling of	violations or	d onforcing con	convotion on	omonte	during the year	
7	Amount of expens \$, mayeoung, na		violations, al		Servation eas	Serverits	during the year	
8	Does each conserv	vation easer	n nt rep t	t on line 2(d) ab	ove satisf	v the require	ments of section	170/h)/4\/R\	(i)		
-	and section 170(h)									Yes	
9	In Part XIII, describ										
	balance sheet, and									bes the	
	organization's acc	out the for o	conservation (easements.							
	t III Organiz	tions Ma	intaining (Collections	of Art, H	listorical	Treasures, c	or Other S	imilar	Assets.	
	Complete	the organiz	ation answer	ed "Yes" on Fo	rm 990, P	art IV, line 8.					
1a	If the organization	elected, as	permitted uno	der FASB ASC	958, not t	o report in its	s revenue statem	nent and bala	ance she	et works	
	of art, historical tre	easures, or c	other similar a	ssets held for p	oublic exhi	bition, educa	ation, or researcl	h in furtherar	ice of pu	ıblic	
	service, revide in	Part XIII the	text of the fo	potnote to its fir	nancial sta	tements that	t describes these	e items.			
b	If the organization										
	art, historical treas				olic exhibit	ion, educatio	on, or research ir	n furtherance	of publi	ic service,	
C	rovide the followi										
<u>،</u>	(i) Revenue inclu	ded on Forn	n 990, Part VI	III, line 1					▶ \$		
	(ii) Assets include								▶ \$		
	If the organization							ancial gain, p	orovide		
	the following amou					•					
	Revenue included			ne 1					▶ \$		
b	Assets included in	Form 990.	Part X						▶ \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

22 2019.06010 LUTHERAN SOCIAL SERVICES 38036-33

Schedule D (Form 990) 2019

Using the organization's acquisition, accessic collection items (check all that apply):	,	,,,						
Public exhibition	d	Loan or exc	hange prograr	n				
Scholarly research	е	Other						
Preservation for future generations								
Provide a description of the organization's co	llections and explair	n how they further th	ne organizatior	n's exempt pu	rpose in Par	t XIII.		
During the year, did the organization solicit or					;	_	•	V
to be sold to raise funds rather than to be ma						Yes		No
reported an amount on Form 990, Par		ete if the organizatio	n answered "א	es" on Form	990, Part IV	, line 9, or		>
Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	s or other asse	ets not include	d	\sim	·	_
on Form 990, Part X?						es		No
If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		_		<u> </u>		
					\mathbf{V}	Amour	ıt	
Beginning balance								
Additions during the year					\			
Distributions during the year					e			
Ending balance					f			
Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.					L	Yes		_ No □
t V Endowment Funds. Complete in						<u></u>		
	(a) Current year	(b) Prior year	(c) Two years		ee years back	(e) Fou	r vears	hack
Beginning of year balance	5,118,274.	5,066,420.	5,367		4,718,861		,016,	
Contributions	504,725.	5,00.	\mathbf{O}	,	598,188			752.
Net investment earnings, gains, and losses	-111,919.	415, 27.	423	,463.	360,953			709.
Grants or scholarships	25,000.				447,000			
Other expenditures for facilities		$\overline{\mathbf{O}}$						
and programs	372,825.	362,246.	696	,394.	-150,000		-461,	969.
Administrative expenses	19,906.	6,857.		,530.	13,121	•	10,	976.
End of year balance	5,093,341.	5,118,274.	5,066	,420.	5,367,881	. 4	,708,	861.
Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:					
Board designated or quasi-endowment	30.90	_%						
Permanent endowment 10.28								
Term endowment 51.74								
The percentages on lines 2a, 2b, and 2c should be the second seco		the second second second second second						
Are there endowment funds not in the posses	sson of the organiza	tion that are held ar	nd administere	d for the orga	nization		N	
by: (i) Unrelated organizations						20(1)	Yes	No X
(ii) Related organizations						<u> </u>		X
If "Yes" on line 3a(ii), are the related organizations	tions listed as require	ed on Schedule B?				3b		- 23
Describe in Part XIII the intended uses of the	•							
t VI Land, Buildings, and Equipm								
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, line 10).			
Description of property	(a) Cost or o	ther (b) Cost	t or other	(c) Accumu	lated	(d) Boo	k valu	e
	basis (investr	,	(other)	depreciat	ion			
Land			4,944.			5,41		
Failding		90,09	1,600.	40,703,	577.	49,38	8,0	23.
Lessehold improvements								
Equipment			4,611.	4,602,		8,11		
Jther		16,48	· · ·	11,104,		<u>5,38</u> 68,29		
. Add lines 1a through 1e. (Column (d) must ea								

