#### \*\*PROFORMA - NOT FILED\*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 JUL 1, 2021 and ending JUN 30, A For the 2021 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable X Address change LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO Name change 31-4412586 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1105 SCHROCK ROAD STE 10 614-228-5200 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended COLUMBUS, OH 43229 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LARRY CROWELL Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordina Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 See instructions J Website: ► LSSCO.ORG K Form of organization: X Corporation Trust Association Other > Year of formation: 1 M State of legal domicile: OH Part I Summary SEE SCHEDULE Briefly describe the organization's mission or most significant activities: **Activities & Governance** 2 Check this box if the organization discontinued its operations or disposed of more an 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 961 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 1705 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 0. 7h **Prior Year Current Year** 11,944,270. 27,011,460. Contributions and grants (Part VIII, line 1h) 8 Revenue 10,586,194. 28,128,921. Program service revenue (Part VIII, line 2g) 154,989. -54,048. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,507,007. 3,051,418. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 11 Total revenue - add lines 8 through 11 (must equal Nan L 25,192,460. 58,137,751 column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A) lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column , line 4) 11,042,976. 31,043,915. Salaries, other compensation, employee Desemble (Part IX, column (A), lines 5-10) 15 Expenses 476,627. 1,510,271. 16a Professional fundraising fees (Part IX **b** Total fundraising expenses (Partix, column (D), line 25) 13,237,875. 29,370,552. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,757,478. 61,924,738. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 434,982. -3,786,987. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Ы **End of Year** 89,495,030 95,182,064. 20 Total assets (Part A. lin Total liabilities Pal X, line 26) 34,350,302. 32,583,547 21 Net assets of fund balances. Subtract line 21 from line 20 三年 60,831,762. 56,911,483 22 e Block perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penaltië true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. PHI HU 9/6/23 Signature of officer Date PHILIP HELSER, Type or print name and title

Date PTIN Check Print/Type preparer's name Preparer's signature 09/05/23 P00796388 AMY CIMINELLO AMY CIMINELLO Paid self-employed Firm's name PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 Preparer Firm's address  $\searrow$  250 S. HIGH ST, SUITE 100 Use Only Phone no. 614-849-3000 COLUMBUS, OH 43215 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CREATING A BETTER WORLD BY SERVING PEOPLE IN NEED IS OUR MISSION.
	THROUGH THIS MISSION, LSS SERVES THOUSANDS OF PEOPLE EVERY DAY IN
	CENTRAL, NORTHERN AND SOUTHEAST OHIO BY FOCUSING ON THE SOCIETAL
	ISSUES OF HUNGER, HOUSING, HEALING AND HOPE.
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? No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured av 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 \$ $8,084,926.$ including grants of \$) (Revelue \$ $318,440.$ )
	SERVING SINGLE ADULT HOMELESS MEN AND WOMEN, FAITH MISSIGN OPERATES
	THREE SHELTERS, TWO KITCHENS, A COMPREHENSIVE HEALTH CAINIC, AND TWO
	RESOURCE CENTERS TO HELP THE PEOPLE EXPERIENCING HOME ESSNESS FIND
	INCOME AND HOUSING. FOR THE FISCAL YEAR REPORTED, FAITH MISSION
	PROVIDED 76,497 NIGHTS OF SHELTER AND 193,506 MEALS
41:	(Code: ) (Expenses \$ 8,079,882. including grants 0.) (Revenue \$ 4,151,249.)
4b	(Code:) (Expenses \$8,079,882. including grants0.) (Revenue \$4,151,249.)  LUTHERAN SOCIAL SERVICES OPERATES 2. HUD SECTION 202 AND SECTION 8
	HOUSING SITES THROUGHOUT OHIO TO AROVIDE AFFORDABLE HOUSING TO VERY LOW
	INCOME SENIORS AND THE DISABLED 1,017 INDIVIDUALS WERE HOUSED BY THIS
	PROGRAM FOR THE FISCAL YEAR REFORTED.
	THOSTELL TON THE TERMINATION OF THE STREET
	<u></u>
4c	(Code:) (Expenses 12,612,681. including grants of \$
	THE GOOD SHEPLERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF
	FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND
	REHABILI ATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD
	PROVIDED 37,337 DAYS OF CARE.
	<b>— Y</b>
	<u>^'</u>
	<b>√</b>
$\boldsymbol{O}$	+
X	
•	
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 25,219,847. including grants of \$ 0.) (Revenue \$ 13,959,704.)
4e	F2 007 22C
	Form <b>990</b> (2021)

# Part IV Checklist of Required Schedules

			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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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	_	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		V	3.7
_	similar amounts as defined in Rev. Proc. 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	76		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ا ا		х
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt in got attended services?	ا ا		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endownents	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in ParkX, ne 0? If "Yes," complete Schedule D,			
а		44.	Х	
<b>h</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, ine 12, that is 5% or more of its total	11a	-21	
D		11b	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	-21	-
·	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Pat X, Int. 15, that is 5% or more of its total assets reported in	-110		
u	Part V. Sing 100 veryor in the Color of the	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated fina cia statements for the tax year include a footnote that addresses			_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independ needlited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization hav a sregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program solvice activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes, "1 om lete Schedule F, Parts I and IV	14b		X
15	Did the organization leport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign orgal ization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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		_X_
17	plit the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	olumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
V	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
•	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х
		Гоим	aan .	(2021)

	990 (2021) LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412 TIV Checklist of Required Schedules (continued)	586	Р	age 4
	- (Someway)		Yes	No
22	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
23	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	X	
24a	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			
	Schedule K. If "No," go to line 25a	242	Y	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del>                                     </del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an expent			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, I a VI	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, of ectar, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Ye," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	"Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-ass contributions? If "Yes," complete Schedule M	29	_X_	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an enity disregarded as separate from the organization under Regulations	22	Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del>                                     </del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1  Did the organization have controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a dio the organization receive any payment from or engage in any transaction with a controlled entity	334		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 301c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes, Complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
	Nid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
$\mathbf{V}$	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Per	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(2021)
12200	1 12 00 21	Form	ココリ	ついり1)

	i (continued)		1	_
			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 961			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	.		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	V	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	X		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	3a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gits			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			7.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums to a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, in a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property distinct organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, of other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a ponor advised fund maintained by the	7h		
8	sponsoring organizations maintaining donor advised funds. Dida donor advised fund maintained by the sponsoring organization have excess business holdings at any time studies and the sponsoring organization have excess business holdings at any time studies.	8		
9	Sponsoring organizations maintaining donor advised fulds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on art VIII, line 12			
b	Gross receipts, included on Form 990, Pattink line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations, Enter			
а	Gross income from members or shareho ders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exampt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount wax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified 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 amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
44	Nid the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>V</b> 6	If Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO Form 990 (2021) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, s Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, wh organization's mailing address? If "Yes." provide the names and addresses Section B. Policies (This Section B requests information about policies not red Yes Nο 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures go reming the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes? ig the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the orderization 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 11a 12a Did the organization have a written conflict of interest policy? Х 12a If "No," go to line 13 ..... Were officers, directors, or trustees, and key employees require to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently notified and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done ..... Х Did the organization have a written whist 13 13 Х Did the organization have a written accuracy retention and destruction policy? 14 14 Did the process for determining compen ation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key emrior es of the organization 15b If "Yes" to line 15a or is a sescribe the process on Schedule O. See instructions.

#### Section O Disclosure

If "Yes," did the

taxable entity during

ist the states with which a copy of this Form 990 is required to be filed NONE

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

WILSON BRIDGE RD, STE

pt status with respect to such arrangements?

