

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LUTHERAN HOMES SOCIETY INC

Doing business as
GENACROSS LUTHERAN SERVICES

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2021 NORTH MCCORD ROAD

City or town, state or province, country, and ZIP or foreign postal code
TOLEDO, OH 43615

D Employer identification number
31-1565719

E Telephone number
(419) 861-4990

F Name and address of principal officer:
WILLIAM R MARSHALL
2021 N MCCORD RD
TOLEDO, OH 43615

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.GENACROSSLUTHERANSERVICES.ORG

H(c) Group exemption number ▶

L Year of formation: 1997 **M** State of legal domicile: OH

K Form of organization: Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
LUTHERAN HOMES SOCIETY, INC. IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR YOUTH AND ELDERLY IN NORTHWESTERN OHIO AND SOUTHEASTERN MICHIGAN. AS A FAITH-BASED PROVIDER OF SUCH SERVICES, LUTHERAN HOMES SOCIETY CONTINUES TO HONOR ITS MISSION TO EXTEND ITS SERVICES TO THE VULNERABLE OF OUR POPULATION. OUR MISSION STATEMENT: INSPIRED BY THE CHRISTIAN FAITH, WE EMBRACE INDIVIDUALS AND FAMILIES WITH COMPASSIONATE CARE AND SERVICES THROUGHOUT LIFE'S JOURNEY. YOUTH ARE SERVED THROUGH COMMUNITY-BASED RESIDENTIAL TREATMENT GROUP HOMES, SUPPORTIVE SERVICES FOR YOUTH AND THEIR FAMILIES, AND AN ASPERGER'S PROGRAM CONSISTING OF BOTH RESIDENTIAL AND DAY TREATMENT PROGRAMS. THE ELDERLY ARE SERVED IN INDEPENDENT LIVING, ASSISTED LIVING, AND EXTENDED CARE RESIDENTIAL SETTINGS. LUTHERAN HOMES SOCIETY ALSO SERVES THE COMMUNITY THROUGH SERVICE COORDINATION, WHICH ASSISTS THE ELDERLY IN ACCESSING NEEDED SERVICES, THEREBY ENABLING THEM TO CONTINUE LIVING IN INDEPEN

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,015
6 Total number of volunteers (estimate if necessary)	6	1,555
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	363,759	276,303
9 Program service revenue (Part VIII, line 2g)	46,363,062	47,229,827
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,403	68,613
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,106,324	783,797
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,911,548	48,358,540

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,380,038	27,002,128
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶186,334		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,810,021	22,737,736
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,190,059	49,739,864
19 Revenue less expenses. Subtract line 18 from line 12	-1,278,511	-1,381,324

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	49,950,796	48,277,323
21 Total liabilities (Part X, line 26)	45,113,117	45,666,277
22 Net assets or fund balances. Subtract line 21 from line 20	4,837,679	2,611,046

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date 2020-11-09

LORINDA SCHALK TREASURER/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

LUTHERAN HOMES SOCIETY, INC. IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR YOUTH AND ELDERLY IN NORTHWESTERN OHIO AND SOUTHEASTERN MICHIGAN. AS A FAITH-BASED PROVIDER OF SUCH SERVICES, LUTHERAN HOMES SOCIETY CONTINUES TO HONOR ITS MISSION TO EXTEND ITS SERVICES TO THE VULNERABLE OF OUR POPULATION. OUR MISSION STATEMENT: INSPIRED BY THE CHRISTIAN FAITH, WE EMBRACE INDIVIDUALS AND FAMILIES WITH COMPASSIONATE CARE AND SERVICES THROUGHOUT LIFE'S JOURNEY. YOUTH ARE SERVED THROUGH COMMUNITY-BASED RESIDENTIAL TREATMENT GROUP HOMES, SUPPORTIVE SERVICES FOR YOUTH AND THEIR FAMILIES, AND AN ASPERGER'S PROGRAM CONSISTING OF BOTH RESIDENTIAL AND DAY TREATMENT PROGRAMS. THE ELDERLY ARE SERVED IN INDEPENDENT LIVING, ASSISTED LIVING, AND EXTENDED CARE RESIDENTIAL SETTINGS. LUTHERAN HOMES SOCIETY ALSO SERVES THE COMMUNITY THROUGH SERVICE COORDINATION, WHICH ASSISTS THE ELDERLY IN ACCESSING NEEDED SERVICES, THEREBY ENABLING THEM TO CONTINUE LIVING IN INDEPEN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
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? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 28,763,020 including grants of \$) (Revenue \$ 34,367,638)
See Additional Data