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hedule D (Form 990) 2019 LUTHERAN SC Part VII Investments - Other Securities.	DCIAL SERVICES				
Complete if the organization answered "Yes"	" on Form 990, Part IV, line 1	1b. See Form 990, Part X,	line 12.		
a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuatio		l-of-year market va	lue
Financial derivatives					
Closely held equity interests					
Other					
(A) CASH	14,295,541.	END-OF-YEAR	MARKET	VALUE	
(B) EQUITY SECURITIES	3,326,693.	END-OF-YEAR	MARKET	VALUE	$\overline{\mathcal{O}}$
(C) CORPORATE BONDS	966,932.	END-OF-YEAR	MARKET	VALUE	
(D) GOVERNMENT BONDS	170,715.	END-OF-YEAR	MARKET	VALUE	
(E) OTHER	169,896.	END-OF-YEAR	MARKET	VALUE	
(F)					
(G)			•		
(H)				$\overline{\lambda}$	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,929,777.				
art VIII Investments - Program Related.				-	
Complete if the organization answered "Yes' (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	1c. See Form 990, Part X, (c) Method of valuation		l-of-year market va	lue
(1)			ノ	,	
(2)		— ()	.		
(3)					
		\frown			
(4)					
(5)					
(6)					
(7)					
••					
(8)		$\overline{\langle}$			
(8) (9)		<~			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	6	< <u> </u>			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			line 15		
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Pook val	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a		1d. See Form 990, Part X,	line 15.	(b) Book val	Je
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book val	Je
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book val	Je
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book valu	le
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book valu	Je
(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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book val	Je
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book val	
(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)	" on Form 990; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book valu	Je
(8) (9) otal. (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; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book valu	Je
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5) (6) (7)	" on Form 990; Nart W, line 1	1d. See Form 990, Part X,	line 15.	(b) Book valu	Je
(8) (9) Datal. (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	" on Form 990; Nan W, line 1) Description		line 15.	(b) Book valu	
(8) (9) Otal. (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)	" on Form 990; Nan W, line 1) Description		line 15.	(b) Book valu	Je
(8) (9) Datal. (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	" on Form 990; Nan W, line 1) Description				
(8) (9) otal. (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) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Yes'	" on Form 990; Nan W, line 1) Description				
(8) (9) otal. (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) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Yes' (1) Pescription of liability	" on Form 990; Nan W, line 1) Description				
(8) (9) Datal. (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 Part X Other Liabilities. Complete if the organization answered "Yes' (1) Federal incometaxes	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1				
(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) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the reganization answered "Yes" (1) Federal income taxes (2) TENANT SECURITY DEPOSITS/	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1			(b) Book valu	Je
(8) (9) otal. (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) otal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities Complete if the organization answered "Yes" (1) Federal inconnetaxes (2) TENANT SECURITY DEPOSITS/ (3) TRUCT FUND LIABILITIES	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je
(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) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Yes" (1) Federal income taxes (2) TENANC SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) MEDICARE ACCELERATED PAYM	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je
(8) (9) ortal. (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) ortal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Description of liability (1) Federal inconnetaxes (2) TENANC SECURITY DEPOSITS/ (3) TRUCK FUND LIABILITIES	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je
(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) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Yes" (1) Federal income taxes (2) TENANC SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) MEDICARE ACCELERATED PAYM	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je
(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) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Yes" (1) Federal income taxes (2) TENANC SECURITY DEPOSITS/ (3) TRUST FUND LIABILITIES (4) MEDICARE ACCELERATED PAYM	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je
(8) (9) ortal. (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) ortal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes' (1) Federal income taxes (2) TENANT SECURITY DEPOSITS / (3) TRUST FUND LIABILITIES (4) MEDICARE ACCELERATED PAYM (5) (6) (7) (8)	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je
(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) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Yes" (1) Federal incontentiates (2) TENANC SECURITY DEPOSITS/ (3) TRUSS FUND LIABILITIES (4) MEDICARE ACCELERATED PAYM	" on Form 990, Part IV, line 1) Description ne 15,) " on Form 990, Part IV, line 1 /RESIDENT			(b) Book valu	Je 122. 000.

Schedule D	(Form	990)	2019
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932053 10-02-19

	dule D (Form 990) 2019 LUTHERAN SOCIAL SERVICES OF				4412586 Page 4	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	52,684,629.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	6,575.			
	Donated services and use of facilities					アノ
	Recoveries of prior year grants	2c) '
	Other (Describe in Part XIII.)	2d	1,625,650.			
е	Add lines 2a through 2d			2e	1,632,285.	
3	Subtract line 2e from line 1			3	51,652,494.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			X.	
	Other (Describe in Part XIII.)		4,013,539.			
с	Add lines 4a and 4b			46	4,013,539.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)				55,065,943.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per F	Notur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				-	
1	Total expenses and losses per audited financial statements		\sim	1	53,982,851.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	うど			
	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	\wedge			
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2	-245,171.			
е	Add lines 2a through 2d			2e	-245,171.	
3	Subtract line 2e from line 1			3	54,228,022.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,400	-		
b	Other (Describe in Part XIII.)	4b	10,498.		10.400	
С	Add lines 4a and 4b			4c	10,498.	
5		<u></u>		5	54,238,520.	i.
	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part I					
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit T XI, LINE 2D - OTHER DJUSTMENTS:					
	T ASSETS RELEASED FROM RESTRICTION				1,625,650.	
PAI	RT XI, LINE - OTHER ADJUSTMENTS:					
	IN/LOSS ON SALE OF EQUIPMENT				245,171.	
	STRICTED CONTRIBUTIONS				3,633,104.	
$\mathbf{\Sigma}$	TRICTED INVESTMENT INCOME				96,751.	
	TRICTED REALIZED GAIN/LOSS				<u>28,015.</u> 10,498.	
<u> 14 /</u>					10,100	
TOT	TAL TO SCHEDULE D, PART XI, LINE 4B				4,013,539.	

932054 10-02-19

hedule D (Form 990) 2019 LUTHERAN SOCIAL SERVICES OF CENTRA art XIII Supplemental Information (continued)	L OHIO 31-4412586 Page 5
Supplemental information (continued)	
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
AIN/LOSS ON SALE OF EQUIPMENT	-245,171.
ART XII, LINE 4B - OTHER ADJUSTMENTS:	
VESTMENT MANAGEMENT FEES	10,498.
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Schedule D (Form 990) 2019