\_\_\_ Own website \_\_\_\_ Another's website \_\_\_\_ Upon request \_\_\_\_ Other (explain on Schedule O)

245,

ture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

est in, contribute assets to, or participate in a joint venture or similar arrangement with a

rganization follow a written policy or procedure requiring the organization to evaluate its participation

State the name, address, and telephone number of the person who possesses the organization's books and records PHILIP HELSER - 614-228-5200

Form **990** (2021)

38036-33

X

16a

500

WORTHINGTON

43085

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

Check this box if neither the organization nor any related organization compensated any current officer, director

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received lepo able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organization.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box in heither the organization in		J	ıııza			ipci	oute		(E)	(F)
<b>(A)</b> Name and title	(B)			Pos	C) ition	1		(D)		( <b>F)</b> Estimated
ivame and title	Average hours per		not c	heck	more	than o		Reportable compensation	A portable compensation	amount of
	week		, unie: cer ar					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				- - - -		organiza on	(W-2/1099-MISC/	from the
	related	tee or	stee			Highest compensated employee		(W-2/1099-MISC	1099-NEC)	organization
	organizations	trust	lal tr		oyee	ed mo		109Ø-NEC)		and related
	below	/idual	Institutional trustee	Je.	Key employee	est c	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) STACY MARTIN	1.00							( <b>()</b>		
PRESIDENT & CEO	49.00			Х				234,284.	0.	126.
(2) REV. LARRY A. CROWELL	1.00				•					
INTERIM PRESIDENT & CEO	49.00			Х				189,910.	0.	10,469.
(3) RICK DAVIS	40.00			. (	S					
EXECUTIVE VICE PRESIDENT & COO	0.00			X'		Х		190,323.	0.	8,033.
(4) PHILIP HELSER	1.00		1	<b>\</b>						
CFO	49.00		10	Χ				176,854.	0.	15,827.
(5) MICHELE CENCI	40.00	1	7							
VICE PRESIDENT - DEVELOPMENT	0.00	•				Х		173,026.	0.	16,837.
(6) HEATHER DUBBE	46.00									
VICE PRESIDENT - HUMAN RESOURCES	0.00					Х		158,872.	0.	5,113.
(7) CHAD WOLVERTON	40.00									
VICE PRESIDENT - IT	0.00					Х		133,781.	0.	18,667.
(8) SUE VILLILO	40.00									
AVP COMMUNITY BASED SERVICES	0.00					X		118,998.	0.	14,448.
(9) DAN BAILEY	1.00									
EXECUTIVE VICE CHAIR (TVR 12/21)	0.50	Х		Х				0.	0.	0.
(10) BONNIE GERBER	1.00									
EXECUTIVE BOARD CHAIR (THRU 12/21)	0.50	Х		Х				0.	0.	0.
(11) TODD TREON	1.00									
EXECUTIVE BOARD CLAIR (01/22)	0.50	Х		Х				0.	0.	0.
(12) GREG TOXDAN	1.00									
CHAIR: AFC	0.50	Х						0.	0.	0.
(13) B(IA) WEBER	1.00									
CALL HSC (THRU 12/21)	0.50	Х						0.	0.	0.
1.) MINDI CUNNINGHAM	1.00									
VICE CHAIR: EEC (THRU 12/21)	0.50	Х						0.	0.	0.
(15) ED KENDALL	1.00									
VICE CHAIR: AFC	0.50	Х						0.	0.	0.
(16) MARK DIEMER	1.00									
CHAIR: HSC (01/22)	0.50	Х						0.	0.	0.
(17) ANDREW MESLOW	1.00									
VICE CHAIR: EEC (01/22)	0.50	X	1	I	I	1	1	0.	0.	0.

132007 12-09-21

Form **990** (2021)

Name and title  Average hours per lower week  (list any hours for related organizations)  Average hours per lower week  (list any hours for related organizations)  Average hours per lower week  (list any hours for related organizations)  Average hours per lower week  (list any hours for related organizations)  Average hours per lower lower week  (list any hours for related organizations)  Bellow line)  It is a second organization (w2/1099-MISC/ 1099-NEC)  Average hours per lower lo	(F)	(F	Т	(E)	(D)			C)			)		Section A. Officers, Directors, Trus (A)
Notify per   Notify per   Notify per   Notify for related   Section British   Notify for related   Notification   Notify for related   Notification   Notify for related   Notification   Notification   Notify for related   Notification   Notify for related   Notification   N	ור) stimate			` '	· · ·			sitior	Ро		-	/	• •
Week (list any)   Hours for related organizations or related organizations or related organizations below line)   From related organizations organizations below line)   From related organizations organizations organizations below line)   From related organizations organizations organizations below line)   From related organizations organizations organizations organizations below line)   From related organizations organizations organization   From related organizations organization organization   From related organizations organization   From related organization   From related organization   From related organizations   From related organizations   From related organizations   From related organization   From related organizations   From related organization   From related	nount				· ·						-		Ivanie and title
Illian any   Hours for related organization   Hours for for many unrelated organization   Hours for many unrelated organization   Hours for many unrelated organization   Hours for form any unrelated organization   Hours for form any unrelated organization   Hours for form for the organization   Hours for form of the organization   Hours for form any unrelated organization   Hours for form of the organization   Hours for form any unrelated organization or form the organization from the organization for the calendar year ending with or within the organization is tax year.	other			•	·						•		
18) DEBORAH MITCHELL	npensa	compen	(	organizations							any		
18) DEBORAH MITCHELL   1.00	rom th	from		(W-2/1099-MISC/	organization		ted						
18) DEBORAH MITCHELL   1.00	janiza	organiz		1099-NEC)	1		ensa			ustee		1	
18   DEBORAH MITCHELL	d relat	and re			1099-NEC)		comp	loyee		and tr		org	
18   DEBORAH MITCHELL	apizat	organiz	'			ormer	ighest	ey emp	fficer	stitutio			
19) ADAM STEINBRENNER 1.00	1	11	*			<u>.</u>	王 ==	×	10	+=	00		) DEBORAH MITCHELL
19) ADAM STEINBRENNER 1.00	•		V	0.	0.								IR: EEC (01/22)
TICE CHAIR: HSC (01/22)		<u> </u>		*					t				) ADAM STEINBRENNER
REMBER   0.00   X   0.00   0					0.					.			
MEMBER			$\top$										) BRANDON RIGGINS
AMBBER    0.00   X   0.00   0.			.	10.	0.					[ ]			BER
ARRON MCCLENDON   1.50			Т								50		) JACQUELINE BASTIAN
MEMBER    Canonic   Canoni			<u>.</u>	0.	0.					[			BER
ARON MCCLENDON				$\mathbf{\mathcal{O}}$									) LISA BORTHWICK
MARSHELA MCDANIEL  (24) MARSHELA MCDANIEL  (25) STEPHANIE REVISH  (26) ROBIN TRIPLETT  (26) ROBIN TRIPLETT  (27) MEMBER  (28) Subtotal  (29) Total from continuation sheets to Part VII, Section A  (29) Total from continuation sheets to Part VII, Section A  (20) Total (add lines 1b and 1c)  (21) Total from the organization  (22) Total number of individuals (including but not limited to those haved above) who received more than \$100,000 of reportable compensation from the organization  (20) Total from continuation sheets to Part VII, Section A  (21) Total from continuation sheets to Part VII, Section A  (22) Total number of individuals (including but not limited to those haved above) who received more than \$100,000 of reportable compensation from the organization  (21) Total from continuation sheets to Part VII, Section A  (22) Total number of individuals (including but not limited to those haved above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization of reportable compensation and other compensation from the organization and related organizations greater than \$5,000? If "Yes," complete Schedule J for such individual  (23) Did any person listed on line 1a releive if accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  (24) Section B. Independent Contractors  (25) Section B. Independent Contractors  (26) Total number of individual for services rendered to the organization? If "Yes," complete Schedule J for such person  (26) Total from continuation sheets to Part VII, Section A  (26) Total from continuation sheets to Part VII, Section A  (27) Total from continuation sheets to Part VII, Section A  (28) Total from continuation sheets to Part VII, Section A  (29) Total from continuation sheets to Part VII, Section A  (20) Total from continuation sheets to Part VII, Section A  (20) Total from continuation sheets to Part VII, Section A  (20			<u>.</u>	0.						<u> </u>			BER
1.50													) AARON MCCLENDON
Subtotal			<u>.</u>	0.	0.					<u> </u>		_	BER
AMBBER   1.50   0.00   X   0.00   0													
MEMBER    1.50   X   0.00   0.00			<u>.</u>	0.	0.					<u> </u>			
ROBIN TRIPLETT				_									
Total from continuation sheets to Part VII, Section A  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those hyted above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director heating the protection of the organization line 1a? If "Yes," complete Schedule J for such reportable compensation and other compensation from the organization and related organizations greater than \$100,000 of reportable compensation and other compensation from the organization and related organizations greater than \$100,000 of reportable compensation and other compensation from the organization and related organizations greater than \$100,000 of reportable compensation and other compensation from the organization and related organizations greater than \$100,000 of compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your tive highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.			<u>.</u>	0.	0.	V	_		_	<u> </u>		╄	
total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to the line above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any former officer, director, bestee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for sum additional and related organizations greater than \$100,000 of Jerves, "complete Schedule J for such individual listed on line 1a reveive a cacrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for you live highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												_	
total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those lined above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any former officer, director mestee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for sum of individual  For any individual listed on line 1a, is the same freportable compensation and other compensation from the organization and related organizations greater than \$150,00? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for you live highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Reponeds appensation for the calendar year ending with or within the organization's tax year.	<u> </u>						U	oxdot		<u> </u>	.00		BER
Total (add lines 1b and 1c)	9,5	89,				▶	)		<u>.</u> .				
Total number of individuals (including but not limited to those limited above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director treatee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such advidual  4 For any individual listed on line 1a, is the composite compensation and other compensation from the organization and related organizations greater than \$50,00? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for you five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Repair compensation for the calendar year ending with or within the organization's tax year.	<u> </u>				-	▶		<u>,</u>	<i></i>		n A	II, Se	
3 Did the organization list any former officer, director treastee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such additional states on line 1a, is the count of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4  5 Did any person listed on line 1a releive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors  1 Complete this table for you five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	9,5	89,	<u>.                                    </u>			<b>&gt;</b>			<b>)</b>	7,(			•
3 Did the organization list any former officer, director trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such additional street on the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a releive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors  1 Complete this table for you five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.				000 of reportable	eceived more than \$100,0	rec	) wh	bove	ed a	e linte	d to the	ot lii	· · · · · ·
line 1a? If "Yes," complete Schedule J for such advidual  4 For any individual listed on line 1a, is the count of reportable compensation and other compensation from the organization and related organizations greater than \$50,00? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for you "ive highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Repair compensation for the calendar year ending with or within the organization's tax year.	V									<u> </u>	$\rightarrow$		compensation from the organization
line 1a? If "Yes," complete Schedule J for such advidual  4 For any individual listed on line 1a, is the count of reportable compensation and other compensation from the organization and related organizations greater than \$50,00? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for you "ive highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Repair compensation for the calendar year ending with or within the organization's tax year.	Yes	Te									O`		D: 111
4 For any individual listed on line 1a, is the count of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				loyee on	nest compensated empl	nıgr	e, or	loye	emp	кеу			
and related organizations greater than \$ 50 00? If "Yes," complete Schedule J for such individual		3											
5 Did any person listed on line 1a releive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors  1 Complete this table for you "ive highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	37	. 37											
rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors  1 Complete this table for you live highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	Х	4 X			or such individual	J fc	edule	Sche	lete	ompl	f "Yes,"	0_0	and related organizations greater than \$150
Section B. Independent Contractors  1 Complete this table for you live highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		_		dual for services	ed organization or individ	late							
Complete this table for you "ive highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		5					on .	pers	uch	for s	hedule	nplet	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	om	n from	atio	100 000 of compens	nat received more than ¢	e th	acto	ontr	nt c	endo	ed indo	mpa	
	OIII	11 11 0111	auo										
A = A + A + A + A + A + A + A + A + A +	<u></u>	(C)		cai.	(B)	<del>''''</del>	JI VVI	VILII (	ng v	Gridi	idai ye	a ie (	(A)

