

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 10-01-2019, and ending 09-30-2020

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

C Name of organization
LUTHERAN SOCIAL SERVICE OF MINNESOTA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2485 COMO AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ST PAUL, MN 55108

D Employer identification number
41-0872993

E Telephone number
(651) 969-2300

G Gross receipts \$ 130,491,415

F Name and address of principal officer:
PATRICK THUESON
2485 COMO AVENUE
ST PAUL, MN 55108

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)

H(c) Group exemption number ▶ 9386

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

J Website: ▶ WWW.LSSMN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1962

M State of legal domicile:
MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
EXPRESS THE LOVE OF CHRIST FOR ALL PEOPLE THROUGH SERVICE THAT CHANGES LIVES AND BUILDS COMMUNITY.

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 | 15 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 2,485 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 7,835 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 9,702,265 | 9,114,858 |
| 9 Program service revenue (Part VIII, line 2g) | 104,281,401 | 118,409,678 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 168,980 | 1,007,540 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -1,156,189 | -912,484 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 112,996,457 | 127,619,592 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3,179,264 | 4,382,446 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 78,291,885 | 83,645,740 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 26,592 | 30,595 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,317,261 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 31,418,177 | 32,320,754 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 112,915,918 | 120,379,535 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 80,539 | 7,240,057 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 78,153,707 | 90,020,807 |
| 21 Total liabilities (Part X, line 26) | 44,131,502 | 53,282,776 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 34,022,205 | 36,738,031 |

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: 2021-03-23
MICHAEL HURAY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-03-23
Check if self-employed PTIN: P00078514
Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749
Firm's address ▶ 220 S 6TH STREET SUITE 300 Phone no. (612) 376-4500
MINNEAPOLIS, MN 55402

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

LUTHERAN SOCIAL SERVICE OF MINNESOTA EXPRESSES THE LOVE OF CHRIST FOR ALL PEOPLE THROUGH SERVICE THAT INSPIRES HOPE, CHANGES LIVES AND BUILDS COMMUNITY. LUTHERAN SOCIAL SERVICE OF MINNESOTA AND AFFILIATES IS ONE OF MINNESOTA'S LARGEST AND OLDEST NON-PROFIT SOCIAL SERVICE ORGANIZATION. LUTHERAN SOCIAL SERVICE OF MINNESOTA HAS 350 SERVICE UNITS IN OVER 300 LOCATIONS ACROSS MINNESOTA. WE SERVE 1 IN 85 MINNESOTANS. LUTHERAN SOCIAL SERVICE OF MINNESOTA SERVES INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, DISABILITY OR AGE. ADDITIONAL INFORMATION ABOUT THE ORGANIZATION AND ITS SERVICES CAN BE FOUND AT WWW.LSSMN.ORG.

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 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 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 \$ 57,899,074 including grants of \$ 0) (Revenue \$ 63,268,651)
See Additional Data

4b (Code:) (Expenses \$ 30,151,668 including grants of \$ 4,382,446) (Revenue \$ 37,183,665)
See Additional Data

4c (Code:) (Expenses \$ 16,527,290 including grants of \$ 0) (Revenue \$ 17,957,362)
See Additional Data

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

4e Total program service expenses ▶ 104,578,032

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, 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/Description, Yes, No. Rows 1a, 1b, 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 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
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: MICHAEL HURAY 2485 COMO AVENUE ST PAUL, MN 55108 (651) 969-2369

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 | 414,573 | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 1,534,592 | | | | |
| | d Related organizations | 1d | 159,935 | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,005,758 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 128,754 | | | | |
| | h Total. Add lines 1a-1f | | | 9,114,858 | | | |
| Program Service Revenue | 2a GOV'T FEES/CONTRACTS | Business Code | | | | | |
| | | 624100 | 95,738,073 | 95,738,073 | | | |
| | b CLIENT FEES | 624100 | 11,602,557 | 11,602,557 | | | |
| | c PASS THROUGH REVENUES | 900099 | 11,069,048 | 11,069,048 | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | 118,409,678 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 129,207 | | | 129,207 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | 689,281 | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 2,145,208 | | | | |
| | | c Rental income or (loss) | -1,455,927 | | | | |
| | d Net rental income or (loss) | | | -1,455,927 | | -1,455,927 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 450,420 | 853,773 | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 350,273 | 75,587 | | | |
| | | c Gain or (loss) | 100,147 | 778,186 | | | |
| | d Net gain or (loss) | | | 878,333 | | 878,333 | |
| | 8a Gross income from fundraising events (not including \$ 1,534,592 of contributions reported on line 1c). See Part IV, line 18 | | 770,017 | | | | |
| | | b Less: direct expenses | 300,755 | | | | |
| | | c Net income or (loss) from fundraising events | | | 469,262 | | 469,262 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| b Less: direct expenses | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a MISCELLANEOUS INCOME | 900099 | 74,181 | | | 74,181 | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 74,181 | | | | |
| 12 Total revenue. See instructions | | | 127,619,592 | 118,409,678 | 0 | 95,056 | |