932055 10-02-19

Form 990 or 990-EZ)		e organization answered "Ye organization entered more th				19, or if the	2019
epartment of the Treasury		Attach to For					Open to Public
ternal Revenue Service		o to www.irs.gov/Form990 for	⁻ instructior	ns and	the latest information	n.	Inspection
ame of the organization							entification number
		N SOCIAL SERVIC				31-4412	
	complete this par	Complete if the organization	answered "	res" or	Form 990, Part IV, li	ne 17. Form 990-E	Z filers are not
a X Mail solicitati b Internet and c Phone solicit	ions email solicitation ations	s f 🗌 S	olicitation of	f non-g f gover	overnment grants		1 fille
d In-person sol							J
key employees liste	ed in Form 990, F highest paid indi	or oral agreement with any indi Part VII) or entity in connection viduals or entities (fundraisers) e organization.	with profess	ional fu	indraising services?	X Ye	s No
(i) Name and address or entity (fund		(ii) Activity	have or co) Did traiser custody ntrol of putions?	(iv) Gross receipt from activity	Amount paid or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NE AND ALL, INC - 36517, ATLANTA, GA		MAILINGS	Yes	No X	250,798.	1,185,898	. 1,064,900
EST CAMP PRESS, IN OLLEGEVIEW RD., WE		MAILINGS		X	226,305.	124,383	. 101,922
			(e ⁰				
		ji die					
	C	, O`					
otal	<u>^</u>				2,477,103.	1,310,281	
3 List all states in war or licensing.	h the organizatio	on is registered or licensed to s		outions	or has been notified i	t is exempt from r	egistration
<0							
0							
T							