(A) Name and business address	(B) Description of services	(C) Compensation
SPEER MECHANICAL		
PO BOX 931307, CLEVELAND, OH 44193	REPAIRS	393,983.
PLANTE & MORAN, PLLC, 250 SOUTH HIGH		
STREET SUITE 100, COLUMBUS, OH 43215	AUDIT AND TAX	239,430.
CARY GALBREATH DBA GGC WHOLESALE FLOORING		
1062 E MAIN ST, COLUMBUS, OH 43205	APARTMENT REPAIRS	210,629.
RIGHT TOUCH SERVICES		
PO BOX 24344, COLUMBUS, OH 43224	CLEANING SERVICES	102,953.
BOREN'S GRASS GROOMERS LLC		
PO BOX 786187, PHILADELPHIA, PA 19178	LANDSCAPING	100,532.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Form 990 LUTHERAN	SOCIAL	SE	ERV	'IC	ES	0	F	CENTRAL OHIO	31-441	2586
Part VII   Section A. Officers, Directors, Tru	1	nplo	yee			lighe	est (		, ,	
<b>(A)</b> Name and title	(B) Average hours	(cl		Posi all t			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
(27) FAITH CONSTANCE	1.50							0.		<b>(</b> )
MEMBER (28) RON KERR	1.50	Х						0.	~~·	0.
MEMBER (01/22)	0.00	х						0.	120:	0.
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Total to Part VII, Section A, line 1c										

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1a 1 a Federated campaigns 1b otkiled **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d 6,599,854 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 20,411,606 1f 4,691,715 g Noncash contributions included in lines 1a-1f 27,011,460 h Total. Add lines 1a-1f **Business Code** 2 a NET RESIDENT SERVICES 623990 27,712,882 27712882 Program Service Revenue b SERVICE FEES - RESPITE CARE 624100 309,440 309 440 HUD SERVICING FEE INCOME 623990 53,344. 44,255 JOB TRAINING REVENUE 611430 SOCIAL SERVICE REVENUE 624100 9,000 f All other program service revenue 28,128,921 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 114,385 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) -168,433. -168,433. d Net gain or (loss) ..... 8 a Gross income from fundraising including \$ contributions reported on line Part IV, line 18 **b** Less: direct expenses m fundraising events gaming activities. See 9a 9b ncome or (loss) from gaming activities  $\triangleright$ sales of inventory, less returns nd allowances 10a Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** 11 a MANAGEMENT FEE INCOME 900099 2,143,529 2,143,529 900099 CATERING INCOME 606,643 606,643 DEVELOPMENT FEES 900099 300,000 300,000 900099 1,246 1,246. d All other revenue

12 132009 12-09-21

Form **990** (2021)

-54,048.

3,051,418

58,137,751

Total. Add lines 11a-11d

Total revenue. See instructions

31180339

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	mplete column (A).	
	Check if Schedule O contains a respon			, v y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				~0
3	Grants and other assistance to foreign				.\(\text{\text{\$0}}\)
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<b>X</b> •
5	Compensation of current officers, directors,			. (	10
	trustees, and key employees				<i></i>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			~ \	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,630,245.	21,489,099.	3 493,927.	647,219.
8	Pension plan accruals and contributions (include	000 044	015 051	<b>D</b> 2	40 00-
	section 401(k) and 403(b) employer contributions)	288,944.	216,051.	54,656.	18,237.
9	Other employee benefits	3,261,464.	2,748,256	417,145.	96,069.
10	Payroll taxes	1,863,262.	1,593,389.	224,262.	45,620.
11	Fees for services (nonemployees):		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
а	Management	107 260	10 227	64.026	1 206
	Legal	187,369.	121,327.	64,836.	1,206.
	Accounting	269,790.	187,285.	82,505.	
d	, 0	1 510 071	<u> </u>		1 510 071
е	Professional fundraising services. See Part IV, line 17	1,510,27			1,510,271.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4.675 176.	5,515,042.	-971,024.	131,158.
40	column (A), amount, list line 11g expenses on Sch O.)	151,654.	148,411.	3,243.	131,130.
12	Advertising and promotion	9 380,798.	8,687,002.	665,280.	228,516.
13	Office expenses	535,006.	268,176.	189,534.	77,296.
14 15	Information technology	2 333,000.	200,170.	100,004.	11,250.
16	Royalties	7,900,857.	7,383,948.	515,709.	1,200.
17	Occupancy	108,280.	77,950.	30,127.	203.
18	Payments of travel or entertainment exp inses	200,2000	7.75500	30,127	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and neetings	56,418.	49,978.	6,105.	335.
20	Interest	857,362.	855,337.	2,025.	
21	Payments to affiliates	•	,		
22	Depreciation, dept tion, and amortization	3,929,206.	3,888,344.	40,862.	
23	Insurance	128,429.	95,322.	33,107.	
24	Other expenses. Its mize expenses not covered above. List misserlaneous expenses on line 24e. If line 24e a fount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EMPLOYEE RECRUITMENT	893,186.	575,413.	317,773.	
	RAD DEBTS	97,021.	97,021.		
K					
e e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	61,924,738.	53,997,336.	5,170,072.	2,757,330.
26	Joint costs. Complete this line only if the organization	J = 1 J A = 1 1 J O •	33,331,330.	5,210,0120	2,,31,330.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	<b>,</b>		i.	L	000