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 | 496,216 | 496,216 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 3,886,230 | 3,886,230 | | |
| 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 | 1,262,034 | | 1,262,034 | |
| 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 | 65,325,870 | 56,217,507 | 7,459,832 | 1,648,531 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 715,290 | 594,215 | 99,937 | 21,138 |
| 9 Other employee benefits | 9,670,936 | 8,530,891 | 958,678 | 181,367 |
| 10 Payroll taxes | 6,671,610 | 5,788,021 | 709,818 | 173,771 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 68,785 | 31,381 | 37,404 | |
| c Accounting | 175,112 | 145,600 | 24,273 | 5,239 |
| d Lobbying | 2,582 | | 2,582 | |
| e Professional fundraising services. See Part IV, line 17 | 30,595 | | | 30,595 |
| f Investment management fees | 34,746 | | 34,746 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,421,442 | 1,287,421 | 134,021 | |
| 12 Advertising and promotion | 2,694,374 | 2,352,925 | 341,449 | |
| 13 Office expenses | 484,748 | 370,411 | 60,334 | 54,003 |
| 14 Information technology | 2,112,155 | 1,333,179 | 653,158 | 125,818 |
| 15 Royalties | | | | |
| 16 Occupancy | 5,049,035 | 4,391,625 | 639,190 | 18,220 |
| 17 Travel | 2,461,195 | 2,314,796 | 125,449 | 20,950 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,169,695 | 614,297 | 525,337 | 30,061 |
| 20 Interest | 168,814 | 168,814 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,718,165 | 1,597,695 | 120,192 | 278 |
| 23 Insurance | 473,606 | 409,051 | 64,311 | 244 |
| 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 PASS THROUGH EXPENSES | 6,686,601 | 6,686,601 | | |
| b FOOD | 4,272,955 | 4,266,640 | 5,820 | 495 |
| c CLIENT EXPENSES | 1,838,351 | 1,634,442 | 203,492 | 417 |
| d VOLUNTEER EXPENSES | 1,488,393 | 1,460,074 | 22,185 | 6,134 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 120,379,535 | 104,578,032 | 13,484,242 | 2,317,261 |
| 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 | -1,719,965 | 1 | 10,996,203 |
| | 2 Savings and temporary cash investments | 481,781 | 2 | 483,300 |
| | 3 Pledges and grants receivable, net | 1,085,267 | 3 | 672,438 |
| | 4 Accounts receivable, net | 12,904,527 | 4 | 11,983,907 |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | 71,543 | 8 | 78,153 |
| | 9 Prepaid expenses and deferred charges | 823,335 | 9 | 927,761 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 98,416,639 | | |
| | b Less: accumulated depreciation | 43,160,792 | | |
| | 11 Investments—publicly traded securities | 2,674,705 | 11 | 2,820,690 |
| | 12 Investments—other securities. See Part IV, line 11 | 3,136,682 | 12 | 3,841,984 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 425,000 | 14 | 425,000 |
| | 15 Other assets. See Part IV, line 11 | 2,505,203 | 15 | 2,535,524 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 78,153,707 | 16 | 90,020,807 | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,909,036 | 17 | 13,706,578 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,273,172 | 19 | 1,916,187 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 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 | 10,841,346 | 23 | 14,023,167 |
| | 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 | 20,107,948 | 25 | 23,636,844 |
| | 26 Total liabilities. Add lines 17 through 25 | 44,131,502 | 26 | 53,282,776 |
| 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 | 21,059,939 | 27 | 20,940,831 |
| | 28 Net assets with donor restrictions | 12,962,266 | 28 | 15,797,200 |
| | 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 | 34,022,205 | 32 | 36,738,031 | |
| 33 Total liabilities and net assets/fund balances | 78,153,707 | 33 | 90,020,807 | |

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 | 127,619,592 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 120,379,535 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,240,057 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 34,022,205 |
| 5 | Net unrealized gains (losses) on investments | 5 | 170,127 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -2,465,954 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,228,404 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 36,738,031 |

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 | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 41-0872993

Name: LUTHERAN SOCIAL SERVICE OF MINNESOTA

Form 990 (2019)

Form 990, Part III, Line 4a:

SERVICES FOR PEOPLE WITH DISABILITIES: OUR SERVICE OUTCOMES IN THIS AREA ARE FOCUSED SO THAT MINNESOTA'S PEOPLE WITH DISABILITIES HAVE ACCESS TO SERVICES AND A FULL LIFE IN COMMUNITY. THIS MEANS THEY HAVE MEANINGFUL RELATIONSHIPS WITH OTHERS; ARE FULLY INTEGRATED PARTICIPANTS IN SOCIAL AND COMMUNITY NETWORKS; ARE ACCESSING COMMUNITY-SUPPORTED SERVICES; AND, ARE CHOOSING THE DESIGN AND DELIVERY OF THE SUPPORT THEY RECEIVE. OUR SERVICES ALSO INCLUDE SPECIALIZED COMMUNITY SUPPORTS WHICH PROVIDES CUSTOM, COMMUNITY-BASED LIVING FOR CHILDREN AND ADULTS, AND IS AN OPTION FOR INDIVIDUALS WHO HAVEN'T FOUND SUCCESSFUL LONG-TERM PLACEMENT IN TRADITIONAL SUPPORT SETTINGS. FISCAL YEAR 2020 RESULTS: 4,771 INDIVIDUALS SERVED THROUGH PERSONAL SUPPORT SERVICES IN OUR COMMUNITY BASED SERVICES, HOST HOME, SELF-DIRECTED SERVICES AND CARE COORDINATION SERVICES. INDIVIDUALS SERVED EXPERIENCED IMPROVED OUTCOMES BASED ON THEIR PERSONAL GOALS. THESE GOALS MAY INCLUDE THINGS SUCH AS INCREASING INDEPENDENCE ADDING ASSISTIVE TECHNOLOGY, THROUGH MOVING TO A LESS RESTRICTED ENVIRONMENT, OBTAINING A JOB IN THE COMMUNITY, MOVING TO A HOST HOME SERVICE OR SELF-DIRECTING THEIR SERVICES.