4b (Code:) (Expenses \$ 9,552,042 including grants of \$) (Revenue \$ 13,786,619)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 38,315,062

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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 negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 10 main rows (10a-10b, 11a-b, 12a-c, 13, 14, 15a-b, 16a-b) and 3 columns: Question, Yes, No. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (OH)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LORINDA SCHALK 2021 N MCCORD TOLEDO, OH 43615 (419) 861-4906

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM R MARSHALL PRESIDENT/CE	40.00 0.00			X			342,361	0	56,809	
(2) LORINDA SCHALK TREASURER/CF	40.00 0.00			X			213,309	0	44,770	
(3) AMANDA SCHROEDER VP-HOME & CO	40.00 0.00				X		135,747	0	22,672	
(4) AUGUSTINE GENDICS SENIOR EXEC.	40.00 0.00				X		118,388	0	24,322	
(5) JEFFERY SCHULTE VP-HUMAN RES	40.00 0.00				X		123,911	0	17,522	
(6) JOHN HENRY DIR. OF FACI	40.00 0.00				X		124,009	0	15,921	
(7) STEPHEN BOWSHER SR. DIR. ACC	40.00 0.00				X		122,676	0	17,239	
(8) MICHAEL BOGDAN DIRECTOR	0.25 0.00	X					0	0	0	
(9) KIMBERLY BORDENKIRCHER DIRECTOR	0.25 0.00	X					0	0	0	
(10) ROBIN BURKETT DIRECTOR	0.25 0.00	X					0	0	0	
(11) JENNIFER FEHNRICH VICE CHAIR	0.25 0.00	X		X			0	0	0	
(12) RICHARD HABRECHT DIRECTOR	0.25 0.00	X					0	0	0	
(13) MICHAEL HOLLIE DIRECTOR	0.25 0.00	X					0	0	0	
(14) KEITH HUNSINGER CHAIR	0.25 0.00	X		X			0	0	0	
(15) NATALIE JACKSON DIRECTOR	0.25 0.00	X					0	0	0	
(16) SUSAN MINCH DIRECTOR	0.25 0.00	X					0	0	0	
(17) RICHARD RENTNER DIRECTOR	0.25 0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) LOGAN SCHEIWE DIRECTOR	0.25 0.00	X						0	0	0	
(19) CHRISTINE SPOHN DIRECTOR	0.25 0.00	X						0	0	0	
(20) DANIEL WAKEMAN DIRECTOR	0.25 0.00	X						0	0	0	
(21) LYNN WARREN SECRETARY	0.25 0.00	X		X				0	0	0	
(22) MARK WENTZ DIRECTOR	0.25 0.00	X						0	0	0	
(23) LEE WUNSHEL DIRECTOR	0.25 0.00	X						0	0	0	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								1,180,401			199,255

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your 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.

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTHPRO HERITAGE 536 OLD HOWELL RD GREENVILLE, SC 29615	THERAPY	2,737,439
CROSS COUNTRY STAFFING INC PO BOX 840292 DALLAS, TX 752840292	STAFFING AGENCY	483,173
MAXIM HEALTHCARE SERVICES 12558 COLLECTIONS CENTER DR CHICAGO, IL 60693	STAFFING AGENCY	333,160
MEDICARE OF TOLEDO LLC 116 SOUTH MAIN ST FINDLAY, OH 45840	STAFFING AGENCY	274,893
PLANTE & MORAN PLLC 16060 COLLECTIONS CENTER DR CHICAGO, IL 60693	AUDIT FIRM	233,800