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

ar	t X	Balance Sheet						
		Check if Schedule O contains a response or note	to an	y line in this Part X				
					1	(A) inning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5	,093,487.	1	3,477,459
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net			2	,488,615.	3	3,526,281
	4	Accounts receivable, net			2	,984,515.	4	2,118,5
	5	Loans and other receivables from any current or						O
		trustee, key employee, creator or founder, substa	ntial o	contributor, or 35%				.10
		controlled entity or family member of any of these	e pers	ons			5	
	6	Loans and other receivables from other disqualifi	ed pei	rsons (as defined				, <b>X</b> '
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)			6	X
	7	Notes and loans receivable, net					7	<b>~</b>
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges			1	,180,373.	9	728,071
	10a	Land, buildings, and equipment: cost or other				~ \		
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10a	126,764,748.		()		
	b	Less: accumulated depreciation	10b	63,464,470.	65	<u>, 859 320 .</u>	10c	63,300,278
	11	Investments - publicly traded securities			L	<b>0</b> 2	11	1.1.1.1.1.1.1
	12	Investments - other securities. See Part IV, line 1			17	,92 ,123.	12	16,104,316
	13	Investments - program-related. See Part IV, line 1					13	1-0-00
	14	Intangible assets				150,000.	14	150,000
l	15	Other assets. See Part IV, line 11				96,631.	15	90,043
4	16	Total assets. Add lines 1 through 15 (must equa				,182,064.		89,495,030
	17	Accounts payable and accrued expenses	<u> </u>	,687,038.	17	5,746,023		
l	18	Grants payable			18	1		
	19	Deferred revenue			987,325.	19	1,508,839	
l	20	Tax-exempt bond liabilities					20	
l	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete P Loans and other payables to any current or former	art IV	of Scriedule D			21	
	22							
		trustee, key employee, creator or founder, substa						
		controlled entity or family member of any of these	. •				22	
l	23	Secured mortgages and notes payable to unrelation			26	,723,229.	23	24,784,914
l	24	Unsecured notes and loans payable to un elated	third	oarties			24	
	25	Other liabilities (including federal income ax, pay						
		parties, and other liabilities not included on lines	17-24)	. Complete Part X		050 510		F 4 2 F F F
					24	952,710.	25	543,771
4	26			, <del>TT</del>	34	,350,302.	26	32,583,547
		Organizations that follow FASB ASC 958, chec	k her	e ▶ X				
		and complete lines 27, 28, 32, and 33.			_	426 000		261 00
l	27	Net assets without do or restrictions			<u> </u>	<u>, 426 , 898 .</u>	27	361,905
l	28	Net assets with owns restrictions			58	,404,864.	28	56,549,578
		Organizations that do not follow FASB ASC 95						
		and complete lines 29 through 33.						
	29	Capita stock or trust principal, or current funds				29		
	30	Poia-in or capital surplus, or land, building, or equ					30	
	31	Retained earnings, endowment, accumulated inc				021 760	31	EC 011 401
	3	otal net assets or fund balances				,831,762.		56,911,483
M	<b>3</b> -	Total liabilities and net assets/fund balances			95	,182,064.	33	89,495,030 Form <b>990</b> (20

2 Tot: 3 Rev 4 Net 5 Net 6 Dor 7 Inve 8 Pric 9 Oth 0 Net	al expenses (must equal Part IX, column (A), line 25)  yenue less expenses. Subtract line 2 from line 1  assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  unrealized gains (losses) on investments  5  hated services and use of facilities  extensive expenses  7  by period adjustments  er changes in net assets or fund balances (explain on Schedule O)	58,13 61,92 -3,78 60,83 -54	4,7 6,9 1,7	73
<ul> <li>3 Rev</li> <li>4 Net</li> <li>5 Net</li> <li>6 Dor</li> <li>7 Inve</li> <li>8 Pric</li> <li>9 Oth</li> <li>10 Net</li> </ul>	renue less expenses. Subtract line 2 from line 1  assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  unrealized gains (losses) on investments  5  nated services and use of facilities  estment expenses  7  price period adjustments  er changes in net assets or fund balances (explain on Schedule O)	-3,78 60,83	6,9 1,7	7.6
4 Net 5 Net 6 Dor 7 Inve 8 Pric 9 Oth Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  unrealized gains (losses) on investments  5  nated services and use of facilities  estment expenses  7  period adjustments  er changes in net assets or fund balances (explain on Schedule O)  9	60,83	1,7	7
<ul><li>5 Net</li><li>6 Dor</li><li>7 Inve</li><li>8 Pric</li><li>9 Oth</li><li>10 Net</li></ul>	unrealized gains (losses) on investments 5 nated services and use of facilities 6 estment expenses 7 or period adjustments 8 er changes in net assets or fund balances (explain on Schedule O) 9			
<ul><li>6 Dor</li><li>7 Inve</li><li>8 Pric</li><li>9 Oth</li><li>10 Net</li></ul>	nated services and use of facilities  estment expenses  or period adjustments  er changes in net assets or fund balances (explain on Schedule O)  9	-54	0,5	Ξ,
<ul><li>7 Inve</li><li>8 Price</li><li>9 Oth</li><li>10 Net</li></ul>	estment expenses 7 or period adjustments 8 er changes in net assets or fund balances (explain on Schedule O) 9		0	ł
<ul><li>8 Price</li><li>9 Oth</li><li>10 Net</li></ul>	or period adjustments er changes in net assets or fund balances (explain on Schedule O)  9			3
9 Oth 0 Net	er changes in net assets or fund balances (explain on Schedule O)		Y	Į
0 Net				_
	and the standard of the standa	40	7,2	3
COL	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	6 01	1 1	1
	III Financial Statements and Reporting	<b>36</b> ,91	<b>1,4</b>	Ė
G11 C71	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	;
<b>1</b> Acc	counting method used to prepare the Form 990:  Cash X Accrual Other			
	e organization changed its method of accounting from a prior year or checked "Other," explain of Squedule O.			
	re the organization's financial statements compiled or reviewed by an independent accountant?	2a		
	res," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	arate basis, consolidated basis, or both:			
Ė	Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Wei	re the organization's financial statements audited by an independent accountant?	2b	Х	
If "Y	Yes," check a box below to indicate whether the financial statements for the year we e audited on a separate basis,			Ī
con	solidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
c If "\	Yes" to line 2a or 2b, does the organization have a committee that assume, responsibility for oversight of the audit,			
revi	ew, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If th	e organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a	a result of a federal award, was the organization required to und rego an audit or audits as set forth in the Single Audit			
Act	and OMB Circular A-133?	3a	X	
<b>b</b> If "\	es," did the organization undergo the required audit of audits? If the organization did not undergo the required audit			
	udits, explain why on Schedule O and describe my teps taken to undergo such audits	3b	Х	
	$\sim$	Form	990	)
	o Forma. Consu			

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** 

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 Reason for Public Charity Status. (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from eral public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in con th a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from cor tions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from es acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) afety See section 509(a)(4). An organization organized and operated exclusively to test for public 11 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or or section 509(a)(2). See section 509(a)(3). Check the box on more publicly supported organizations described in section,50 is anization and complete lines 12e, 12f, and 12g. lines 12a through 12d that describes the type of supporting Introlled by its supported organization(s), typically by giving Type I. A supporting organization operated, supervise the supported organization(s) the power to regularly app int or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Section Type II. A supporting organization supervise htrolled in connection with its supported organization(s), by having control or management of the supporting of ation vested in the same persons that control or manage the supported organization(s). You must complete Tax IN Sections A and C. porting organization operated in connection with, and functionally integrated with, its supported organization(s) uctions). You must complete Part IV, Sections A, D, and E. tegrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. rganization received a written determination from the IRS that it is a Type I, Type II, Type III galed, or Type III non-functionally integrated supporting organization. ported organizations formation about the supported organization(s) (iii) Type of organization (v) Amount of monetary (vi) Amount of other i vour governing document? (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

# 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		4.5				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						<b>├</b>
2 Tax revenues levied for the organ-						. 0
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	K
furnished by a governmental unit to					<b>X</b> .	*
the organization without charge		-			<b>→</b> ••••••••••••••••••••••••••••••••••••	
4 Total. Add lines 1 through 3					.20	
5 The portion of total contributions						
by each person (other than a				_		
governmental unit or publicly						
supported organization) included				COL	1	I
on line 1 that exceeds 2% of the				U.S		I
amount shown on line 11,				<b>-</b> 55		I
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support				<b>&gt;</b>	T	T
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(a) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4			X			
8 Gross income from interest,			λ,			
dividends, payments received on			$\mathcal{O}$			
securities loans, rents, royalties,		40				
and income from similar sources						
9 Net income from unrelated business		しょひ				
activities, whether or not the		1.O				
business is regularly carried on		110				
10 Other income. Do not include gain	_(	<b>)</b> ,				
or loss from the sale of capital	S	<b>Y</b>				
assets (Explain in Part VI.)	~~					
11 Total support. Add lines 7 through 10	<u> </u>					
12 Gross receipts from related activities, e					12	
13 First 5 years. If the Form 990 is for the	_	first, second, third,	fourth, or fifth tax y	year as a section 5	601(c)(3)	
organization, check this box and stop	Support Do	roontogo				<b>&gt;</b> L
Section C. Computation of Public			1 (6)			
Public support percentag ft 2021 (lin					14	
Public support percentagem 2020 S					15	
16a 33 1/3% support test - 2021. If the org						_
stop here. The organization qualifies as						
b 33 1/3% support est - 2020. If the or						
and stop tere. The organization qualifi						
17a 10% -facts and-circumstances test -						
and if the organization meets the facts-					VI how the organiz	zation
neets the facts-and-circumstances test						<b>&gt;</b> L
b 10% -facts-and-circumstances test -						10% or
more, and if the organization meets the				-		. –
organization meets the facts-and-circun		-		• • •		
18 Private foundation. If the organization	did not check a	box on line 13, 16	a. 16b. 17a. or 17b	o, check this box a	nd see instruction:	s 🕨