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) 2019

932081 09-11-19

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					(add col. (a) through
	-	(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts				C
	2 Lesse Contributions				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
				•	
1	4 Cash prizes			71	
	5 Noncash prizes				
				-0	
,	6 Rent/facility costs				
	7 Food and beverages			02	
	 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 1 	9 in column (d)			<u> </u>
	I Net income summary. Subtract line 10 from lin		10		
	t III Gaming. Complete if the organization ar		n 990, Nort IV, line 19, or i	reported more than	
	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
	-	XX			
	1 Gross revenue	<u>~~~~</u>			
	2 Cash prizes				
	3 Noncash prizes	\mathbf{O}^{*}			
	4 Rent/facility costs	7			
	5 Other direct expenses				
	U	Yes%		Yes%	,
1	6 Volunteer labor	No	No No	No	
	7 Direct expense sumpary. Add lines 2 through	5 in column (d)		►	
	~~~				
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
F	Enter the states) in which the organization conduc	ts gaming activities:			
I	sine organization licensed to conduct gaming act	· · · · ·	states?		Yes No
I	f "No," explain:				
	· · · · · · · · · · · · · · · · · · ·				

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

	edule G (Form 990 or 990-EZ) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 3
	Does the organization conduct gaming activities with nonmembers? Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming? Yes No
	Indicate the percentage of gaming activity conducted in:
	The organization's facility     13a     %       An outside facility     13b     %
	An outside facility 13b % Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	Name
	Address ►
52	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
154	
b	If "Yes," enter the amount of gaming revenue received by the organization  \$ and the amount
	of gaming revenue retained by the third party <b>&gt;</b> \$
с	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
0	
	Name ▶
	Gaming manager compensation  \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
1/ a	Is the organization required under state law to be charitable distributions from the gaming proceeds to
	retain the state gaming license?
	Enter the amount of distributions required oner state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year 🕨 \$
	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
<u>5C1</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
I I	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
I T	) NAME & FUNDRAISER: ONE AND ALL, INC
	) NAME & FUNDRAISER: ONE AND ALL, INC
	) NAME & FUNDRAISER: ONE AND ALL, INC
	) NAME & FUNDRAISER: ONE AND ALL, INC
	) NAME OF FUNDRAISER: ONE AND ALL, INC ) XODRESS OF FUNDRAISER: BOX 936517, ATLANTA, GA 31193
	) NAME OF FUNDRAISER: WEST CAMP PRESS, INC
	) NAME OF FUNDRAISER: ONE AND ALL, INC ) NODRESS OF FUNDRAISER: BOX 936517, ATLANTA, GA 31193 ) NAME OF FUNDRAISER: WEST CAMP PRESS, INC

932083 09-11-19

	or 990-EZ) LUT nental Informatio	(continued)				
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Schedule G (Form 990 or 990-EZ)

932084 04-01-19

(Form 9	LE J Compensation Information	OMB No. 1545	-0047
		201	0
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	201	3
Department of	Attack to Form 000	Open to Pu	ublic
Internal Reve	Service Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection	
Name of t	e organization Employer id		number
		112586	<u>م</u>
Part I	Questions Regarding Compensation		
		Y	
	the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
Part	I, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	rst-class or charter travel Housing allowance or residence for personal use		
	ravel for companions Payments for business use of personal residence		
	ax indemnification and gross-up payments		
	iscretionary spending account Personal services (such as maid, chauffeur, cha		
h 16 au			
	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41	
	rsement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>	
	e organization require substantiation prior to reimbursing or allowing expenses incurred by all directors		
trust	es, and officers, including the CEO/Executive Director, regarding the items checked on line 1a	2	
3 Indic	a which if any of the following the organization used to establish the companyation of the organization's		
	e which, if any, of the following the organization used to establish the compensation of the organization's xecutive Director. Check all that apply. Do not check any boxes for methods used by arreated organization to		
	sh compensation of the CEO/Executive Director, but explain in Part III.		
	ompensation committee		
	independent compensation consultant Image: Compensation survey or study		
	borm 990 of other organizations X Approval by the board or compensation committee		
<u>_</u>			
4 Durir	the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
	zation or a related organization:		
•	e a severance payment or change-of-control payment?	4a	x
	pate in, or receive payment from, a supplemental nonsualify or etirement plan?		
		1 4h	X
c Parti	nate in or receive navment from an equity-based courte ps from arrangement?	<u>4b</u>	<u> </u>
	pate in, or receive payment from, an equity-based composed on arrangement?	4b 4c	X X
	pate in, or receive payment from, an equity-based componsation arrangement? " to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
lf "Ye	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
lf "Ye Only	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) o parzations must complete lines 5-9.		
lf "Ye Only 5 For p	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. rsons listed on Form 990, Part VII, Section 7, ine 1a, did the organization pay or accrue any compensation		
lf "Ye Only 5 For p cont	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. rsons listed on Form 990, Part VII, Section 7, ine 1a, did the organization pay or accrue any compensation gent on the revenues of:	4c	X
If "Yo Only 5 For p cont a The	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on anzations must complete lines 5-9. rsons listed on Form 990, Part VII, Section, fine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization?	4c	
If "Ye Only 5 For p cont a The b Any	" to any of lines 4a-c, list the persons and provine the publicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) of car zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? lated organization?	4c 5a	X
If "Ye Only 5 For p cont a The b Any If "Ye	" to any of lines 4a-c, list the persons and provine the upplicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section, fine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describuin Part III.	4c 5a	X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p	" to any of lines 4a-c, list the persons and provide the unplicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section A, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4c 5a	X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont	" to any of lines 4a-c, list the persons and provine the upplicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section, fine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describuin Part III.	4c 5a 5b	X
If "Y Only 5 For p cont a The b Any If "Y 6 For p cont a The	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) or anzations must complete lines 5-9. rsons listed on Form 990, Part VII, Sectionar, one 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describuin Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization?	4c 5a 5b 6a	X X X X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont a The b Any	" to any of lines 4a-c, list the persons and provine the unplicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(2) on an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section A, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? ated organization?	4c 5a 5b 6a	X X X X X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont a The b Any If "Ye	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) or an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section A, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line factor form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line factor form 60, describe in Part III.	4c 5a 5b 6a	X X X X X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont a The b Any If "Ye 7 For p	" to any of lines 4a-c, list the persons and provide the analicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) or an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section A, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line fair 6b, describe in Part III. rsons listed organization? " on line fair 6b, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4c 5a 5b 6a 6b	X X X X X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont a The b Any If "Ye 7 For p not c	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section 7, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describin in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line far of 60, describe in Part III. rsons listed organization? " on line far of 60, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4c 5a 5b 6a 6b	X X X X X X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont a The b Any If "Ye 7 For p not c 8 Were	" to any of lines 4a-c, list the persons and provide the participable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on any zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section 4, line 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describin Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line far r6b, describe in Part III. rsons station Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line far r6b, describe in Part III. rsons station Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4c 5a 5b 6a 6b 7	X X X X X X