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	276,303		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		276,303		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NURSING / ASSISTED LIVING		623110	30,163,668	30,163,668		
b CHILD CARE PROGRAMS		623990	10,916,138	10,916,138		
c MENTAL HEALTH PROGRAMS		621420	2,045,421	2,045,421		
d HOME HEALTH CARE SERVICES		621610	1,306,952	1,306,952		
e INDEPENDENT LIVING		531110	1,022,100	1,022,100		
f All other program service revenue.			1,775,548	1,775,548		
g Total. Add lines 2a-2f.			47,229,827			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,667			71,667	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	6,900			
			6b	147,533			
		(ii) Personal	6c	-140,633			
		d Net rental income or (loss)			-140,633		-140,633
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a		30,723		
			7b		33,777		
		(ii) Other	7c		-3,054		
		d Net gain or (loss)			-3,054		-3,054
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MANAGEMENT FEES		551114	875,722	875,722			
b MISCELLANEOUS INCOME		900099	48,708	48,708			
c							
d All other revenue							
e Total. Add lines 11a-11d			924,430				
12 Total revenue. See instructions			48,358,540	48,154,257	-72,020		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	657,250		657,250	
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	21,439,634	16,935,818	4,406,288	97,528
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	621,155	486,911	130,382	3,862
9 Other employee benefits	2,495,617	2,015,684	466,007	13,926
10 Payroll taxes	1,788,472	1,396,106	384,867	7,499
11 Fees for services (non-employees):				
a Management				
b Legal	198,842		198,842	
c Accounting	93,363		93,363	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,807,178	5,587,198	1,219,980	
12 Advertising and promotion	113,456		87,730	25,726
13 Office expenses	692,611	19,656	667,110	5,845
14 Information technology	1,099,731	138,561	941,380	19,790
15 Royalties				
16 Occupancy	3,392,858	3,104,953	287,905	
17 Travel	468,131	174,850	290,244	3,037
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	135,242	34,041	93,585	7,616
20 Interest	22,296	16,816	5,480	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,423,453	1,878,953	544,500	
23 Insurance	370,546		370,546	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE	1,540,484	1,540,484		
b DUES/LICENSES/SUBSCRIPT.	1,525,678	1,351,675	172,498	1,505
c RESIDENT CARE SUPPLIES	1,475,779	1,475,779		
d OTHER RESIDENT SERVICES	1,217,968	1,217,968		
e All other expenses	1,160,120	939,609	220,511	
25 Total functional expenses. Add lines 1 through 24e	49,739,864	38,315,062	11,238,468	186,334
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,240,644	1	1,186,517
	2 Savings and temporary cash investments	2,391,295	2	1,656,504
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,999,220	4	3,803,216
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,953,795	7	3,207,980
	8 Inventories for sale or use	9,802	8	6,234
	9 Prepaid expenses and deferred charges	400,039	9	441,847
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	76,188,252		
	b Less: accumulated depreciation	52,200,739		
	11 Investments—publicly traded securities	1,901,212	11	2,147,117
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	755,336	14	755,336
	15 Other assets. See Part IV, line 11	10,828,919	15	11,085,059
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,950,796	16	48,277,323	
Liabilities	17 Accounts payable and accrued expenses	3,977,255	17	4,115,729
	18 Grants payable		18	
	19 Deferred revenue	47,617	19	19,817
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	69,396	21	84,173
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	38,551,409	23	37,516,025
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,467,440	25	3,930,533
	26 Total liabilities. Add lines 17 through 25	45,113,117	26	45,666,277
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,137,359	27	1,803,045
	28 Net assets with donor restrictions	700,320	28	808,001
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,837,679	32	2,611,046	
33 Total liabilities and net assets/fund balances	49,950,796	33	48,277,323	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,358,540
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,739,864
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,381,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,837,679
5	Net unrealized gains (losses) on investments	5	182,698
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,028,007
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,611,046

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 31-1565719

Name: LUTHERAN HOMES SOCIETY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SENIOR CARE PROGRAM: PROVIDES RESIDENTIAL CARE TO THE ELDERLY WITH SKILLED NURSING, ASSISTED LIVING, AND INDEPENDENT LIVING FACILITIES; PROVIDES SUPPORTIVE SERVICES FOR THE ELDERLY IN THOSE FACILITIES AND OUT IN THE COMMUNITY; PROVIDES HOME HEALTH CARE SERVICES. IN 2019, OUR LONG-TERM CARE FACILITIES SERVED 1,560 PATIENTS; OUR INDEPENDENT LIVING COMMUNITIES SERVED 1,087 RESIDENTS; AND OUR HOME HEALTH CARE PROGRAM SERVED 380 CLIENTS. OUR LONG-TERM CARE FACILITIES, WHICH PROVIDE BOTH SKILLED NURSING AND ASSISTED LIVING OPTIONS, OFFER A WIDE ARRAY OF STANDARD AND SPECIALIZED SERVICES INCLUDING: INTENSIVE PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY PROGRAMS; SPECIALIZED DIETARY PROGRAMMING; DEMENTIA CARE AND PSYCHOLOGICAL SERVICES; PASTORAL CARE; PLANNED ACTIVITIES; TRANSPORTATION; AND SOCIAL SERVICES, JUST TO NAME A FEW. OUR INDEPENDENT LIVING COMMUNITIES OFFER AFFORDABLE HOUSING TO PEOPLE AGE 62 AND OLDER. EACH COMMUNITY PROVIDES OPPORTUNITIES FOR RECREATIONAL AND RELIGIOUS PROGRAMS, SOCIAL EVENTS, OUTINGS, AND DAILY PEER CONTACT. A SERVICE COORDINATOR IS ON SITE AT EACH LOCATION TO ASSIST RESIDENTS IN PROCURING MEALS, HOME HEALTH CARE, HOUSEKEEPING, AND OTHER SERVICES THAT ENABLE THEM TO REMAIN INDEPENDENT. OUR HOME HEALTH CARE PROGRAM BRINGS THE SUPERIOR NURSING AND REHABILITATION SERVICES FOUND IN OUR FACILITIES TO PEOPLE IN THEIR OWN HOMES.