Form 990, Part III, Line 4b:

SERVICES FOR CHILDREN, YOUTH AND FAMILIES: OUR SERVICE OUTCOMES IN THIS AREA ARE FOCUSED SO THAT MINNESOTA'S CHILDREN, YOUTH AND FAMILIES HAVE SAFE, STABLE HOMES AND THE OPPORTUNITY TO THRIVE IN COMMUNITY. THIS MEANS THEY HAVE STABLE, NURTURING HOMES WITH A SAFE PLACE TO SLEEP EVERY NIGHT; ARE FULLY INTEGRATED PARTICIPANTS IN SOCIAL AND COMMUNITY NETWORKS; ARE ACCESSING THE COMMUNITY-SUPPORTED SERVICES THAT THEY NEED; AND ARE THRIVING, RESILIENT MEMBERS OF THEIR COMMUNITIES. FISCAL YEAR 2020 RESULTS: 793 FAMILIES RECEIVED CASEMANAGEMENT SERVICES AND CONNECTIONS TO CULTURALLY-CENTER RESOURCES; 432 HOUSEHOLDS RECEIVED SUPPORTIVE HOUSING SERVICES; 202 CHILDREN JOINED THEIR ADOPTIVE FAMILIES WITH 247 SUPPORTED BY THERAPEUTIC FOSTER CARE; CAMP NOAH SERVED 152 CHILDREN IN 78 COMMUNITIES VIA VIRTUAL CAMPS; THROUGH FINANCIAL COUNSELING 17.8 MILLION WAS PAID BACK TO CREDITORS THROUGH A DEBT MANAGEMENT PLAN WITH LSS; 737 VETERANS AND VETERANS FAMILY MEMBER WERE SERVED THROUGH THE C.O.R.E PROGRAM; REFUGEE SERVICES PROVIDED CASE MANAGEMENT TO 1,273 RECENTLY RESETTLED AMERICANS AND RESETTLED 90 REFUGEES; 1,376 BEHAVIORAL HEALTH CLIENTS ACCESSED 15,000 TELEHEALTH VISITS.

Form 990, Part III, Line 4c:

SERVICES FOR OLDER ADULTS: OUR SERVICE OUTCOMES IN THIS AREA ARE FOCUSED SO THAT MINNESOTA'S OLDER ADULTS HAVE CHOICE IN THEIR SERVICES AND OPPORTUNITIES TO CONTRIBUTE TO COMMUNITY. THIS MEANS THEY HAVE SERVICES THAT SUPPORT THEIR INDEPENDENCE, WELL-BEING AND RELATIONSHIPS; ARE CHOOSING THE DESIGN AND DELIVERY OF THEIR SERVICES; ARE CONTRIBUTING TIME AND RESOURCES TO THEIR COMMUNITIES. FISCAL YEAR 2020 RESULTS: 1,039,595 MEALS TO 28,840 INDIVIDUALS ACROSS MINNESOTA, INCLUDING 123,458 UNFORESEEN SPECIAL PROJECT MEALS DUE TO COVID-19; FOSTER GRANDPARENTS SPENT 95,460 HOURS AT 93 FACILITIES WORKING WITH CHILDREN OF ALL AGES, CHILDREN AND YOUTH SERVED BY 261 FOSTER GRANDPARENTS; 286 VOLUNTEERS PROVIDED 73,901 HOURS OF COMPANION SERVICES AND PROVIDED 519,619 MILES OF TRANSPORTATION; CAREGIVER SERVICES PROVIDED 1,304 HOURS OF SUPPORT TO GIVE 65 CAREGIVERS A BREAK.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| PATRICK THUESON INTERIM CEO/CEO | 40.00 3.00 | | | X | | | | 281,038 | 0 | 43,050 |
| JODI HARPSTEAD CHIEF EXECUTIVE OFFICER | 43.00 0.00 | | | | | X | | 229,797 | 0 | 22,842 |
| MAUREEN WARREN CHIEF FAMILY SERVICES OFFICER | 40.00 0.00 | | | | X | | | 204,319 | 0 | 29,547 |
| JERELEE SCHOONOVER VICE PRESIDENT - CHIEF SERVICES OFFICER | 40.00 5.00 | | | X | | | | 208,324 | 0 | 20,890 |
| GEORGE KLAUSER ACO DIRECTOR | 40.00 0.00 | | | | X | | | 185,667 | 0 | 25,988 |
| JOYCE NORALS CHIEF HUMAN RESOURCE OFFICER | 40.00 2.00 | | | X | | | | 183,114 | 0 | 25,172 |
| CHRISTOPHER BEACH VP/CHIEF DEVELOPMENT OFFICER | 40.00 1.00 | | | | | X | | 156,882 | 0 | 20,432 |
| PATRICE O'LEARY ASSOCIATE VP | 40.00 0.00 | | | | X | | | 151,504 | 0 | 20,944 |
| MIKE BOHLKEN APPLICATIONS / DATABASE MGR. | 40.00 0.00 | | | | X | | | 133,700 | 0 | 38,555 |
| MICHAEL HURAY CFO | 40.00 1.00 | | | X | | | | 129,084 | 0 | 18,156 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| JESSE STEMCHA VP / CHIEF DEVELOPMENT OFFICER | 40.00 1.00 | | | X | | | | 128,705 | 0 | 11,211 |
| ANDREA PIESKE CHAIR | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| CINDY JESSEN VICE CHAIR | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| NICOLE GRIENSEWIC-MICKELSON SECRETARY | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| DAN ANDERSON TREASURER | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| BISHOP THOMAS AITKEN DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| ROSS ALLEN DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| MATT ANDERSON DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| REV MARK AUNE DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| SHIRLEY CARTER DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| DR PAUL DOVRE DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| JODY HORNTVEDT DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| JUDGE LUCINDA JESSON DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| AYAN MUSE DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| BOB NESSE DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| BISHOP ANN SVENNUNGSSEN DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| BOB NIEDRINGHAUS DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| TOM SEIDELMANN DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| NARDOS SIUM DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| REV DEE PEDERSON DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| REV KARI WILLIAMSON DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| LUKE WINSKOWSKI DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| PANG XIONG DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
LUTHERAN SOCIAL SERVICE OF MINNESOTA