If "Ye Only 5 For p cont a The b Any If "Ye 6 For p cont a The b Any If "Ye 7 For p not c 8 Were initia	" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. ection 501(c)(3), 501(c)(4), and 501(c)(29) on an zations must complete lines 5-9. rsons listed on Form 990, Part VII, Section 7, ine 1a, did the organization pay or accrue any compensation gent on the revenues of: ganization? " on line 5a or 5b, describin in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation gent on the net earnings of: ganization? " on line far of 60, describe in Part III. rsons listed organization? " on line far of 60, describe in Part III. rsons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments soften on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4c 5a 5b 6a 6b 7	X X X X X X X

932111 10-21-19

Schedule J (Form 990) 2019 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-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(I)-(D)	reported as deferred on prior Form 990
(1) REV. LARRY A. CROWELL	(i)	331,013.	0.	0.	10,075	21,818.	362,906.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.		0.	0.	0.
(2) PHILIP HELSER	(i)	163,508.	0.	0.	5,16	18,998.	187,666.	0.
CFO	(ii)	0.	0.	0.	• 0.	0.	0.	0.
(3) MICHELE CENCI	(i)	163,693.	0.	0.	5,036.	14,958.	183,687.	0.
VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK DAVIS	(i)	176,584.	0.	9	5,296.	2,150.	184,030.	0.
EXECUTIVE VICE PRESIDENT AND COO	(ii)	0.	0.		0.	0.	0.	0.
(5) HEATHER DUBBE	(i)	148,946.	0.		4,525.	1,156.	154,627.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH ABRAHAM	(i)	123,063.	0.		3,902.	27,704.	154,669.	0.
DIRECTOR GOOD SHEPHERD HOME	(ii)	0.	0.	xO 0.	0.	0.	0.	0.
	(i)							
	(ii)		\	0				
	(i)		<u></u>	`				
	(ii)							
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	(i)							
	(ii)							
\sim							Sched	ule J (Form 990) 2019
932112 10-21-19								
				32				

Page **2**

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	VICES OF CENTRAL OHIO	31-4412500 Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines	; 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. A	Also complete this part for any solutional information.
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932113 10-21-19		Schedule J (Form 990) 2019
932113 10-21-19	33	
V ·	55	

								OMB No. 1545-0047		
- Departr	 (Form 990) Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 						2019 Open to Public Inspection			
Name	of the organization						Employ	er identification nun	nber	
		LUTHERAN SOC	CIAL SE	RVICES OF	CENTRAL	OHIO		31-4412586	<u> </u>	
Par	t I Types of	Property		1			-		\sim	
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	orted on	noncash	(d) od of determining contribution amounts	C-	
1	Art - Works of art				,					
		Isures						A.		
		erests					•	$\overline{\mathbf{n}}$		
4		itions						\mathcal{V}		
5		ehold goods								
		nicles								
7								•		
8		ty				(\mathbf{N}			
		y traded				~				
		y held stock								
	Securities - Partne									
	trust interests					$(\)$				
2	Securities - Miscel				1					
3	Qualified conserva					•				
	Historic structures									
1	Qualified conserva	tion contribution - Other			V					
5	Real estate - Resid									
6		mercial		C						
		r								
				XO						
			I	2,021,304	4,182	2,609.	\$2.00 P	ER POUND		
		l supplies		XU		-				
2	Historical artifacts									
3	Scientific specime	ns								
	Archeological artif		5							
5		CHOOL SUPPLI	X	70,850	251	1,354.	FMV			
6	Other (
7	Other (
в	Other ► (
		8283 received by the organ	ization during	the tax vear for co	ontributions		•			
		nization completed Form 82				29				
		Δ	,, -					Yes	No	
0a	During the year,	the organization receive b	ov contributio	n any property ren	orted in Part I. lin	es 1 throu	ah 28. that it			
		ast three years from the dat	•	• • • • •			-			
		for the entire holding period	-		-			30a	х	
b		the arrangement in Part II.								
1		tion have a gift acceptance	policy that re	auires the review a	of any nonstanda	rd contribu	tions?	31	х	
		tion hire or use third parties								
 [.	contributions?	·····		-				<u>32a</u>	X	
Ľ	"Yes," describe				fam.uktele l	··· (a) :- '	al carl			
3	If the organization describe in Part II.	didn't report an amount in	column (c) foi	r a type of property	tor which colum	n (a) is che	cked,			

932141 09-27-19

iedule M	(Form 990) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page	ge 2
art II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete	
	this part for any additional information.	
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932142 09-27-19

(Form 990 or 990-EZ) Department of the Treasury	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.	5
nternal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	hor
vame of the organization	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586	
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	2
SINCE 1912, I	LUTHERAN SOCIAL SERVICES HAS BEEN PROVIDING SERVICES TQ	
PEOPLE IN NE	ED, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, SENIO	
LIVING, AFFO	RDABLE HOUSING COMMUNITIES, DISASTER RESPONSE AND OTHER	
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 ASSISTED	
LIVING FACIL	ITIES (LSS KENSINGTON PLACE AND ASS LUTHERAN VILLAGE),	
DISASTER PRE	PAREDNESS AND RESPONSE SERVICES, VETERAN TRANSITIONAL	
HOUSING, SOC	IAL ENTERPRISES FOR JOIN RAINING AND EMPLOYMENT (PATRIOT	
PRIDE PAINTI	NG AND FAIRHAVEN AND ARE), 24-HOUR DOMESTIC VIOLENCE	
· · ·	DRMATION AND REFERENCE LINE AND TEMPORARY EMERGENCY SHELTER	
(LSS CHOICES), LSS FAITH MISSION OF FAIRFIELD COUNTY AND LSS HOME	
HEALTH CARE.		
EXPENSES \$ 2	2,326,412. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,762,783.	
	~	
	VI SECULON A LINE C.	
FORM 990, PA	VI, SECTION A, LINE 6:	
MEMBERS F TI	HIS CORPORATION SHALL CONSIST OF ONE OR MORE INCORPORATED	
CONGREGATION	S OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, LUTHERAN	
CIUICH - MIS	SOURI SYNOD, OR OTHER LUTHERAN CONGREGATIONS WHICH:	
א) איזיסט שעאני		
	IOUSLY PROVIDED FINANCIAL OR VOLUNTEER SUPPORT TO THE	
CORPORATION;		019)

932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	31-4412586
B) ARE LOCATED WITHIN THE CORPORATION'S SERVICE AREA (AS D	EFINED IN
CONSULTATION WITH THE APPROPRIATE LUTHERAN CHURCH JUDICATO	RIES); AND
C) DECLARE IN WRITING THEIR INTENT TO SUPPORT THE PURPOSE	AND WORK OF THE
CORPORATION.	
	X`
FORM 990, PART VI, SECTION A, LINE 7A:	<u>~~</u>
THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT OR	APROINT ONE OR
MORE MEMBERS OF THE GOVERNING BODY.	<u> </u>
O	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO APPROVE	OR RATIFY THE
DECISIONS OF THE GOVERNING BODY.	
````````````````````````````````	
FORM 990, PART VI, SECTION B, LINE 14	
FORM 990 IS PREPARED BY OUR OUTSTEE AUDITING FIRM AND SUBM	ITTED TO THE
ACCOUNTING MANAGER AND CFO FOR REVIEW. PRIOR TO FILING, F	
AVAILABLE TO ALL MEMBERS OF HE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL MEMBERS OF THE BOARD OF DIRECTORS AND MANAGEMENT STAFF	ANNUALLY REVIEW
AND ACKNOWLERGOTHE CONFLICT OF INTEREST POLICY, AND DISCL	
OF POTENTIA, CONFLICT OF INTEREST. AT NEW-HIRE ORIENTATIO	
ACKNOWLEDGE THAT THEY UNDERSTAND THE CONFLICT OF INTEREST	
COMPLIANCE OFFICER MONITORS FOR POTENTIAL CONFLICTS OF INT	
EAST ANNUALLY UPDATES ALL DISCLOSURES. RESTRICTIONS IMPO	
PARTICIPATION RIGHTS, ARE BASED ON THE TYPE OF CONFLICT TH	
INTIGUIATION RIGHTS, ARE DADED ON THE TIPE OF CONFLICT IN	AI BALUID.