Form 990, Part III, Line 4b:

FAMILY & YOUTH SERVICES PROGRAM: PROVIDES COMMUNITY-BASED RESIDENTIAL CARE FOR YOUTH WHOSE CIRCUMSTANCES AND NEEDS NECESSITATE NURTURE AND SPECIAL SERVICES OUTSIDE OF THEIR OWN HOMES; PROVIDES SUPPORTIVE SERVICES TO YOUTH, ADULTS, AND FAMILIES IN THE COMMUNITY, EMPOWERING THEM TO MEET THEIR OWN NEEDS AND CARE FOR OTHERS. FOR 2019, OUR RESIDENTIAL CARE HOMES SERVED 104 INDIVIDUALS, WHILE 134 INDIVIUDALS RECEIVED SUPPORTIVE SERVICES IN THE COMMUNITY. OUR COMMUNITY-BASED RESIDENTIAL CARE HOMES PROVIDE A CARING AND SAFE ENVIRONMENT FOR CHILDREN AND YOUNG ADULTS, IN WHICH THEY RECEIVE MENTORING, INDIVIDUAL AND GROUP COUNSELING, MENTAL HEALTH SERVICES, ASSISTANCE WITH DEVELOPING COPING SKILLS AND OVERCOMING BEHAVIORAL ISSUES, AND SUPPORT IN MAINTAINING RELATIONSHIPS WITH THEIR FAMILIES. WE ALSO OFFER A VARIETY OF SUPPORTIVE SERVICES TO INDIVIDUALS IN THE COMMUNITY, INCLUDING: DIAGNOSTIC ASSESSMENTS, PREVENTION AND INTERVENTION SERVICES FOR YOUTH AND FAMILIES WHO ARE AT RISK OF AN OUT OF HOME PLACEMENT; AFTERCARE SERVICES FOR YOUTH AND FAMILIES WHO HAVE HAD AN OUT OF HOME PLACEMENT; MENTAL HEALTH SERVICES AND EDUCATION; INDIVIDUAL AND GROUP COUNSELING; PARTNERS IN TREATMENT WEEKENDS; DAY-TREATMENT PROGRAMS, SBH OR SED CLASSROOMS, AND OTHERS. FAMILY & YOUTH SERVICES PROVIDES COMPASSIONATE, QUALITY CARE TO THOSE WE SERVE, BUT WE ARE ALSO COMMITTED TO IMPROVING AND CONTRIBUTING TO THE COMMUNITY IN WHICH WE LIVE AND WORK. IN ADDITION TO THE RESIDENTS AND CLIENTS SERVED DIRECTLY, A WIDE VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES CONTRIBUTE TO THE ACCOMPLISHMENT OF OUR TAX- EXEMPT PURPOSE. FAMILY & YOUTH SERVICES SENIOR LEADERSHIP ALSO PROVIDED SERVICE TO THE COMMUNITY BY SERVING ON COMMUNITY BOARDS, COMMITTEES, OR TASK FORCES, TO ENHANCE THE GENERAL WELFARE OF THE COMMUNITY.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	149,739	158,885	368,138	363,759	276,303	1,316,824
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,566,188	50,787,142	49,669,514	46,363,062	47,229,827	247,615,733
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	53,715,927	50,946,027	50,037,652	46,726,821	47,506,130	248,932,557
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						248,932,557

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	53,715,927	50,946,027	50,037,652	46,726,821	47,506,130	248,932,557
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150,347	307,242	290,829	392,679	78,567	1,219,664
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	150,347	307,242	290,829	392,679	78,567	1,219,664
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	508,931	997,822	1,077,240	1,039,896	924,430	4,548,319
13 Total support. (Add lines 9, 10c, 11, and 12.)	54,375,205	52,251,091	51,405,721	48,159,396	48,509,127	254,700,540

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	97.740 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.720 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.000 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part 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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization 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 section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART III, LINE 12	MISCELLANEOUS INCOME 594,241 MANAGEMENT INCOME 3,954,078