Employer identification number
41-0872993

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.") . | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 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.) | | | | | | |

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. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 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.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

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. | | | |

Additional Data

Software ID:

Software Version:

EIN: 41-0872993

Name: LUTHERAN SOCIAL SERVICE OF MINNESOTA

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization LUTHERAN SOCIAL SERVICE OF MINNESOTA | Employer identification number 41-0872993 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 0

3 Volunteer hours for political campaign activities (see instructions) 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 2,582 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 2,582 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| PART II-B, LINE 1: | THE ORGANIZATION GENERATES SUPPORT FOR PUBLIC POLICIES AT THE LOCAL, STATE, AND FEDERAL LEVELS THAT ADVANCE THE ORGANIZATION'S VISION TO ENSURE ALL PEOPLE HAVE THE OPPORTUNITY TO LIVE AND WORK IN THEIR COMMUNITY WITH DIGNITY, SAFETY, AND HOPE. ADVOCACY IS CONDUCTED THROUGH THE FOLLOWING PRIMARY STRATEGIES: (1) THE EFFECTIVE USE OF STAFF CLIENT EXPERTS AND COLLABORATION OF VOICES TO ADVANCE POLICY PRIORITIES AT THE STATE CAPITAL; AND (2) GRASSROOTS ENGAGEMENT WITH CHURCH AND OTHER SUPPORTERS WHO GIVE, SERVE, AND ADVOCATE TO INSPIRE HOPE, CHANGE LIVES, AND BUILD COMMUNITY. |

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 SOCIAL SERVICE OF MINNESOTA

Employer identification number 41-0872993

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:

| | Amount |
|---|------------|
| 1c Beginning balance | 74,076,737 |
| 1d Additions during the year | 1,626,376 |
| 1e Distributions during the year | |
| 1f Ending balance | 75,703,113 |

- 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 | 4,071,433 | 4,001,196 | 3,104,379 | 2,663,675 | 2,339,285 |
| b Contributions | 1,500 | 65,775 | 503,310 | 270,399 | 205,490 |
| c Net investment earnings, gains, and losses | 269,491 | 142,223 | 199,159 | 287,968 | 213,918 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 159,935 | 137,761 | -194,348 | 97,470 | 81,457 |
| f Administrative expenses | | | | 20,193 | 13,561 |
| g End of year balance | 4,182,489 | 4,071,433 | 4,001,196 | 3,104,379 | 2,663,675 |

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 100.000 %

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 | | 6,385,426 | | 6,385,426 |
| b Buildings | | 73,942,341 | 28,279,652 | 45,662,689 |
| c Leasehold improvements | | 2,005,399 | 923,266 | 1,082,133 |
| d Equipment | | 14,922,614 | 13,294,214 | 1,628,400 |
| e Other | | 1,160,859 | 663,660 | 497,199 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 55,255,847 |

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 |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

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.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED MINIMUM PENSION LIABILITY | 15,334,323 |
| (3) CONDITIONAL GRANTS | 6,820,580 |
| (4) OBLIGATION UNDER TRUST AGREEMENT | 1,058,399 |
| (5) CAPITAL LEASE OBLIGATION | 423,542 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 23,636,844 |

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 | 175,665,796 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 170,127 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 59,414,746 |
| e | Add lines 2a through 2d | 2e | 59,584,873 |
| 3 | Subtract line 2e from line 1 | 3 | 116,080,923 |
| 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 | 34,746 |
| b | Other (Describe in Part XIII.) | 4b | 11,503,923 |
| c | Add lines 4a and 4b | 4c | 11,538,669 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 127,619,592 |

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 | 164,384,468 |
| 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 | 55,108,727 |
| e | Add lines 2a through 2d | 2e | 55,108,727 |
| 3 | Subtract line 2e from line 1 | 3 | 109,275,741 |
| 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 | 34,746 |
| b | Other (Describe in Part XIII.) | 4b | 11,069,048 |
| c | Add lines 4a and 4b | 4c | 11,103,794 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 120,379,535 |

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 |
|------------------|-------------|
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| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 41-0872993