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

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization LUTHERAN SOCIAL SERVICES OF CENTRAL	CHIO Employer identification number 31-4412586
AN ANNUAL PERFORMANCE EVALUATION IS PREPARED BY T	HE PRESIDENT/CEO, PEERS,
AND SELECTED REPORTS FOR EACH MANAGEMENT OFFICIAL	. THE PRESIDENT/CEO IS
EVALUATED BY THE REST OF MANAGEMENT AS WELL AS TH	E BOARD OF DIRECTORS
THROUGH ITS EXECUTIVE COMMITTEE. THE FULL BOARD	APPROVES THE
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE. SALA	RY SURVEYS ARE REFERENCED
AS APPROPRIATE TO ESTABLISH COMPENSATION, WITH CO	NSIDERATION OF THE SIZE,
GEOGRAPHIC REACH, COMPLEXITY AND BREADTH OF SERVIO	CES OF THE ORGANIZATION.
WRITTEN EVALUATIONS ARE DONE FOR ALL OFFICERS, INC	CLUDING WAITTEN INPUT FROM
PEERS AND DIRECT REPORTS.	
	δ
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST PLICY,	AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST	
FORM 990, PART XI, LINE 9, CHANGES W NET ASSETS:	
PARTNER CONTRIBUTIONS	526,098.
ACQUISTION OF HANDSON	701,716.
TOTAL TO FORM 990, PARE XX, LINE 9	1,227,814.
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SCHEDULE R (Form 990) Com	Related Organizations plete if the organization answered Att			6, or 37.	~~~~~	1545 201	9
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990	for instructions and the late	st information.			pen to Pu Inspectio	
Name of the organization LUTHERAN SOCI.	AL SERVICES OF CEN	TRAL OHIO		<u> </u>	Employer identifie 31-44125		umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.	2			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Totarine	(e) me End-of-year	r assets Direct o	(f) controlling ntity]
FRESHBOX CATERING, LLC - 27-0849886					LUTHERAN SOC	CIAL	
125 EAST BROAD STREET			Ŋ		SERVICES OF	CENTRA!	L
COLUMBUS, OH 43215	CATERING	оніо		,011.	-829. онто		
FAIRHAVEN LAWN CARE, LLC - 26-2791844					LUTHERAN SOC	CIAL	
1681 EAST MAIN STREET			•		SERVICES OF	CENTRA!	L
LANCASTER, OH 43130	LAWN SERVICES	оніо	257	,142. 11	9,389.онто		
ASHLAND ASSISTED LIVING OPERATING, LLC -	-				LUTHERAN SOC SERVICES OF		
45-5420333, 330 DAVIS RD, ASHLAND, OH 44805	ASSISTED LIVING	OHIC	2,706	,372. 4	5,607.OHIO		
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO					LUTHERAN SO	CIAL	
CARE, LLC - 46-1517844, 500 W. WILSON BRIDGE	_				SERVICES OF	CENTRA	L
RD, STE 235, WORTHINGTON, OH 43085	HOME HEALTH CARE (SKILLED	OHIO	111	,364. 2	2,499.OHIO		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizatio	a swered "Yes" on Form 990), Part IV, line 34, t	because it had one	or more related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity		tity?
				501(c)(3))		Yes	No
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO -							
31-4412586, 500 W. WILSON BRIDGE ROAD STE							
245, WORTHINGTON, OH 43085	OUSING & FOOD PANTRIES	онто	501(C)(3)	LINE 10	N/A	х	
ASHLAND ASSISTED LIVING, INC 34-1908342	V				LUTHERAN SOCIAL		
330 DAVIS ROAD					SERVICES OF		
ASHLAND, OH 44804	ASSISTED LIVING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	х	
CENTERBURG HOUSING, INC 31-1579303					LUTHERAN SOCIAL		
164 W. HOUCK STREET					SERVICES OF		
CENTERBURG, OH 43011	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	х	
GOOD SHEPHERD HOME FOR THE AGED, INC					LUTHERAN SOCIAL		
34-0835584, 622 CENTER STREE, AGHLAND, OH					SERVICES OF		
44805	SKILLED NURSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
For Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.				Schedule R	(Form 99	90) 2019
932161 09-10-19		39					

Continuation of Identification of Disregarded E (a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	ind-oty ear assets	Direct controlling entity
SHEPHERD REAL ESTATE HOLDING, LLC -				7	LUTHERAN SOCIAL
138521, 622 CENTER STREET, ASHLAND, OH					SERVICES OF CENTRAL
5	REAL ESTATE HOLDING	оніо	7,576.	3,192,942.	оніо
INGTON PLACE OPERATIONS, LLC -					LUTHERAN SOCIAL
735715, 191 W. NATIONWIDE BOULEVARD,					SERVICES OF CENTRAL
E 300, COLUMBUS, OH 43215	ASSISTED LIVING	оніо	49,452.	211,074.	ОНІО
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LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO Schedule R (Form 990)

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Part II Continuation of Identification of Related Tax-Exempt Organizations