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,423,716	8,003,245	8,539,847	7,695,573	7,771,490
b Contributions	115,468	196,067	371,033	948,202	359,769
c Net investment earnings, gains, and losses	1,296,882	-461,340	680,958	63,824	-101,346
d Grants or scholarships					
e Other expenditures for facilities and programs	-251,966	-300,900	-1,576,028	-156,356	-323,007
f Administrative expenses	-13,067	-13,356	-12,565	-11,396	-11,333
g End of year balance	8,571,033	7,423,716	8,003,245	8,539,847	7,695,573

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 13.310 %
- b** Permanent endowment ▶ 35.860 %
- c** Temporarily restricted endowment ▶ 50.830 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,661,558		1,661,558
b Buildings		60,826,000	41,548,795	19,277,205
c Leasehold improvements				
d Equipment		11,355,570	8,755,908	2,599,662
e Other		2,345,124	1,896,036	449,088
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,987,513

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 11,085,059

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 3,930,533

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1565719

Name: LUTHERAN HOMES SOCIETY INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INTEREST IN LHS FOUNDATION	3,345,249
INTEREST IN LIFE LEASES	2,705,090
A/R - RELATED PARTIES	2,630,241
CONSTRUCTION IN PROGRESS	1,045,746
NET FINANCING FEES	631,992
BENEFICIAL INTEREST IN TRUST	353,244
ASSETS LIMITED AS TO USE	340,498
INVESTMENT IN CHERRY ST. MISSION	25,000
DEPOSITS	6,047
OTHER	1,952

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	LUTHERAN HOMES SOCIETY, INC. HAS A CUSTODIAL ACCOUNT LIABILITY FOR RESIDENT FUNDS HELD IN TRUST ACCOUNTS. THE ORGANIZATION HAS SIGNITURE AUTHORITY OVER THE FUNDS, WHICH MAY BE USED FOR ROOM AND BOARD PAYMENTS, ANCILLARY SERVICES, RESIDENT OUTINGS, PERSONAL NEEDS, AND OT HER ITEMS SPECIFIED BY THE RESIDENT OR HIS/HER DESIGNATED REPRESENTATIVE. THE MAJORITY OF CASH IS HELD IN CHECKING ACCOUNTS, WITH A SMALL AMOUNT BEING RETAINED IN THE FORM OF PETTY CASH. ALL FUNDS ARE PROTECTED BY BOND INSURANCE POLICIES PURCHASED BY THE ORGANIZATION IN ACCORDANCE WITH ALL STATE/FEDERAL REGULATIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE HELD BY LHS FOUNDATION, INC. (LHSF), A RELATED ORGANIZATION WHICH RECEIVES AND MANAGES THE CHARITABLE FUNDS OF THE ORGANIZATION. LHSF USES THE ENDOWMENT FUNDS AS DIRECTED BY DONORS TO SUPPORT THE ORGANIZATION AND ITS CONTROLLED ENTITIES WHICH ARE LISTED IN SCHEDULE R. SOME DONORS MAKE SPECIFIC DESIGNATIONS SUCH AS RESIDENT ASSISTANCE OR STAFF BENEVOLENCE, WHILE OTHERS SIMPLY ASK THAT THE FUNDS BE USED TO FURTHER THE MISSION OF THE ORGANIZATION.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS RULED THAT THE MINISTRIES THAT COMPRISE THE ORGANIZATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) AND SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. THERE WAS NO INCOME TAX PROVISION FOR THE YEARS ENDED DECEMBER 31, 2019 OR 2018. THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AT DECEMBER 31, 2019 OR 2018.

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM R MARSHALL PRESIDENT/CEO	(i)	320,298		22,063	34,940	21,869	399,170	21,003
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 LORINDA SCHALK TREASURER/CFO	(i)	213,219		90	25,300	19,470	258,079	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 AMANDA SCHROEDER VP-HOME & COMMUN.	(i)	135,265		482	5,618	17,054	158,419	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM R. MARSHALL 0 26,400 0 LORINDA SCHALK 0 17,600 0
SCHEDULE J, PAGE 1, PART I, LINE 7	THE CEO RECEIVES A CONTRIBUTION OF UP TO 10% OF HIS GROSS WAGES TO THE DEFERRED COMPENSATION PLAN IF THE ORGANIZATION MEETS CERTAIN BENCHMARKS ESTABLISHED BY THE BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