## 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	ction A. Public Support	zelow, piease comp	Diete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.")  Gross receipts from admissions,	20934682.	19651060.	22970391.	29121888.	27011460.	119689181
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30480110.	30732842.	31726247.	29676337.	31180339	53795875
3	Gross receipts from activities that are not an unrelated trade or business under section 513					101	•
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					6	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				0/2/		
6	<b>Total.</b> Add lines 1 through 5	51414792.	50383902.	54696638.	56798225.	58191799.	273485356
	Amounts included on lines 1, 2, and 3 received from disqualified persons			4			0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			( <del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0.
c	Add lines 7a and 7b			<u> </u>			0.
	Public support. (Subtract line 7c from line 6.)		0				273485356
Sec	tion B. Total Support		, XC				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) (c)	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	51414792.	50083902.	54696638.	<u>58798225.</u>	58191799.	273485356
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	186,189	184,652.	141,775.	124,472.	114,385.	751,393.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0/2					
c	Add lines 10a and 10b	186,109.	184,652.	141,775.	124,472.	114,385.	751,393.
11	Net income from unrelated business activities not included on line 10b whether or not the business is regularly carried on						
12	Other income. Do not in lute gain or loss from the sale of capital assets (Explain in Fat Viv)						
	Total support. (Add hees 9, 10c, 11, and 12.) First 5 years of the Form 990 is for the	51600901.	•				
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						00 50
15	Public support percentage for 2021 (			column (f))		15	99.73 %
	A blic support percentage from 2020					16	99.72 %
1	tion D. Computation of Inves			10 1 (0)		 	.27 %
	Investment income percentage for 2					17	
	Investment income percentage from					18	
ıya	33 1/3% support tests - 2021. If the						/ is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the	e organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, a	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						
ZU	rivate ioundation, ii the organization	on ala nol check a	DOX OH III E 14. 19	a. ur iðu. UHEUK Tr	iio dux aliu see ins		

132023 01-04-22

Schedule A (Form 990) 2021

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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(c/2)(E 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS 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 exclusively 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 lines 5b and 5c below (if applicable). Also, provide detail in "Patt VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing 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 result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in 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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling 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 4555 (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the aganization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in sec
  - hid one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - Did a disqualified person (as defined on 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 line 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.)

		Yes	No
			1 1
	4		
	1	0	
	<b>2</b>	•	
ł			
`	<b>)</b> 20		
"	<b>→</b> 3a		
	3b		
	3с		
	50		
	4a		
	4b		
	4c		
	5a		
	5b		
			-
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
عادد		n 990)	2021

132024 01-04-21 Schedule A (Form 990) 2021

trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in **Part VI** the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Schedule A (Form 990) 2021

2b

За

08120905 147228 38036-30

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

Schedule A (Form 990) 2021

6

nt year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary really

,0°0

Distributable Amount. Subtract line 5 from line 4, unless subject to

on (see instructions)

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continue</sub>	d)	
Secti	on D -	Distributions				Current Year
1	Amou	ints paid to supported organizations to accomplish exer	npt purposes		1	
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
4		ints paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	X
6		distributions (describe in Part VI). See instructions.	,		6	70
7	Total	annual distributions. Add lines 1 through 6.			7	.\(\mathcal{V}\)
8		outions to attentive supported organizations to which th	e organization is responsive			
		de details in <b>Part VI</b> ). See instructions.			8	<b>V</b> ,
9	-	outable amount for 2021 from Section C, line 6			9	<u> </u>
		B amount divided by line 9 amount			10.	
			(i)	(ii)	7	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	7	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-		$\sim$		
	able c	cause required - explain in Part VI). See instructions.		~ <u>~</u>		
3		ss distributions carryover, if any, to 2021		<b>C</b> )		
а	From	2016		^		
b	From	2017		Λ,		
С	From	2018				
d	From	2019		•		
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount	. 0			
i	Carry	over from 2016 not applied (see instructions)	XO			
i		inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4		outions for 2021 from Section D,	<b>\</b>			
	line 7:		<i>3</i> *			
а	ilaaA	ed to underdistributions of prior years			$\neg$	
		ed to 2021 distributable amount				
		inder. Subtract lines 4a and 4b from line				
		ining underdistributions for years prior to 2021, if				
		Subtract lines 3g and 4a from the 2. For result greater				
		zero, explain in Part VI. See it structions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		/I. See instructions				
7		ss distributions carpover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		ss yom 2017				
		Sirum 2018				
		ss from 2019				
		from 2020				
<u>u</u>		s from 2020				
	MAX CHS	aa uuuu kuk l				

132028 01-04-22

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

**Employer identification number** 31-4412586

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		20
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's ex	-	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, I	Pat IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a bistorically important land area
	Protection of natural habitat	Preservation o	a certified historic structure
	Preservation of open space	$\sim$	
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	/ () ·	2a
b	Total acreage restricted by conservation easements	<b>~</b>	2b
С	Number of conservation easements on a certified historic struc	eture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06 an Inot on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, exanguished, or terminated by the	organization during the tax
	year ▶	<b>%</b>	
4	Number of states where property subject to conservation e ise	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation eas ments it h		Yes No
6	Staff and volunteer hours devoted to monitoring inspecting, ha	andling of violations, and enforcing cons	servation easements during the year
	·		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include applicable, the text of the footnot	te to the organization's financial stateme	ents that describes the
<b>D</b>	organization's accounting of conservation easements.	NATIONAL TARRESTOR	lea d'arila a Assarla
Pai	t III Organizations Maintaining Collections of A		ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organitation elected, as permitted under FASB ASC 958,	•	
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its finance		
b	the ganization elected, as permitted under FASB ASC 958,		
$\bigcirc$	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	nerance of public service,
Y	provide the following amounts relating to these items:		
•	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		I gain, provide
	the following amounts required to be reported under FASB AS6	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

132051 10-28-21

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

	CIAL SERVICES	OF CENTRAL OHIO	31-4412586 Page 3
Part VII Investments - Other Securities.			
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 valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CASH	10,726,136.	END-OF-YEAR MA	RKET VALUE
(B) EQUITY SECURITIES	3,887,318.	END-OF-YEAR MA	RKET VALUE
(C) CORPORATE BONDS	1,289,002.	END-OF-YEAR MA	RKET VALUE
(D) GOVERNMENT BONDS	51,632.	END-OF-YEAR MA	
(E) OTHER	150,228.	END-OF-YEAR MA	
(F)			
(G)			× ,
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,104,316.		_\
Part VIII Investments - Program Related.			163
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation:	ost or end-of-year market value
(1)		$\sim$	-
(2)		<u> </u>	
(3)		$\sim$	
(4)			
(5)		1	
(6)			
(7)		, O,	
(8)		/	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
D 1 107 A 11	101		
Complete if the organization answered "Yes"	on Form 990, Nan W, line 1	11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1)	. ~		
(2)	110		
(3)	<b>7</b> /,		
(4)	$\mathbf{O}$		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities			
Complete if the regardization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part	X, line 25.
1. Description of liability			(b) Book value
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSITS/1	RESIDENT		
(3) TRUST FUND LIABILITIES			543,771.
(4)			
(5)			
(7)	<del>-</del>		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		<b>▶</b> 543,771.
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial stat	ements that reports the

132053 10-28-21

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 LUTHERAN SOCIAL SERVICES OF			31-4412586	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenu	e per Ret	urn.	
	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 59,509	<u>,509.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a 1	0,546.		
	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	- 40-		1
	Other (Describe in Part XIII.)	2d   1,67	2,405.	1 60	
е	Add lines 2a through 2d			2e 1,682	75.
3	Subtract line 2e from line 1			3 57,800	<b>X</b> 558.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		1 102	L.X	
	Other (Describe in Part XIII.)	4b 31	1,193.	311	1 102
	Add lines 4a and 4b			4 31.	L,193. 7,751.
Date:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Statement	nte With Evnon	coc pto	58,13	/,/51.
Fai		iits with Expen	ses per Ti	etarri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			61 05	L 510
1	Total expenses and losses per audited financial statements		<i>(</i> )	1 61,95	L,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<b>7</b>		
a	Donated services and use of facilities	2a <b>O</b>			
b	Prior year adjustments	2b			
C	Other losses	2c /	4,706.		
a	Other (Describe in Part XIII.)	20 4	±,700.	20 1/	1 706
_	Add lines 2a through 2d	<b>~</b> /~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2e 44 3 61,906	5 804
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>		3 01,500	7,004.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		7,934.		
		•		4c 17	7 934.
5				5 61,924	7,934. 1,738.
	t XIII Supplemental Information.			3   01/32	177501
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, ines 1a and 4; Part IV	/ lines 1b and 2b: F	Part V line 4:	Part X line 2: Part	· XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete his part to provide any additi		are v, iii to 4,	1 art 7, iii 6 2, 1 art	. 70,
111100	ed and 45, and 1 are An, initios 2d and 45. Also complete a local to provide any addition	onal imormation.			
	<u></u>				
PAF	TV, LINE 4:				
THE	RE ARE MULTIPLE USES FOR THE ENDOWMENT FUN	DS WHICH I	NCLUDE	BUT ARE N	TOI
LIM	ITED TO: VARIOUS PROGRAMS APPROVED BY THE	BOARD OF	DIRECTO	ORS; FUND	NG
	/			-	
OF	OPERATIONS FOR FOOD PANTRIES.				
	$\sim \sigma$				
PAF	T XI INE 2D - OTHER ADJUSTMENTS:				
	<del></del>				
NET	ASSETS RELEASED FROM RESTRICTION			1,672,	405.
	.0				
igstar	•				
PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:				
<u>G</u> AI	N/LOSS ON SALE OF EQUIPMENT			-45,	371.
RES	TRICTED CONTRIBUTIONS			301,	381.
RES	TRICTED INVESTMENT INCOME			46,	953.
132054	10-28-21			Schedule D (Form	990) 2021