GOOD SHEPHERD FOUNDATION - 34-1590049 500 W. WILSON BRIDGE ROAD STE 245 WORTHINGTON, OH 43085 DELAWARE HOUSING, INC 31-1399590 2178 BURUCE ROAD DELAWARE, OH 43015 FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215 GROVE CITY HOUSING, INC 31-1367737	INVESTMENTS HOUSING EMERGENCY SHELTER	оніо оніо оніо	501(C)(3) 501(C)3)	50((3)) LINE 12A, I LINE 10	GOOD SHEPHERD HOME FOR THE AGED, INC. LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	Yes X X	No
500 W. WILSON BRIDGE ROAD STE 245 WORTHINGTON, OH 43085 DELAWARE HOUSING, INC 31-1399590 2178 BURUCE ROAD DELAWARE, OH 43015 FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	HOUSING	оніо			HOME FOR THE AGED, INC. LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO		
WORTHINGTON, OH 43085 DELAWARE HOUSING, INC 31-1399590 2178 BURUCE ROAD DELAWARE, OH 43015 FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	HOUSING	оніо			AGED, INC. LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO		
DELAWARE HOUSING, INC 31-1399590 2178 BURUCE ROAD DELAWARE, OH 43015 FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	HOUSING	оніо			LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO		
2178 BURUCE ROAD DELAWARE, OH 43015 FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	_			LINE 10	SERVICES OF CENTRAL OHIO	x	
DELAWARE, OH 43015 FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	_			LINE 10	CENTRAL OHIO	x	
FAITH MISSION, INC 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	_			LINE 10		X	
245 N. GRANT AVENUE COLUMBUS, OH 43215	EMERGENCY SHELTER	оніо				1	
COLUMBUS, OH 43215	EMERGENCY SHELTER	оніо			LUTHERAN SOCIAL		
•	EMERGENCY SHELTER	OHIO			SERVICES OF		
ROVE CITY HOUSING, INC 31-1367737	_		01(C)(3)	LINE 10	CENTRAL OHIO	X	
					LUTHERAN SOCIAL		ĺ
1301 STONER DRIVE	_				SERVICES OF		ĺ
GROVE CITY, OH 43123	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	X	
GROVEPORT HOUSING, INC 31-1450961					LUTHERAN SOCIAL		
283 GREEN AVENUE					SERVICES OF		ĺ
GROVEPORT, OH 43125	HOUSING	OHIO	501(C)(3)	LINE 10	CENTRAL OHIO	X	
ROVEWOOD II HOUSING, INC 31-1488730		XO			LUTHERAN SOCIAL		Ì
301 STONER DRIVE					SERVICES OF		ĺ
GROVE CITY, OH 43123	HOUSING	DHIO	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
HAMILTON HOUSING, INC 31-1367736					LUTHERAN SOCIAL		
3565 CLIME ROAD					SERVICES OF		l
COLUMBUS, OH 43228	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	X	
LANCASTER HOUSING, INC 31-1320304					LUTHERAN SOCIAL		
963 PRESTIGE BLVD					SERVICES OF		
LANCASTER, OH 43130	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	x	
LANSING HOUSING, INC 31-1320303					LUTHERAN SOCIAL		
54385 NATIONAL ROAD					SERVICES OF		ĺ
BRIDGEPORT, OH 43912	HUNSPAG	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	x	
LITTLE BROOK HOUSING, INC 31-1488733					LUTHERAN SOCIAL		
5911 LITTLE BROOK WAY					SERVICES OF		ĺ
COLUMBUS, OH 43232	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	x	ĺ
LUTHERAN HOUSING SERVICES OF HOWLAND			,		LUTHERAN SOCIAL		<u> </u>
30-0263695, 3880 NORTH RIVER ROAD, WARREN,					SERVICES OF		l
DH 44484	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	x	l
MANSFIELD HOUSING II, INC - 20-3208737					LUTHERAN SOCIAL		
L680 EXECUTIVE COURT					SERVICES OF		ĺ
MANSFIELD, OH 44907	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	x	ĺ
332222 34-01-19		41					L

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO Schedule R (Form 990)

<u>12586</u>

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chab status (if section	entity	organia	trolled ization?
MANSFIELD HOUSING, INC 31-1642747				50 (c, 3))	LUTHERAN SOCIAL	Yes	No
1665 EXECUTIVE COURT	-				SERVICES OF		
	HOUSING	оніо	501(C)(3)	T TND 10	CENTRAL OHIO	v	
MANSFIELD, OH 44907	HOUSING		501(C)(3)	LINE 10	LUTHERAN SOCIAL	X	
MARION PLACE I HOUSING, INC 30-0151342 1401 WELLNESS ROAD	-)	SERVICES OF		
MARION, OH 43302	HOUSING	оніо	501(0)32	LINE 10	CENTRAL OHIO	x	
MARION PLACE II HOUSING, INC 30-0151099	noosing		501(C)3)	LINE IV	LUTHERAN SOCIAL	A	
1401 WELLNESS ROAD	-				SERVICES OF		
MARION, OH 43302		оніо	01(C)(3)	LINE 10		v	
	HOUSING			LINE IV	CENTRAL OHIO	X	
NORTH COMMUNITY HOUSING - 30-0245617 120 MORSE ROAD			•		LUTHERAN SOCIAL		
	HOUSING	OHIO	501(C)(3)	LINE 10	SERVICES OF	v	
COLUMBUS, OH 43214	1002TIIG		501(0)(3)	DINE IO	CENTRAL OHIO	X	+
PLEASANT VIEW HOUSING, INC 31-1717116 1690 CHARTWELL STREET							
			501(0)(2)	T T T T 1 0	SERVICES OF	v	
LANCASTER, OH 43130	HOUSING		501(C)(3)	LINE 10	CENTRAL OHIO	X	
SULLIVANT HOUSING, INC 30-0060654		χO			LUTHERAN SOCIAL		
383 INAH AVENUE	HOUSING		501 (2) (2)	10	SERVICES OF	37	
COLUMBUS, OH 43228	HOUSING	DH10	501(C)(3)	LINE 10	CENTRAL OHIO	X	
TUBMAN TOWERS - 20-0282722					LUTHERAN SOCIAL		
17 JOHNSON AVENUE					SERVICES OF		
SPRINGFIELD, OH 45506	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	X	
VILLAGE HOUSING, INC 31-1488740					LUTHERAN SOCIAL		
1489 OCTOBER RIDGE COURT					SERVICES OF		
COLUMBUS, OH 43223	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	X	
MARION PLACE III HOUSING, INC 27-4533938					LUTHERAN SOCIAL		
1401 WELLNESS ROAD					SERVICES OF		
MARION, OH 43302	HUISTAG	онто	501(C)(3)	LINE 10	CENTRAL OHIO	X	_
KENSINGTON PLACE, INC - 31-1311288					LUTHERAN SOCIAL		
1001 PARKVIEW BLVD					SERVICES OF		
COLUMBUS, OH 43219	ASSISTED LIVING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	X	
THE GOOD SHEPHERD VILLA, INC 27-7835998	_				LUTHERAN SOCIAL		
726 CENTER STREET					SERVICES OF		
ASHLAND, OH 44805	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	X	_
CHOICES FOR DOMESTIC VIOLENCE - 31-0910779					LUTHERAN SOCIAL		
245 N. GRANT AVENUE	_				SERVICES OF		
COLUMBUS, OH 43215	DOMESTIC VIOLENCE SHELTER	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	X	

entity	(g Section 5 contro organiz Yes X	olled
RAN SOCIAL CES OF		N

Schedule R (Form 990) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it no organizations treated as a partnership during the tax year. or more related