Name: LUTHERAN SOCIAL SERVICE OF MINNESOTA

Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| PART IV, LINE 1B: | THE ORGANIZATION PROVIDES POOLED TRUST GUARDIANSHIP AND CONSERVATORSHIP SERVICES FOR VULNERABLE ADULTS THROUGHOUT THE STATE OF MINNESOTA. FOR THESE SERVICES, THE COURT ORDERS THE APPOINTMENT OF A PERSON OR AGENCY TO ACT AS A SUBSTITUTE DECISION MAKER FOR AN INDIVIDUAL. THE ORGANIZATION FOLLOWS THE NATIONAL GUARDIANSHIP ASSOCIATION AND THE MINNESOTA ASSOCIATION FOR GUARDIANSHIP CONSERVATORSHIP STANDARDS. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | THE ORGANIZATION HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR THE PURPOSE OF SECURING THE ORGANIZATION'S LONG-TERM FINANCIAL VIABILITY AND CONTINUING TO MEET THE NEEDS OF THE ORGANIZATION. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | <p>LUTHERAN SOCIAL SERVICE OF MINNESOTA HAS TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE. THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A PUBLIC CHARITY UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY THE DONORS ARE TAX DEDUCTIBLE. THE ORGANIZATION HAS ADOPTED THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS NO CURRENT OBLIGATION FOR UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.</p> |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | PARTNERS IN COMMUNITY SUPPORTS, INC. REVENUES REPORTED ON A SEPARATE RETURN 51,881,932. LSS FOUNDATION REVENUES REPORTED ON A SEPARATE RETURN 294,053. SPECIAL EVENT EXPENSES 300,755. RENTAL EXPENSES 2,145,208. CHS REVENUES REPORTED ON A SEPARATE RETURN 4,792,798. |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | PASS THROUGH REVENUES 11,069,048. INVESTMENT INCOME - NON OPERATING 434,875. |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | PARTNERS IN COMMUNITY SUPPORTS, INC. EXPENSES REPORTED ON A SEPARATE RETURN 48,167,358. SPECIAL EVENT EXPENSES 300,755. RENTAL EXPENSES 2,145,208. CHS EXPENSES REPORTED ON A SEPARATE RETURN 4,308,975. LSS FOUNDATION EXPENSES REPORTED ON A SEPARATE RETURN 186,431. |

Supplemental Information

| Return Reference | Explanation |
|--|-----------------------------------|
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | PASS THROUGH EXPENSES 11,069,048. |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
LUTHERAN SOCIAL SERVICE OF MINNESOTA

Employer identification number
41-0872993

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| QCSS INC 21925 W FIELD PARKWAY SUITE 210 DEER PARK, IL 60010 | TELEMARKETING | | No | 0 | 30,595 | 0 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | 30,595 | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events |
|-----------------|--|---|---|----------------------------|---------------------------------|
| | | CELEBRATION FOR CHANGING LIVES (event type) | HOMELESS YOUTH LUNCH & BREAKFAST (event type) | 2 (total number) | (add col. (a) through col. (c)) |
| 1 | Gross receipts | 1,607,308 | 386,554 | 310,747 | 2,304,609 |
| 2 | Less: Contributions | 1,106,800 | 326,072 | 101,720 | 1,534,592 |
| 3 | Gross income (line 1 minus line 2) | 500,508 | 60,482 | 209,027 | 770,017 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 223,450 | 59,274 | 18,031 | 300,755 |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 300,755 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 469,262 |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|--|---------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization LUTHERAN SOCIAL SERVICE OF MINNESOTA

Employer identification number

41-0872993

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) REFUGEE ARRIVALS | 90 | 152,482 | | N/A | N/A |
| (2) COUNSELING SERVICES | 71 | 143,672 | 0 | N/A | N/A |
| (3) YOUTH AND FAMILY ASSISTANCE | 245 | 3,457,977 | 0 | N/A | N/A |
| (4) HEAT SUBSIDY | 138 | 132,099 | 0 | N/A | N/A |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | THE ORGANIZATION TRACKS THE EXPENSES THAT ARE SENT TO INDIVIDUALS AND ORGANIZATIONS USING PASS THROUGH ACCOUNTS IN ITS GENERAL LEDGER. PROGRAM MANAGERS AND MEMBERS OF OUR COMPLIANCE DEPARTMENT ALSO INDIVIDUALLY TRACK ELIGIBILITY AND AUDIT FOR APPROPRIATE USE OF FUNDS. |

