

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
LUTHERAN SOCIAL SERVICES OF ND

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3911 20TH AVE S PO BOX 389

City or town, state or province, country, and ZIP or foreign postal code
FARGO, ND 58103

F Name and address of principal officer:
ERIC MONSON
3911 20TH AVE S PO BOX 389
FARGO, ND 58103

D Employer identification number
45-0226421

E Telephone number
(701) 235-7341

G Gross receipts \$ 18,021,352

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 ▶

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

J Website: ▶ WWW.LSSND.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1936 **M** State of legal domicile: ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA OPERATES PROGRAMS TO HELP PEOPLE ACROSS THE ENTIRE STATE OF NORTH DAKOTA. THESE PROGRAMS TOUCH PEOPLE OF ALL AGES. THEY HELP ALLEVIATE HUNGER, MEND BROKEN RELATIONSHIPS, PLACE CHILDREN IN SAFE ENVIRONMENTS, AID ELDERLY CITIZENS AND ADVOCATE ON BEHALF OF THE DISENFRANCHISED.

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	416
6 Total number of volunteers (estimate if necessary)	6	596
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	493
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,449,851	9,999,379
9 Program service revenue (Part VIII, line 2g)	5,952,749	7,644,792
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,914	70,377
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,195	306,804
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,766,709	18,021,352
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,455,113	1,590,126
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)	9,521,250	10,239,025
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶712,469		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,596,196	4,433,972
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,572,559	16,263,123
19 Revenue less expenses. Subtract line 18 from line 12	194,150	1,758,229
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	23,963,263	25,602,630
21 Total liabilities (Part X, line 26)	9,486,227	9,344,614
22 Net assets or fund balances. Subtract line 21 from line 20	14,477,036	16,258,016

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-07-15
ERIC MONSON INTERIM CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-07-15
Check if self-employed PTIN: P01220683
Firm's name: ▶ BRADY MARTZ AND ASSOCIATES PC Firm's EIN: ▶ 45-0310328
Firm's address: ▶ PO BOX 14296 Phone no. (701) 775-4685
GRAND FORKS, ND 582084296

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GUIDED BY GOD'S LOVE AND GRACE, LUTHERAN SOCIAL SERVICES OF ND BRINGS HEALING, HELP, AND HOPE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 13,713,438 including grants of \$ 1,590,126) (Revenue \$ 7,644,792) See Additional Data