Schedule D (Form 990) 2021 LUTHERAN SOCIAL SERVICES OF Part XIII   Supplemental Information (continued)	CENTRAL OHIO 31-	4412586 Page 5
RESTRICTED REALIZED GAIN/LOSS		-10,369.
INVESTMENT MANAGEMENT FEES		17,934.
OTHER EXPENSES/REVENUE		665
TOTAL TO SCHEDULE D, PART XI, LINE 4B		311,198
		-Cillo
PART XII, LINE 2D - OTHER ADJUSTMENTS:		X
GAIN/LOSS ON SALE OF EQUIPMENT		45,371.
OTHER EXPENSES/REVENUE		-665.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	_0 <u>/</u>	44,706.
	_0,	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
INVESTMENT MANAGEMENT FEES	, ·	17,934.
Solidated		
~ <del>\</del> 0		
Υ,		

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	AN SOCIAL SERVICES			31-4412	
Fundraising Activitie required to complete this p	<b>S.</b> Complete if the organization ans art.	swered "Yes" o	on Form 990, Part IV,	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rate	aised funds through any of the following forms form Solid g Special Sp	citation of non- citation of gove cial fundraising	government grants ernment grants events	×	Kileo
<ul> <li>2 a Did the organization have a writter key employees listed in Form 990,</li> <li>b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the</li> </ul>	Part VII) or entity in connection with dividuals or entities (fundraisers) pu	h professional	fundraising services?	▼ Ves	s No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ONE AND ALL, INC - BOX		Yes No			
936517, ATLANTA, GA 31193 WEST CAMP PRESS, INC - 39	MAILINGS	X	1,039,797.	505,687.	534,110.
COLLEGEVIEW RD, WESTERVILLE,	MAILINGS	X	62,908.	66,984.	-4,076.
		XX			
	<b>x</b> (	S.			
	lio				
	050/1				
	~~~				
	$\mathbb{C}^{\mathbb{C}}$				
Total		<b>)</b>	1,102,705.	572,671.	530,034.
or licensing.	tion is registered or licensed to solid	cit contribution	s or has been notified	it is exempt from re	gistration
OH OH					
$\sim$					
<del>&gt;</del>					

SEE PART IV FOR CONTINUATIONS 132081 10-21-21

Schedule G (Form 990) 2021

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

9	Enter the state(s) in which the organization conducts gaming activities:			
	a Is the organization licensed to conduct gaming activities in each of these states?		Yes	☐ No
ı	b If I lo," explain:			
	)(			
V	/ <u> </u>			
10	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year	r?	Yes	☐ No
I	b If "Yes," explain:			
1220	2082 10-21-21	School	ule G (Form	990) 2021
1320	.002 10-21-21	Julieu	aie (a (i (i iii	330) 202 1

Sche	edule G (Form 990) 2021	LUTHERAN	SOCIAL	SERVICES (	OF CENTRAL	OHIO 31-	4412586	Page 3
11	Does the organization conduct ga	aming activities with	nonmembers	?			Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of	a trust, or a n	nember of a partner	ship or other entity	formed		
	to administer charitable gaming?						Yes	☐ No
	Indicate the percentage of gamin							
	The organization's facility						13a	%
	An outside facility						13b	<u></u> %
	Enter the name and address of th						,	
								X
	Name							<u> </u>
								0
	Address						$\prec \sim$	<u> </u>
150	Does the organization have a con	stract with a third pa	rty from whon	a the organization r	acoivos gamina rovo	2002	Vas	□ No
ısa	Does the organization have a cor	iraci wiiri a iriiru pa	rty Irom whom	ir trie organization re	eceives gairiing reve	nue?		
b	If "Yes," enter the amount of gam	ning revenue receive	d by the organ	nization ► \$	an	d the amoun	)	
	of gaming revenue retained by the							
	If "Yes," enter name and address							
_	,	,·				$\sim$		
	Name				$\mathbf{O}$	$\mathcal{O}$		
					<u>~</u>	)		
	Address				<u> </u>			
16	Gaming manager information:							
				. /	11,			
	Name				J			
	O	•		. X				
	Gaming manager compensation	Φ		A ·				
	Description of services provided	<b>&gt;</b>	,					
	1			XO				
			\9	<b>\</b>				
			O'					
	Director/officer	Employee		Independent cont	ractor			
		_ (	O					
	Mandatory distributions:	C	<b>`</b>					
а	Is the organization required unde	r state law to make	haritable dist	ributions from the g	paming proceeds to			
	retain the state gaming license?						L Yes	∟ No
b	Enter the amount of distributions			stributed to other ex	cempt organizations	or spent in the		
Pai	organization's own exempt activit	may n Provide	ear > \$	no required by Dort	L line 2h columns (	iii) and (v): and Dr	art III. linna O. C	h 10h
. u.	15b, 15c, 16, and 17b, at					iii) ariu (v), ariu F	art III, III 165 5, 5	ю, тою,
	130, 130, 10, 10, 210 175, 22	s applicable. Also pr	Ovide arry ade	intorial information.	OCC III STI dOTIONS.			
SCI	HEDULE G, PART $Q$ ,	LINE 2B.	LIST OF	TEN HIGHE	ST PAID FU	NDRAISER	S:	
	10,							
(I	) NAME OF FUNDRAL	SER: ONE A	ND ALL,	INC				
<u>(I</u>	ADDRESS OF FUND	RAISER: BO	x 93651	7, ATLANTA	, GA 3119	) 3		
¥	<b>*</b>							
	\ o=	ann	~~ <del>.</del>	<b></b>				
<u>(I</u>	) NAME OF FUNDRAL	SER: WEST	CAMP PR	ESS, INC				
/ <del>-</del> -	/ YDDDDGG OG GUYD	DATCED: 20	COLLEG		WECHEDITT.	E 011 4	2001	
<u>(I</u>	) ADDRESS OF FUND	KAISEK: 39	СОППЕС	EVIEW KD,	MEDIEKATF	<u>.е, Он 4</u>	3081	

31

#### SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

**Employer identification number** 

31-4412586

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

**Questions Regarding Compensation** 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, c b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all direct trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a7 2 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used b establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Compens Independent compensation consultant X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A organization or a related organization: a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonge 4b X c Participate in or receive payment from an equity-based compen 4c on arrangement? If "Yes" to any of lines 4a-c, list the persons and provide licable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) 002 zations must complete lines 5-9. For persons listed on Form 990, Part VII, Se 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III.

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

ed on lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Fart VII, Section A, line 1a, did the organization pay or accrue any compensation

on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

ntract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

6a

6b

7

8

6

contingent on the net ear

Regulations section 53.4958-6(c)?

The organization?

**b** Any related organization

If "Yes" on line

X

X

X

Х

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 E) amounts for that individual.

			I-2 and/or 1099-MISo compensation	and/or 1099-MISC and/or 1099-NEC compensation		(D) Nontaxable benefits	(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	1/2		reported as deferred on prior Form 990
(1) STACY MARTIN	(i)	234,284.	0.	0.	Δ.	126.	234,410.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0	0.	0.	0.
(2) REV. LARRY A. CROWELL	(i)	189,910.	0.	0.	3,636	6,833.	200,379.	0.
INTERIM PRESIDENT & CEO	(ii)	0.	0.	0.	<b>3</b> .	0.	0.	0.
(3) RICK DAVIS	(i)	190,323.	0.	0.	6,236.	1,797.	198,356.	0.
EXECUTIVE VICE PRESIDENT & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP HELSER	(i)	176,854.	0.	0.	5,870.	9,957.	192,681.	0.
CFO	(ii)	0.	0.	0,	0.	0.	0.	0.
(5) MICHELE CENCI	(i)	173,026.	0.	, <b>X</b> .	5,223.	11,614.	189,863.	0.
VICE PRESIDENT - DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER DUBBE	(i)	158,872.	0.	<b>5</b> 0.	4,123.	990.	163,985.	0.
VICE PRESIDENT - HUMAN RESOURCES	(ii)	0.	0.	<b>x</b> 0.	0.	0.	0.	0.
(7) CHAD WOLVERTON	(i)	133,781.	0.	0.	4,184.	14,483.	152,448.	0.
VICE PRESIDENT - IT	(ii)	0.	A	0.	0.	0.	0.	0.
	(i)		·iC					
	(ii)							
	(i)							
	(ii)		5					
	(i)		~					
	(ii)		<b>)</b>					
	(i)							
	(ii)							
	(i)							
	(ii)	·						
	(i)							
	/m							
	N	•						
	(ii)							
	(i)							
<b>X</b>	(ii)							
	(i)							