Additional Data

Software ID:
Software Version:
EIN: 41-0872993
Name: LUTHERAN SOCIAL SERVICE OF MINNESOTA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PILLSBURY UNITED COMMUNITIES 125 W BROADWAY AVE MINNEAPOLIS, MN 55411 | 41-0916478 | 501(C)(3) | 14,979 | 0 | N/A | N/A | STREET OUTREACH |
| OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431 | 45-3683785 | 501(C)(3) | 61,078 | 0 | N/A | N/A | HOUSING SERVICES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404 | 41-1759477 | 501(C)(3) | 61,458 | 0 | N/A | N/A | HOUSING SERVICES AWARDS |
| RISE INCORPORATED 8406 SUNSET RD NE SPRING LAKE PK, MN 55432 | 41-0972476 | 501(C)(3) | 46,795 | 0 | N/A | N/A | MFIP SERVICE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRI-COUNTY ACTION PROGRAM 1210 23RD AVE S WAITE PARK, MN 56387 | 41-6049739 | 501(C)(3) | 83,582 | 0 | N/A | N/A | TRANSPORTATION SERVICES |
| AIN DAH YUNG CENTER 1089 PORTLAND AVE ST PAUL, MN 55104 | 41-1697692 | 501(C)(3) | 102,222 | 0 | N/A | N/A | STREET OUTREACH |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FACE TO FACE HEALTH AND COUNSELING SERVICE 1165 ARCADE STREET ST PAUL, MN 55106 | 41-0986780 | 501(C)(3) | 21,733 | 0 | N/A | N/A | CLIENT COUNSELING |
| ST CROIX FAMILY RESOURCE CENTER INC PO BOX 73 BAYPORT, MN 55003 | 47-5032696 | 501(C)(3) | 34,525 | 0 | N/A | N/A | STREET OUTREACH |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405 | 41-1920649 | 501(C)(3) | 69,844 | 0 | N/A | N/A | STREET OUTREACH |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SOCIAL SERVICE OF MINNESOTA

Employer identification number
41-0872993

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 checked="" 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 | No |
| 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 | No |
| 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 checked="" 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 | No |
| 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 | No |
| 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 PATRICK THUESON INTERIM CEO/CEO | (i) | 267,522 | 0 | 13,516 | 16,061 | 26,989 | 324,088 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JODI HARPSTEAD CHIEF EXECUTIVE OFFICER | (i) | 216,281 | 0 | 13,516 | 10,509 | 12,333 | 252,639 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 MAUREEN WARREN CHIEF FAMILY SERVICES OFFICER | (i) | 202,097 | 0 | 2,222 | 3,281 | 26,266 | 233,866 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 JERELEE SCHOONOVER VICE PRESIDENT - CHIEF SERVICES OFFI | (i) | 207,415 | 0 | 909 | 3,789 | 17,101 | 229,214 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 GEORGE KLAUSER ACO DIRECTOR | (i) | 185,002 | 0 | 665 | 0 | 25,988 | 211,655 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 JOYCE NORALS CHIEF HUMAN RESOURCE OFFICER | (i) | 162,608 | 0 | 20,506 | 9,196 | 15,976 | 208,286 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 CHRISTOPHER BEACH VP/CHIEF DEVELOPMENT OFFICER | (i) | 139,461 | 0 | 17,421 | 2,211 | 18,221 | 177,314 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 PATRICE O'LEARY ASSOCIATE VP | (i) | 147,611 | 0 | 3,893 | 8,838 | 12,106 | 172,448 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 MIKE BOHLKEN APPLICATIONS / DATABASE MGR. | (i) | 131,241 | 0 | 2,459 | 10,343 | 28,212 | 172,255 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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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 |
|------------------|--|
| PART I, LINE 1A | THE ORGANIZATION PROVIDES THE CHIEF EXECUTIVE OFFICER A COUNTRY CLUB MEMBERSHIP FOR THE PURPOSE OF DONOR RELATIONS AND OTHER BUSINESS PURPOSES. THIS AMOUNT IS INCLUDED IN THE TAXABLE INCOME. |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SOCIAL SERVICE OF MINNESOTA

Employer identification number
41-0872993

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 6 | 58,634 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (AUCTION ITEMS) | X | 234 | 70,120 | ESTIMATED VALUE |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|---------------------|--|
| PART I, COLUMN (B): | THE ORGANIZATION REPORTS THE NUMBER OF ITEMS CONTRIBUTED ON PART I , COLUMN B. |

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 SOCIAL SERVICE OF MINNESOTA