				-										
(a)	(b)	(c)	(d)		(e)		(f)	(g)		(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	(related	nant income , unrelated, rom tax under s 512-514)		of total come	Share end-of-y asset	ear		Code V-UE amount in b 20 of Schedu K-1 (Form 10	OX managin	owne	entage ership
LUTHERAN SOCIAL SERVICES								1						
TUBMAN TOWERS OF SPRINGFIELD,														
LP - 47-1229982, 500 W.								\frown						
WILSON BRIDGE ROAD STE 245,	HOUSING	OH	N/A	N	/A	N	/A	\mathcal{N}	<u> </u>	I/A	N/A	<u>N/A</u>	N	I/A
	-						Q							
							$\mathbf{\mathbf{e}}$							
	_					\sim								
					\mathbf{X}									
	-				Ó									
Part IV Identification of Related Or organizations treated as a co	rganizations Taxable	as a Corpo ing the tax y	pration or Trust. Co /ear.) he organizati	on answ	vered "Yes'	' on Form s	990, Par	t IV, line 3	34, because it ha	ad one or m	ore rela	ated
(a)			(b)	(c)	(d)		(e)		(f)		(g)	(h)		(i) ction
Name, address, and E of related organizatio		Prim	ary activity	Legal domicile (state or foreign	Direct cont entity		Type of e (C corp, S or true	corp,	Share of incom		Share of end-of-year assets	Percentage ownership	512(cont	(b)(13) trolled tity?
				country)			01110	50			233013		Yes	No
TUBMAN TOWERS GP, LLC - 47-122	9921		\sim		LUTHERAN									
500 W WILSON BRIDGE ROAD, SUIT	E 245	REAL ESTA	TE -		SOCIAL									
WORTHINGTON, OH 43085		INVES MEN		OH	SERVICES (OF	C CORP			٥.	1,009,117.	1009	\$	X
		U												

7 Schedule R (Form 990) 2019 932162 09-10-19

SEE PART VII FOR CONTINUATIONS44

586

Page 2

Part V Transactions With Related Organizations. Complete if the organizati	on answered "Yes" on Forr	n 990, Part IV, line 34, 35b,	or 36.		
lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			X ·	\	res No
1 During the tax year, did the organization engage in any of the following trans	actions with one or more re	elated organizations listed in	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlle	d entity			1a	X
b Gift, grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				1c	X
				1d	<u>X</u>
e Loans or loan guarantees by related organization(s)			\sim	1e	X
f Dividends from related organization(s)		C	\sim	1f	x
g Sale of assets to related organization(s)			9	1g	X
h Purchase of assets from related organization(s)				<u>19</u>	X
i Exchange of assets with related organization(s)				<u>1i</u>	X
j Lease of facilities, equipment, or other assets to related organization(s)		\mathbf{A}		1j	X
					v
k Lease of facilities, equipment, or other assets from related organization(s)				<u>1k</u>	X
I Performance of services or membership or fundraising solicitations for relate	•	V		11	X
m Performance of services or membership or fundraising solicitations by relate				1m	X X
n Sharing of facilities, equipment, mailing lists, or other assets with related org	anization(s)			<u>1n</u>	
o Sharing of paid employees with related organization(s)				10	A
 Deimburgement peid to related expension(a) for evenence. 	XU			4	X
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 	$\sim 0^{-1}$			<u>1p</u> 1q	X
	$\cdot \wedge \cdot$				
r Other transfer of cash or property to related organization(s)				1r	x
s Other transfer of cash or property from related organization(s)				"	X
2 If the answer to any of the above is "Yes," see the instructions for information	n on who must complete th	nis line. includina covered re	lationships and transaction thresholds.	10	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt involved	
2)					
				dule R (Form	

Schedule R (Form 990) 2019 LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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Page 4

(a)	(b)			(0)	(f)	(g)	(h)	(i)	(i)	(k)
(a) Name, address, and EIN	(D) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners sec		(9) Share or	(h) Dispropor		(j) General or	(k) Percentage
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax undel sections 512-514)	partners sec 501(c)(3) orgs.?	total	encof-war	tionate	amount in hoy 20	managing	ownership
or ondry		country)	excluded from tax under	Yes No	4.	assuts	allocations	of Schedule K-1	partner?	ownerenip
			360110113 3 12-3 14)	Yes No			Yes No		Yes NO	
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932164 09-10-19										
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Chedule R (Form 990) 2019 Part VII Supplemen Provide addition		IAL SERVICES OF C		12300 Page 5
ART III, IDEN	TIFICATION OF RELA	TED ORGANIZATIONS	TAXABLE AS PARTN	ERSHIP:
NAME, ADDRESS,	AND EIN OF RELATE	D ORGANIZATION:		
LUTHERAN SOCIA	SERVICES TUBMAN	TOWERS OF SPRINGF	IELD, LP	<u> </u>
EIN: 47-122998	2			×`
500 W. WILSON	BRIDGE ROAD STE 24	5		5
WORTHINGTON, O	H 43085			
PART IV, IDENT	IFICATION OF RELAT	ED ORGANIZATIONS '	TAXACT AS CORP C	R TRUST:
			\sim	
NAME, ADDRESS,	AND EIN OF RELATE	D ORGANIZATION		
TUBMAN TOWERS		<u> </u>		
EIN: 47-122992		λ'		
	RIDGE ROAD, SUITE	245 ×		
WORTHINGTON, O				
	Ň	INVESTMENT		
DIRECT CONTROL	LING ENTITY: COTHE	RAN SOCIAL SERVIC.	ES OF CENTRAL OHI	.0
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