	(ii)							

Fart 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. Also complete this part for any additional information.
<b>,                                    </b>
<u> </u>
$\mathbf{A} \mathbf{C}^{\mathbf{v}}$
<del>\</del>
$\sim$
. $f X$
<b>7</b>
consolidated
Y
Schedule J (Form 990) 202

132113 11-02-21

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586

Pai	t I Types of Property					•		_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on		(d) d of determining entribution amounts	7/
1	Art - Works of art							
2	Art - Historical treasures						V,	
3	Art - Fractional interests						X	
4	Books and publications					. (	10	
5	Clothing and household goods						<i></i>	
6	Cars and other vehicles					17		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded					$\mathbf{\mathcal{O}}$		
10	Securities - Closely held stock				~			
11	Securities - Partnership, LLC, or				$\mathbf{C}$			
	trust interests							
12	Securities - Miscellaneous			\ <u>\</u>				
13	Qualified conservation contribution -			~()				
	Historic structures			<b>70</b> ,				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		$\Box$					
17	Real estate - Other							
18	Collectibles		XO					
19	Food inventory	X	2,223,232	4,446	,463.	\$2.00 PE	R POUND	
20	Drugs and medical supplies	•	70					
21	Taxidermy							
22	Historical artifacts		•					
23	Scientific specimens							
24	Archeological artifacts							
25	Other > (SCHOOL SUPPLI)	X	73,174	245	,252.	DONOR VA	LUED	
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions				
	for which the organization mpleted Form 82	83, Part V, D	onee Acknowledg	ement	29			
							Yes	No
30a	During the year, dit the organization receive b	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that it		
	must hold for at hast three years from the date	e of the initia	l contribution, and	which isn't require	ed to be us	sed for		
	exempt ourposes for the entire holding period	•					30a	Х
b	If "Yes,\rescribe the arrangement in Part II.							
31	Does the aganization have a gift acceptance	oolicy that re	equires the review	of any nonstandard	d contribut	ions?	31 X	
32a	Destine organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell	l noncash			
	ontributions?  If "Yes," describe in Part II.						32a	
33	If the organization didn't report an amount in o	olumn (a) far	r a type of property	for which column	(a) is oboo	ked		
JJ *	describe in Part II.	Joiuinin (C) 101	a type of property	TOT WITHOUT COIUITIII	i (a) is cried	ncu,		
1 1 1 1 1	For Paperwork Poduction Act Notice see	Ale e le e decrete				0-1	dula M (Earm 990)	0004

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Schedule M (Form 990) 2021

132142 11-17-21

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number 31-4412586

PARTLINE 1, DESCRIPTION OF ORGANIZATION MISSION: SINCE 1912, LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO HAS BEEN PROVID INCLUDING FOOD PANTRIES HOMELESS SHOLT SERVICES TO PEOPLE IN NEED SENIOR LIVING, AFFORDABLE HOUSING COMMUNITIES DISASTER OTHER PROGRAMS THAT UPLIFT FAMILIES AND STRENGTHEN COMMUNIT LINE 4D, FORM 990, PART III, OTHER PROGRAM OTHER MAJOR PROGRAMS OPERATED BYINCLUDE OUR INNOVATIVE, HIGH-VOLUME FOOD PANTRY DEPENDENT AND ASSISTED LIVING FACILITIES (LSS KENSINGTON SS FOR VETERAN TRANSITIONAL HOUSING SOCIA RPRISES JOB TRAINING AND EMPLOYMENT (PATRIOT PRIDE PAINTING HOUR DOMESTIC VIOLENCE CRISIS INFORMATION AND REFERRAL LINE EMPORARY EMERGENCY SHELTER FAITH MISSION AIRFIELD LSS LSS HOME HEALTH CARE CHOICES) COUNTY AND COORDINATED POINT INFORMATION AND RESOURCE REFERRAL CENTRAL OHIO) 25,219,847 INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,959,704. EXPENSES 990 FORM SECTION A, LINE 6: MEMBER CORPORATION SHALL CONSIST OF ONE OR MORE INCORPORATED THE ATIONS EVANGELICAL LUTHERAN CHURCH IN AMERICA, OR OTHER LUTHERAN CONGREGATIONS WHICH: MISSOURI SYNOD,

A) HAVE PREVIOUSLY PROVIDED FINANCIAL OR VOLUNTEER SUPPORT TO THE

CORPORATION; OR

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number 31-4412586

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

CONSULTATION WITH THE APPROPRIATE LUTHERAN CHURCH JUDICATORIES); AND

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

CORPORATION.

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

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

MORE MEMBERS OF THE GOVERNING BODY.

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

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

DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 1

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

DIRECTOR OF FINANCE AND CFO FOR REVIEW. PRIOR TO FILING, FORM 990 IS

POSTED TO A SECURE PORTAL AND EACH BOARD MEMBER IS GRANTED ACCESS TO REVIEW

AND COMMENT.

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

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

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

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

CKNOWLEDGE THAT THEY UNDERSTAND THE CONFLICT OF INTEREST POLICY. THE

COMPLIANCE OFFICER MONITORS FOR POTENTIAL CONFLICTS OF INTEREST, AND AT

LEAST ANNUALLY UPDATES ALL DISCLOSURES. RESTRICTIONS IMPOSED, SUCH AS

PARTICIPATION RIGHTS, ARE BASED ON THE TYPE OF CONFLICT THAT EXISTS.

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 31-4412586 FORM 990, PART VI, SECTION B, LINE 15: AN ANNUAL PERFORMANCE EVALUATION IS PREPARED BY THE PRESIDENT/CEO, PEERS AND SELECTED REPORTS FOR EACH MANAGEMENT OFFICIAL. THE PRESIDENT/CEO EVALUATED BY THE REST OF MANAGEMENT AS WELL AS THE BOARD OF DIRECTOR THROUGH ITS EXECUTIVE COMMITTEE. THE FULL BOARD APPROVES THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE. AS APPROPRIATE TO ESTABLISH, WITH CONSIDERATION OF REACH, COMPLEXITY AND BREADTH OF SERVICES OF THE ORGANIZATION. WRITTEN EVALUATIONS ARE DONE FOR ALL OFFICERS, AND DIRECT REPORTS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT ARE AVAILABLE TO THE PUBLIC IN NET ASSETS FORM 990, PART XI PARTNER CONTRIBUTIONS 406,098. OTHER ADJUSTMENTS 1,168. LINE 9 407,266.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 31-4412586

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)	0		entity
FRESHBOX CATERING, LLC - 27-0849886			0		LUTHERAN SOCIAL
125 EAST BROAD STREET			N		SERVICES OF CENTRAL
COLUMBUS, OH 43215	CATERING	оніо	0.	-829.	оніо
FAIRHAVEN LAWN CARE, LLC - 26-2791844					LUTHERAN SOCIAL
1681 EAST MAIN STREET					SERVICES OF CENTRAL
LANCASTER, OH 43130	LAWN SERVICES	оніо	44,255.	110,451.	оніо
					LUTHERAN SOCIAL
ASHLAND ASSISTED LIVING OPERATING, LLC -		<b>,                                   </b>			SERVICES OF CENTRAL
45-5420333, 330 DAVIS RD, ASHLAND, OH 44805	ASSISTED LIVING	онто	2,105,998.	88,779.	оніо
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO		70			LUTHERAN SOCIAL
CARE, LLC - 46-1517844, 1105 SCHROCK ROAD		×W			SERVICES OF CENTRAL
STE 100, COLUMBUS, OH 43229	HOME HEALTH CARE (SKILLED	MIO	359,871.	4,848.	оніо

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization of Swered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ASHLAND ASSISTED LIVING, INC 34-1908342	-0'				LUTHERAN SOCIAL		
330 DAVIS ROAD	REAL ESTATE HOLDING				SERVICES OF		
ASHLAND, OH 44804	COMMANY	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
CENTERBURG HOUSING, INC 31-1579303					LUTHERAN SOCIAL		
164 W. HOUCK STREET	7*				SERVICES OF		
CENTERBURG, OH 43011	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
GOOD SHEPHERD HOME FOR THE AGED, INC.					LUTHERAN SOCIAL		
34-0835584, 622 CENTER STREET, ASHLAND OH					SERVICES OF		
44805	SKILLED NURSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
GOOD SHEPHERD FOUNDATION - 3-15 90.9					GOOD SHEPHERD		
1105 SCHROCK ROAD STE 100					HOME FOR THE		
COLUMBUS, OH 43229	INVESTMENTS	оніо	501(C)(3)	LINE 12B, II	AGED, INC.		Х

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

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded E	Entities			. 0	<b>.</b>