Employer identification number

41-0872993

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 1 | THE BOARD OF DIRECTORS SHALL ESTABLISH AN EXECUTIVE COMMITTEE COMPOSED OF THE NON-COMPENSATED OFFICERS, A BISHOP SERVING AS DIRECTOR, AND ONE ADDITIONAL DIRECTOR. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS OF THE ORGANIZATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | EACH SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA LOCATED IN THE STATE OF MINNESOTA ELECTS TWO DIRECTORS TO SERVE FOR A TERM OF THREE YEARS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT AND THE AUDIT AND FINANCE COMMITTEE. ONCE ANY CHANGES ARE INCORPORATED INTO THE FILING, THE PUBLIC INSPECTION COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND FEEDBACK PRIOR TO FILING WITH THE IRS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>NO MEMBER OF THE BOARD OF DIRECTORS SHALL BE EMPLOYED BY THE ORGANIZATION NOR SHALL THEY HOLD ANY DIRECT OR INDIRECT FINANCIAL INTEREST IN THE ASSETS, LEASES, BUSINESS TRANSACTIONS OR PROFESSIONAL SERVICES OF THE ORGANIZATION. EXCEPTIONS TO THIS POLICY MAY BE MADE BY THE BOARD OF DIRECTORS PURSUANT TO THE FOLLOWING REQUIREMENTS: (1) SHOULD ANY MEMBER OF THE BOARD OF DIRECTORS OR ANY INDIVIDUAL WHO SERVES ON A COMMITTEE OF THE BOARD BE INVOLVED IN ANY WAY, DIRECTLY OR INDIRECTLY, IN A BUSINESS OR FINANCIAL TRANSACTION PERTAINING TO THE ORGANIZATION, THAT PERSON SHALL MAKE KNOWN SUCH INVOLVEMENT TO THE BOARD BY PROVIDING FULL DISCLOSURE OF ALL INFORMATION RELEVANT TO THAT INVOLVEMENT; (2) UPON NOTICE BY THE INDIVIDUAL OF A BUSINESS OR FINANCIAL TRANSACTION PERTAINING TO THE ORGANIZATION, THE EXECUTIVE COMMITTEE SHALL CONSIDER SUCH INVOLVEMENT AND MAKE AN APPROPRIATE DECISION PERTAINING TO THE MATTER; AND (3) THE BOARD OR COMMITTEE MEMBER SHALL NOT PARTICIPATE IN ANY WAY WITH RESPECT TO THE DECISION AS TO SUCH MATTERS NOR SHALL THAT PERSON PARTICIPATE IN ANY VOTE TAKEN WITH RESPECT TO SUCH TRANSACTION. LUTHERAN SOCIAL SERVICE OF MINNESOTA HOLDS THE REASONABLE EXPECTATION THAT EMPLOYEES AND THE ORGANIZATION WILL, AT ALL TIMES, BE GUIDED BY HONESTY, GOOD SENSE AND HIGH ETHICAL STANDARDS. THE ORGANIZATION EXPECTS EMPLOYEES TO HAVE A DUTY OF LOYALTY TO THE ORGANIZATION AND TO AVOID ANY CONFLICT OF INTEREST, AS OUTLINED BELOW, BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION: (1) EMPLOYEES MAY NOT USE THEIR POSITION TO MAKE A PERSONAL PROFIT OR GAIN OTHER PERSONAL ADVANTAGES; (2) SHOULD ANY EMPLOYEE BE INVOLVED IN ANY WAY, DIRECTLY OR INDIRECTLY, IN A BUSINESS OR FINANCIAL TRANSACTION PERTAINING TO THE ORGANIZATION, THAT PERSON SHALL MAKE KNOWN SUCH INVOLVEMENT TO MANAGEMENT BY PROVIDING FULL DISCLOSURE OF ALL INFORMATION RELEVANT TO THAT INVOLVEMENT; (3) SENIOR MANAGEMENT, VICE PRESIDENTS AND THE PRESIDENT ARE REQUIRED BY THE BOARD OF DIRECTORS TO ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH WILL BE MAINTAINED IN THE PERSONNEL FILES; (4) IF A MEMBER OF THE SENIOR MANAGEMENT TEAM, INCLUDING VICE PRESIDENTS AND THE PRESIDENT, HAS OR POTENTIALLY HAS SOME INVOLVEMENT IN A MATTER/ACTION THAT MAY BE A CONFLICT OF INTEREST, THAT INDIVIDUAL WILL EXCLUDE THEMSELVES FROM THE REVIEW AND DETERMINATION PROCESS OF THE MATTER.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15A | <p>THE ORGANIZATION'S BOARD OF DIRECTORS CONTRACTS WITH AN INDEPENDENT CONSULTANT ON A BI-ANNUAL BASIS FOR MANAGEMENT CONSULTING SERVICES RELATED TO EXECUTIVE COMPENSATION. EVERY TWO YEARS, A COMPLETE MARKET ANALYSIS IS CONDUCTED USING VARIOUS MARKET SURVEYS AND RECOMMENDATIONS PROVIDED TO THE BOARD BY THE CONSULTANT. IN THE YEAR THAT A FULL STUDY IS NOT CONDUCTED THE CONSULTANT PROVIDES ADVICE AND GUIDANCE BASED ON CURRENT DATA AND TRENDS IN THAT YEAR. THIS INFORMATION IS PRESENTED TO ALL BOARD MEMBERS FOR REVIEW. THE BOARD USES THIS INFORMATION IN CONJUNCTION WITH THE CEO PERFORMANCE REVIEW PROCESS AND THE ORGANIZATION'S SALARY ADMINISTRATION PROGRAM, TO DETERMINE THE APPROPRIATE SALARY ACTIONS. THE BOARD DOCUMENTS THE CEO'S PERFORMANCE REVIEW AND ITS APPROVAL OF ANY SALARY ACTION IS DOCUMENTED IN THE BOARD'S MINUTES. THE MOST RECENT YEAR THAT INCLUDED A REVIEW BY AN EXTERNAL CONSULTANT WITH RECOMMENDATIONS PROVIDED TO THE PRESIDENT/CEO WAS 2018. IN MARCH 2018, THE BOARD OF DIRECTORS REVISED THE BOARD POLICY MANUAL REGARDING THE CURRENT PERFORMANCE REVIEW PROCESS. FOR ALL OTHER POSITIONS WITHIN THE ORGANIZATION, THE HUMAN RESOURCES DEPARTMENT - COMPENSATION, CONDUCTS MARKET DATA ANALYSIS BASED ON RELIABLE SURVEY DATA AVAILABLE IN-HOUSE AND FROM EXTERNAL SOURCES. PERIODIC REVIEWS ARE CONDUCTED BY AN EXTERNAL CONSULTANT. THE MOST RECENT YEAR THAT INCLUDED A REVIEW BY AN EXTERNAL CONSULTANT WAS 2014. LSS OBTAINS MARKET DATA FOR ALL POSITIONS INCLUDING CABINET POSITIONS FROM RELIABLE AND VALID COMPENSATION SURVEYS EITHER BY PARTICIPATING IN THE SURVEYS OR PURCHASING THEM. WE LOOK AT THE MARKET MEDIAN AND OUR PAY PHILOSOPHY IS THAT WE COMPENSATE EMPLOYEES AT LEAST 90 PERCENT OF THE MARKET MEDIAN BASED ON FACTORS SUCH AS SKILLS, EDUCATION, GEOGRAPHY, ETC.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART XI, LINE 9: | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -11,086. PENSION DECREASE -1,666,332. CHANGE IN VALUE OF TRUSTS 55,684. CHANGE IN VALUE NONCONTROLLING INTEREST IN HOUSING LIMITED PARTNERSHIPS -606,670. |