LUTHERAN HOMES SOCIETY INC

Employer identification number

31-1565719

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	GENACROSS LUTHERAN SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>LUTHERAN HOMES SOCIETY, INC. IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR YOUTH AND ELDERLY IN NORTHWESTERN OHIO AND SOUTHEASTERN MICHIGAN. AS A FAITH-BASED PROVIDER OF SUCH SERVICES, LUTHERAN HOMES SOCIETY CONTINUES TO HONOR ITS MISSION TO EXTEND ITS SERVICES TO THE VULNERABLE OF OUR POPULATION. OUR MISSION STATEMENT: INSPIRED BY THE CHRISTIAN FAITH, WE EMBRACE INDIVIDUALS AND FAMILIES WITH COMPASSIONATE CARE AND SERVICES THROUGHOUT LIFE'S JOURNEY. YOUTH ARE SERVED THROUGH COMMUNITY-BASED RESIDENTIAL TREATMENT GROUP HOMES, SUPPORTIVE SERVICES FOR YOUTH AND THEIR FAMILIES, AND AN ASPERGER'S PROGRAM CONSISTING OF BOTH RESIDENTIAL AND DAY TREATMENT PROGRAMS. THE ELDERLY ARE SERVED IN INDEPENDENT LIVING, ASSISTED LIVING, AND EXTENDED CARE RESIDENTIAL SETTINGS. LUTHERAN HOMES SOCIETY ALSO SERVES THE COMMUNITY THROUGH SERVICE COORDINATION, WHICH ASSISTS THE ELDERLY IN ACCESSING NEEDED SERVICES, THEREBY ENABLING THEM TO CONTINUE LIVING IN INDEPENDENT SETTINGS. LUTHERAN HOMES SOCIETY MINISTRIES PROVIDED 6.5 MILLION IN CHARITABLE CARE AND COMMUNITY BENEFIT IN 2019. THAT AMOUNT INCLUDES COMMUNITY BENEFIT FOR THOSE UNREIMBURSED FROM MEDICAID.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>SENIOR CARE PROGRAM: PROVIDES RESIDENTIAL CARE TO THE ELDERLY WITH SKILLED NURSING, ASSISTED LIVING, AND INDEPENDENT LIVING FACILITIES; PROVIDES SUPPORTIVE SERVICES FOR THE ELDERLY IN THOSE FACILITIES AND OUT IN THE COMMUNITY; PROVIDES HOME HEALTH CARE SERVICES. IN 2019, OUR LONG-TERM CARE FACILITIES SERVED 1,560 PATIENTS; OUR INDEPENDENT LIVING COMMUNITIES SERVED 1,087 RESIDENTS; AND OUR HOME HEALTH CARE PROGRAM SERVED 380 CLIENTS. OUR LONG-TERM CARE FACILITIES, WHICH PROVIDE BOTH SKILLED NURSING AND ASSISTED LIVING OPTIONS, OFFER A WIDE ARRAY OF STANDARD AND SPECIALIZED SERVICES INCLUDING: INTENSIVE PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY PROGRAMS; SPECIALIZED DIETARY PROGRAMMING; DEMENTIA CARE AND PSYCHOLOGICAL SERVICES; PASTORAL CARE; PLANNED ACTIVITIES; TRANSPORTATION; AND SOCIAL SERVICES, JUST TO NAME A FEW. OUR INDEPENDENT LIVING COMMUNITIES OFFER AFFORDABLE HOUSING TO PEOPLE AGE 62 AND OLDER. EACH COMMUNITY PROVIDES OPPORTUNITIES FOR RECREATIONAL AND RELIGIOUS PROGRAMS, SOCIAL EVENTS, OUTINGS, AND DAILY PEER CONTACT. A SERVICE COORDINATOR IS ON SITE AT EACH LOCATION TO ASSIST RESIDENTS IN PROCURING MEALS, HOME HEALTH CARE, HOUSEKEEPING, AND OTHER SERVICES THAT ENABLE THEM TO REMAIN INDEPENDENT. OUR HOME HEALTH CARE PROGRAM BRINGS THE SUPERIOR NURSING AND REHABILITATION SERVICES FOUND IN OUR FACILITIES TO PEOPLE IN THEIR OWN HOMES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	FAMILY & YOUTH SERVICES PROGRAM: PROVIDES COMMUNITY-BASED RESIDENTIAL CARE FOR YOUTH WHOSE CIRCUMSTANCES AND NEEDS NECESSITATE NURTURE AND SPECIAL SERVICES OUTSIDE OF THEIR OWN HOMES; PROVIDES SUPPORTIVE SERVICES TO YOUTH, ADULTS, AND FAMILIES IN THE COMMUNITY, EMPOWERING THEM TO MEET THEIR OWN NEEDS AND CARE FOR OTHERS. FOR 2019, OUR RESIDENTIAL CARE HOMES SERVED 104 INDIVIDUALS, WHILE 134 INDIVIDUALS RECEIVED SUPPORTIVE SERVICES IN THE COMMUNITY. OUR COMMUNITY-BASED RESIDENTIAL CARE HOMES PROVIDE A CARING AND SAFE ENVIRONMENT FOR CHILDREN AND YOUNG ADULTS, IN WHICH THEY RECEIVE MENTORING, INDIVIDUAL AND GROUP COUNSELING, MENTAL HEALTH SERVICES, ASSISTANCE WITH DEVELOPING COPING SKILLS AND OVERCOMING BEHAVIORAL ISSUES, AND SUPPORT IN MAINTAINING RELATIONSHIPS WITH THEIR FAMILIES. WE ALSO OFFER A VARIETY OF SUPPORTIVE SERVICES TO INDIVIDUALS IN THE COMMUNITY, INCLUDING: DIAGNOSTIC ASSESSMENTS, PREVENTION AND INTERVENTION SERVICES FOR YOUTH AND FAMILIES WHO ARE AT RISK OF AN OUT OF HOME PLACEMENT; AFTERCARE