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-st-yrar assets	<b>(f)</b> Direct controlling entity
OOD SHEPHERD REAL ESTATE HOLDING, LLC -					LUTHERAN SOCIAL
-1138521, 622 CENTER STREET, ASHLAND, OH				,	SERVICES OF CENTRAL
805	REAL ESTATE HOLDING	OHIO	61,716.	3,016,079.	
NSINGTON PLACE OPERATIONS, LLC -	_				LUTHERAN SOCIAL
-2735715, 191 W. NATIONWIDE BOULEVARD,					SERVICES OF CENTRAL
TITE 300, COLUMBUS, OH 43215	ASSISTED INDEPENDENT LIVING	OHIO	059,947.	2,207,693.	OHIO
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	<b>&gt;</b>				
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# Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		<b>g)</b> 512(b)(13)
of related organization	Filliary activity	foreign country)	section	status (if section 501 (c)(3))	_		rolled zation? No
DELAWARE HOUSING, INC 31-1399590				100	LUTHERAN SOCIAL	165	NO
2178 BURUCE ROAD				70	SERVICES OF		
DELAWARE, OH 43015	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	X	
FAITH MISSION, INC 31-0809759					LUTHERAN SOCIAL		
245 N. GRANT AVENUE					SERVICES OF		
COLUMBUS, OH 43215	EMERGENCY SHELTER	оніо	501(3)	LINE 10	CENTRAL OHIO	Х	
GROVE CITY HOUSING, INC 31-1367737			O		LUTHERAN SOCIAL		
4301 STONER DRIVE					SERVICES OF		
GROVE CITY, OH 43123	HOUSING	оніо	01(C)(3)	LINE 10	CENTRAL OHIO	Х	
GROVEPORT HOUSING, INC 31-1450961					LUTHERAN SOCIAL		
283 GREEN AVENUE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			SERVICES OF		
GROVEPORT, OH 43125	HOUSING	оніо /	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
GROVEWOOD II HOUSING, INC 31-1488730					LUTHERAN SOCIAL		
4301 STONER DRIVE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			SERVICES OF		
GROVE CITY, OH 43123	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
HAMILTON HOUSING, INC 31-1367736		4()			LUTHERAN SOCIAL		
3565 CLIME ROAD					SERVICES OF		
COLUMBUS, OH 43228	HOUSING HOUSING HOUSING	НІО	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
LANCASTER HOUSING, INC 31-1320304					LUTHERAN SOCIAL		
963 PRESTIGE BLVD					SERVICES OF		
LANCASTER, OH 43130	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
LANSING HOUSING, INC 31-1320303	-50				LUTHERAN SOCIAL		
54385 NATIONAL ROAD					SERVICES OF		
BRIDGEPORT, OH 43912	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
LITTLE BROOK HOUSING, INC 31-1488733					LUTHERAN SOCIAL		
5911 LITTLE BROOK WAY	$\neg$ $\bigcirc$				SERVICES OF		
COLUMBUS, OH 43232	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
LUTHERAN HOUSING SERVICES OF HOWLAND -					LUTHERAN SOCIAL		
30-0263695, 3880 NORTH RIVER ROAD, WARREN	<b>7</b>				SERVICES OF		
OH 44484	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
MANSFIELD HOUSING II, INC 20-320073					LUTHERAN SOCIAL		
1680 EXECUTIVE COURT					SERVICES OF		
MANSFIELD, OH 44907	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	х	
MANSFIELD HOUSING, INC 31-642747					LUTHERAN SOCIAL		
1665 EXECUTIVE COURT					SERVICES OF		
MANSFIELD, OH 44907	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	х	
						•	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e) Public charity	(f)		<b>g)</b> 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	status (if section	Direct controlling entity	1	rolled ization?
of related organization		foreign country)	30011011	501(c)(3))	Chility	Yes	No
MARION PLACE I HOUSING, INC 30-0151342				100	LUTHERAN SOCIAL	163	140
1401 WELLNESS ROAD	7			70	SERVICES OF		
MARION, OH 43302	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
MARION PLACE II HOUSING, INC 30-0151099					LUTHERAN SOCIAL		
1401 WELLNESS ROAD	7				SERVICES OF		
MARION, OH 43302	HOUSING	оніо	501(5)3)	LINE 10	CENTRAL OHIO	Х	
NORTH COMMUNITY HOUSING - 30-0245617			O		LUTHERAN SOCIAL		
120 MORSE ROAD	7				SERVICES OF		
COLUMBUS, OH 43214	HOUSING	онто	01(C)(3)	LINE 10	CENTRAL OHIO	Х	
PLEASANT VIEW HOUSING, INC 31-1717116			•		LUTHERAN SOCIAL		
1690 CHARTWELL STREET	7				SERVICES OF		
LANCASTER, OH 43130	HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
SULLIVANT HOUSING, INC 30-0060654		·			LUTHERAN SOCIAL		
383 INAH AVENUE	7	<b>\( \)</b> \( \)			SERVICES OF		
COLUMBUS, OH 43228	HOUSING HOUSING HOUSING	онто	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
TUBMAN TOWERS - 20-0282722		<b>V</b>			LUTHERAN SOCIAL		
17 JOHNSON AVENUE	T				SERVICES OF		
SPRINGFIELD, OH 45506	HOUSING	DHIO	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
VILLAGE HOUSING, INC 31-1488740	0,,0				LUTHERAN SOCIAL		
1489 OCTOBER RIDGE COURT					SERVICES OF		
COLUMBUS, OH 43223	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
MARION PLACE III HOUSING, INC 27-4533938	-5				LUTHERAN SOCIAL		
1401 WELLNESS ROAD					SERVICES OF		
MARION, OH 43302	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
KENSINGTON PLACE, INC - 31-1311288	7.9				LUTHERAN SOCIAL		
1001 PARKVIEW BLVD	REAL ESTATE HOLDING				SERVICES OF		
COLUMBUS, OH 43219	COMPANY	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
THE GOOD SHEPHERD VILLA, INC 27-2836988	<b>V</b>				LUTHERAN SOCIAL		
726 CENTER STREET	<b>&gt;</b>				SERVICES OF		
ASHLAND, OH 44805	HOUSING	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE -					LUTHERAN SOCIAL		
31-0910779, 245 N. GRANT AVENUE, COMBUS,	7				SERVICES OF		
OH 43215	DOMESTIC VIOLENCE SHELTER	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	
HANDSON CENTRAL OHIO, INC. OH O, INC			T		LUTHERAN SOCIAL		
31-1084722, 1105 SCHROCK AND STE 100,	COMMUNITY RESOURCE				SERVICES OF		
COLUMBUS, OH 43229	ASSISTANCE	оніо	501(C)(3)	LINE 10	CENTRAL OHIO	Х	

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO Schedule R (Form 990) 2021 Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it has a Part III organizations treated as a partnership during the tax year. (a) (b) (c) (d) (e) (f) (g) (k) Legal Direct controlling Name, address, and EIN Primary activity Predominant income Share of total Share of Code V-UBI General or Percentage domicile managing (related, unrelated, of related organization entity income end-of-year amount in box ownership (state or 20 of Schedule partner? excluded from tax under assets foreign sections 512-514) K-1 (Form 1065) country) Yes No LUTHERAN SOCIAL SERVICES TUBMAN TOWERS OF SPRINGFIELD LP - 47-1229982, 1105 SCHROCK OH N/A N/A N/A N/A ROAD STE 100, COLUMBUS, OH HOUSING eter the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year. (a) (d) (e) (f) (g) (h) (i) Section Name, address, and EIN Primary activ Direct controlling Type of entity Percentage Share of total Share of egal domicile 512(b)(13) (C corp, S corp, of related organization (state or income end-of-year ownership controlled entity foreign entity? or trust) assets country) Yes No LUTHERAN TUBMAN TOWERS GP. LLC - 47-1229921 1105 SCHROCK ROAD STE 100 SOCIAL OH COLUMBUS OH 43229 SERVICES OF CORP 1,008,775 100% Х

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4412586

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	<b>4 1/1</b>			
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
·				
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount in	volved		
1)				
2)				
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3)				
4)	Z,O'			
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6)				
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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 (me sured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(a)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all	Share of	Shreof	Dispro	oor- Code V-HRI	General o	Percentage
of entity	1 minary activity	(state or foreign	(related, unrelated,	partners sec. 501(c)(3) orgs.?	total	detrear	tiona	e lamount in how 2	0 managing	ownership
or criticy		country)	(related, unrelated, excluded from tax under sections 512-514)	orgs.?	income	assets	Yes	of Schedule K-1	partner?	-
			300010113 3 12 3 14)	Yes No		1	Yes	<b>10</b> (1011111003)	Yes No	
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