**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 SOCIAL SERVICE OF MINNESOTA

Employer identification number

41-0872993

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

See Additional Data Table

| (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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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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.

| (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 |
| (1) PARTNERS IN COMMUNITY SUPPORTS INC 2485 COMO AVENUE ST PAUL, MN 55108 41-1976959 | PROVIDE SUPPORT FOR PEOPLE WITH DISABILITIES | MN | 501(C)(3) | LINE 10 | LUTHERAN SOCIAL SERVICE OF MINNESOTA | Yes | |
| (2) LUTHERAN SOCIAL SERVICE FOUNDATION 2485 COMO AVENUE ST PAUL, MN 55108 41-1690681 | CHARITABLE FOUNDATION | MN | 501(C)(3) | LINE 12A, I | LUTHERAN SOCIAL SERVICE OF MINNESOTA | Yes | |
| (3) CHILDREN'S HOME SOCIETY OF MINNESOTA 1605 EUSTIS STREET ST PAUL, MN 55108 41-0693906 | PROVIDE SUPPORT FOR CHILDREN | MN | 501(C)(3) | LINE 7 | LUTHERAN SOCIAL SERVICE OF MINNESOTA | Yes | |
| (4) CHILDREN'S HOME SOCIETY FOUNDATION 1605 EUSTIS STREET ST PAUL, MN 55108 47-2390880 | CHARITABLE FOUNDATION | MN | 501(C)(3) | LINE 7 | LUTHERAN SOCIAL SERVICE OF MINNESOTA | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 | |
| (1) LSS PARK AVENUE APARTMENTS LP 2414 PARK AVENUE MINNEAPOLIS, MN 55404 26-0666640 | LOW INCOME HOUSING | MN | N/A | RELATED | | 6,354 | | No | | Yes | | 0.100 % |
| (2) RH-ST PAUL APARTMENTS LP 2485 COMO AVENUE MINNEAPOLIS, MN 55108 35-2477693 | LOW INCOME HOUSING | MN | N/A | RELATED | | 1,083 | | No | | Yes | | 0.010 % |
| | | | | | | | | | | | | |
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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 |
| (1) PITTMAN TRUST 2485 COMO AVENUE ST PAUL, MN 55108 20-7289437 | INVESTMENT | MN | N/A | T | | | | | No |
| (2) LSS POOLED TRUSTS REMAINDER TRUST 590 PARK ST STE 310 ST PAUL, MN 55103 26-6462248 | INVESTMENT | MN | N/A | T | | | | | No |
| (3) LSS DEVELOPMENT LLC 2485 COMO AVENUE ST PAUL, MN 55108 26-1990682 | INVESTMENT HOLDING COMPANY | MN | LUTHERAN SOCIAL SERVICE OF MINNESOTA | C | | | 100.000 % | | 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) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| 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) | Yes | |
| 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 | | No |
| r Other transfer of cash or property to related organization(s) | | No |
| 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.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) PARTNERS IN COMMUNITY SUPPORTS INC | S | 3,395,963 | CONTRACT LOAN AMOUNT |
| (2) LUTHERAN SOCIAL SERVICE FOUNDATION | C | 159,935 | AMOUNT GIFTED |
| (3) CHILDREN'S HOME SOCIETY | S | 403,979 | INTERCOMPANY ACTIVITIES |
| | | | |
| | | | |
| | | | |

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: 41-0872993
Name: LUTHERAN SOCIAL SERVICE OF MINNESOTA

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (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 |
|---|--------------------------------|---|----------------------------|----------------------------------|--|
| REZEK HOUSE LLC 2485 COMO AVENUE ST PAUL, MN 55108 41-1957568 | HOUSING | MN | 505,985 | 88,452 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |
| LSS TOWNHOMES LLC 2485 COMO AVENUE ST PAUL, MN 55108 41-0514520 | HOUSING | MN | -152,355 | 1,013,349 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |
| LSS SUPPORTIVE HOUSING LLC 2485 COMO AVENUE ST PAUL, MN 55108 01-0800655 | HOUSING | MN | -75,118 | 503,637 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |
| CFCL LENDING LLC 2485 COMO AVENUE ST PAUL, MN 55108 26-1517105 | HOUSING | MN | 0 | 9,150,880 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |
| CFCL LLC 2485 COMO AVENUE ST PAUL, MN 55108 41-0872993 | HOUSING | MN | -559,361 | 0 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |
| LSS ROLLING HILLS LLC 2485 COMO AVENUE ST PAUL, MN 55108 35-2477693 | HOUSING | MN | -361,173 | 10,824,133 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |
| CFCL DULUTH 2485 COMO AVENUE ST PAUL, MN 55108 81-1901996 | HOUSING | MN | -176,183 | 6,060,882 | LUTHERAN SOCIAL SERVICE OF MINNESOTA |