SERVICES FOR YOUTH AND FAMILIES WHO HAVE HAD AN OUT OF HOME PLACEMENT; MENTAL HEALTH SERVICES AND EDUCATION; INDIVIDUAL AND GROUP COUNSELING; PARTNERS IN TREATMENT WEEKENDS; DAY-TREATMENT PROGRAMS, SBH OR SED CLASSROOMS, AND OTHERS. FAMILY & YOUTH SERVICES PROVIDES COMPASSIONATE, QUALITY CARE TO THOSE WE SERVE, BUT WE ARE ALSO COMMITTED TO IMPROVING AND CONTRIBUTING TO THE COMMUNITY IN WHICH WE LIVE AND WORK. IN ADDITION TO THE RESIDENTS AND CLIENTS SERVED DIRECTLY, A WIDE VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES CONTRIBUTE TO THE ACCOMPLISHMENT OF OUR TAX- EXEMPT PURPOSE. FAMILY & YOUTH SERVICES SENIOR LEADERSHIP ALSO PROVIDED SERVICE TO THE COMMUNITY BY SERVING ON COMMUNITY BOARDS, COMMITTEES, OR TASK FORCES, TO ENHANCE THE GENERAL WELFARE OF THE COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	LUTHERAN HOMES SOCIETY, INC. CONSISTS OF A CORPORATE MEMBERSHIP OF 169 LUTHERAN CONGREGATIONS IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD IS ELECTED BY REPRESENTATIVES OF THE 169 MEMBER CONGREGATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBER CONGEGRATIONS APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE TREASURER OF THE BOARD DOES A THOROUGH REVIEW OF THE 990S. AFTER REVIEW BY THE TREASURER, THE 990S ARE POSTED TO AN INTERNAL WEBSITE FOR REVIEW BY THE REMAINING BOARD MEMBERS. AFTER A ONE WEEK REVIEW AND COMMENT PERIOD, THEY ARE FILED WITH THE IRS. THIS POLICY ALSO APPLIES TO ALL DISREGARDED ENTITIES OF LHS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICTS OF INTEREST POLICY IS ENFORCED THRU THE ACCOUNTS PAYABLE PROCESS AS WELL AS OUR INTERNAL AUDIT PROGRAM AND AN ANNUAL INQUIRY OF BOARD MEMBERS. THIS POLICY ALSO APPLIES TO ALL DISREGARDED ENTITIES OF LHS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CEO IS APPROVED BY THE BOARD. THE COMPENSATION IS DETERMINED USING WAGE INFORMATION OF COMPARATIVE INDUSTRIES OBTAINED FROM AN INDEPENDENT CONSULTING FIRM. THIS POLICY ALSO APPLIES TO ALL DISREGARDED ENTITIES OF LHS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION OF THE CFO AND OTHER KEY EMPLOYEES IS APPROVED BY THE BOARD. THE COMPENSATION FOR POSITIONS ARE DETERMINED USING WAGE INFORMATION OF COMPARATIVE INDUSTRIES OBTAINED FROM AN INDEPENDENT CONSULTING FIRM. THIS POLICY ALSO APPLIES TO ALL DISREGARDED ENTITIES OF LHS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE ALL MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ADMINISTRATIVE CONSULTING 0 649,866 0 PURCHASED ADMIN. SERVICES 0 79,681 0 BILLING CONSULTING 0 483,668 0 PURCHASED HOUSEKEEPING 185,061 0 0 PHARMACY CONSULTING 32,495 0 0 PURCHASED NURSING STAFFING 2,022,880 0 0 PURCHASED RESIDENT TRANSPORT 152,800 0 0 PURCHASED RADIOLOGY 24,509 0 0 PURCHASED THERAPY SERVICES 2,754,583 0 0 PURCHASED LAB SERVICES 67,438 0 0 PURCHASED IV THERAPY SERVICES 65,193 0 0 PURCHASED MEDICAL SERVICES 28,176 0 0 OTHER PURCHASED SERVICES 170,924 6,765 0 OTHER PURCHASED SERVICES 83,139 0 0 TOTAL 5,587,198 1,219,980 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN LHS FOUNDATION, INC. 537,943 CHANGE IN FMV OF INTEREST RATE SWAP -1, 565,950 TOTAL -1,028,007 CHANGE IN INTEREST IN LHS FOUNDATION - LHS FOUNDATION, INC. (LHSF) IS A RELATED ORGANIZATION, WHICH RECEIVES AND MANAGES THE CHARITABLE FUNDS OF THE ORGANIZATION. CHANGE IN INTEREST REPRESENTS AN INCREASE OR DECREASE IN THE CHARITABLE FUNDS HELD BY LHSF FOR THE ORGANIZATION. CHANGE IN FMV OF INTEREST RATE SWAP - THE ORGANIZATION USES A DERIVATIVE INSTRUMENT KNOWN AS AN INTEREST RATE SWAP TO MANAGE THE FUTURE CASH FLOW RISKS ASSOCIATED WITH INTEREST RATES ON VARIABLE RATE BORROWINGS. GAAP REQUIRES THAT THE AGREEMENT BE STATED AT ITS FAIR MARKET VALUE. FLUCTUATIONS IN THE MARKET INTEREST RATE AFFECT THE FAIR MARKET VALUE OF THE INTEREST RATE SWAP AGREEMENT.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number

31-1565719

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALTERNATE SOLUTIONS HOMECARE 12LLC DBA GENACROSS AT HOME 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 26-3472188	HOMEHEALTH	OH	-519,607	972,401	LHS INC

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

See Additional Data Table

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1565719
Name: LUTHERAN HOMES SOCIETY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1678593	FUND ORG	OH	501C3	12	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1930333	SR DAY CTR	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 31-1275380	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1268346	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313004	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313006	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313007	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313009	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1364623	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1364624	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 80-0829691	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1801635	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 31-1515028	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 31-1515034	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1889735	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 30-0037439	SR LIVING	OH	501C3	10	LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1878025	SR LIVING	OH	501C6		LHS INC	Yes	
2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1671358	SR LIVING	OH	501C6		LHS INC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CREEKSIDE CONDOMINIUM OWNERS ASSOC	O	178,168	COST
CREEKSIDE CONDOMINIUM OWNERS ASSOC	Q	107,178	COST
LHS FOUNDATION INC	E	1,776,862	PRINCIPAL AND ACCR INT
LHS FOUNDATION INC	L	400,854	COST
LHS FOUNDATION INC	S	260,393	ACTUAL
LUTHERAN DEVELOPMENT CORPORATION AT NAPOLEON OHIO INC	D	325,169	PRINCIPAL AND ACCR INT
LUTHERAN HOUSING SERVICES 9 INC	H	336,000	SALE PRICE
LUTHERAN HOUSING SERVICES 9 INC	M	92,400	FEE PER UNIT MANAGED
LUTHERAN HOUSING SERVICES INC	L	149,413	COST
LUTHERAN HOUSING SERVICES INC	O	65,502	COST
LUTHERAN HOUSING SERVICES 1 INC	L	195,381	COST
LUTHERAN HOUSING SERVICES 1 INC	Q	57,822	COST
LUTHERAN HOUSING SERVICES 2 INC	L	160,090	COST
LUTHERAN HOUSING SERVICES 3 INC	L	100,685	COST
LUTHERAN HOUSING SERVICES 5 INC	L	102,217	COST
LUTHERAN HOUSING SERVICES 6 INC	D	1,258,870	PRINCIPAL AND ACCR INT
LUTHERAN HOUSING SERVICES 6 INC	L	98,883	COST
LUTHERAN HOUSING SERVICES 7 INC	D	1,949,110	PRINCIPAL AND ACCR INT
LUTHERAN HOUSING SERVICES 7 INC	L	71,622	COST
LUTHERAN HOUSING SERVICES 8 INC	L	149,236	COST
LUTHERAN HOUSING SERVICES 10 INC	L	119,396	COST
LUTHERAN HOUSING SERVICES 18 INC	L	77,792	COST
LHS ADULT DAY CENTER	L	61,212	COST