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

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

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

*AGING LIFE CARE COORDINATES CARE AND SERVICES FOR OLDER ADULTS AND OTHERS WITH CHRONIC ILLNESSES. THEY SERVE AS ADVOCATES, HELPING FAMILIES TO NAVIGATE THE COMPLEX SYSTEM OF SENIOR CARE; PROVIDE RESOURCES AND REFERRALS TO SENIORS AND CARE GIVERS; PROVIDE ASSISTANCE IN INFORMED DECISION MAKING BASED ON THE NEEDS AND WISHES OF THE OLDER ADULT. WITH CARE COORDINATION, THE GOAL OF ALC IS TO HELP SENIORS LIVE QUALITY LIVES, SAFELY WITHIN THE SETTING OF CHOICE, THUS DELAY OR PREVENT UNNECESSARY RE-HOSPITALIZATIONS OR PREMATURE PLACEMENT IN A HIGHER LEVEL OF CARE. *RETIRED SENIOR VOLUNTEER PROGRAM) NETWORKS WITH LOCAL AGENCIES THAT NEED VOLUNTEERS BY RECRUITING, PLACING, AND RECOGNIZING THOSE VOLUNTEERS. VOLUNTEERS AGES 55 AND OLDER GIVE THEIR TIME AND EXPERIENCE TO MAKE THE LIVES OF OTHERS BETTER AND TO HELP COMMUNITIES BECOME MORE RESILIENT. IN FY 2019, 463 VOLUNTEERS OFFERED 29,124 HOURS OF ASSISTANCE TO 10,661 INDIVIDUALS IN NEED.**HUMANITARIAN ASSISTANCE***DISASTER RESPONSE LEVERAGES RESOURCES TO HELP INDIVIDUALS AND COMMUNITIES IN NORTH DAKOTA PREPARE FOR AND RECOVER FROM DISASTERS. THE PROGRAM PROVIDES PREPAREDNESS TRAINING, RECOVERY RESPONSE AND RECRUITMENT, COORDINATION AND SUPERVISION VOLUNTEERS. CONTINUED RESPONSE TO DISASTERS IN NORTH DAKOTA COMMUNITIES AND CONTINUED WORK WITH MIDWEST CONSORTIUM FOR DISASTER SERVICES TO PROVIDE RESOURCES FOR RESPONSES ACROSS SD, MO, AND MN. *REFUGEE RESETTLEMENT - AS THE ONLY FEDERALLY RECOGNIZED AND APPROVED REFUGEE RESETTLEMENT ORGANIZATION WORKING IN THE STATE, LSSND HELPS REFUGEES INTEGRATE INTO THEIR NEW HOME COMMUNITIES AND BEGIN BUILDING THEIR NEW LIVES. WE EQUIP THEM WITH THE TOOLSTHEY NEED TO BECOME SELF-SUFFICIENT, HELP THEM FIND JOBS TO SUPPORT THEIR FAMILIES AND COMMUNITIES, CONNECT THEM WITH ENGLISH LANGUAGE LEARNING OPPORTUNITIES AND PROVIDE THEM WITH CASE MANAGEMENT SERVICES. *IMMIGRATION SERVICES IS RECOGNIZED BY THE DEPARTMENT OF JUSTICE TO PROVIDE LEGAL IMMIGRATION SERVICES TO PRIMARILY LOW INCOME AND INDIGENT CLIENTS. OUR SERVICES COVER HUMANITARIAN AND FAMILY-BASED APPLICATIONS, PETITIONS, AND CITIZENSHIP SUCH AS PERMANENT RESIDENCY, WORK AUTHORIZATION, CONSULAR PROCESSING FOR IMMIGRANT AND NONIMMIGRANT VISAS, AND NATURALIZATION. WE OFFER INCOME-BASED FEE WAIVER/FEE REDUCTION AS APPLICABLE.*INTERPRETER SERVICES PROVIDES BOTH IN PERSON AND BY PHONE INTERPRETER SERVICES AND WRITTEN TRANSLATIONS TO LEGAL, MEDICAL AND COMMUNITY AGENCIES WHO NEED TO EFFECTIVELY COMMUNICATE WHEN A LANGUAGE BARRIER EXISTS. CURRENTLY, WE OFFER INTERPRETERS FOR 43 LANGUAGES.*FOSTER CARE FOR UNACCOMPANIED REFUGEE MINORS ENCOURAGES GROWTH TOWARD INDEPENDENCE BY PLACING UNACCOMPANIED REFUGEE CHILDREN WITH SAFE, NURTURING FOSTER OR KINSHIP FAMILIES. WE FOCUS ON BUILDING INDEPENDENT LIVING SKILLS AND HELPING THEM FIND EMPLOYMENT AND EDUCATION AS THEY APPROACH ADULTHOOD. *SERVICES TO OLDER REFUGEES PROVIDES A SUPPORTIVE FOUNDATION TO ASSIST SENIORS IN OBTAINING A BETTER QUALITY OF LIFE IN THEIR NEW HOME COMMUNITY. LSSND HELPS THEM DEVELOP A SENSE OF BELONGING THROUGH SOCIALIZATION, COMMUNITY INTEGRATION, AND ADDRESSING ANY NEEDS THEY MAY HAVE. **IMAGINE THRIVING**IMAGINE THRIVING ACTIVELY ENGAGES AND WORKS WITH SCHOOLS AND COMMUNITIES LOOKING TO RAISE AWARENESS AND UNDERSTANDING OF MENTAL WELL-BEING. SKILLS COACHES ALSO PROVIDE DIRECT MENTAL WELL-BEING SERVICES TO FAMILIES AND INDIVIDUALS.

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

4e Total program service expenses 13,713,438

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	416		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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. Own website, Another's website, Upon request, Other (explain in Schedule O); 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: THE ORGANIZATION 3911 20TH AVE S PO BOX 389 FARGO, ND 58107 (701) 235-7341

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MURRAY SAGSVEEN BOARD CHAIR	1.50 0.00	X		X				0	0	0
(2) REV DESIREE UHRICH SECRETARY	1.50 0.00	X		X				0	0	0
(3) REV LYNN RONSBERG VICE CHAIR	1.50 3.00	X		X				0	0	0
(4) LAURIE FURUSETH TREASURER	1.50 0.00	X		X				0	0	0
(5) BISHOP TERRY BRANDT BOARD MEMBER	1.50 0.00	X						0	0	0
(6) ANNA LARSON BOARD MEMBER	1.50 0.00	X						0	0	0
(7) RYAN TAYLOR BOARD MEMBER	1.50 3.00	X						0	0	0
(8) KRIS FEHR BOARD MEMBER	1.50 3.00	X						0	0	0
(9) BISHOP MARK NARUM BOARD MEMBER	1.50 3.00	X						0	0	0
(10) SHARON BUHR BOARD MEMBER	1.50 0.00	X						0	0	0
(11) RHONDA ALLERY BOARD MEMBER	1.50 0.00	X						0	0	0
(12) REV GRETCHEN DEEG BOARD MEMBER	1.50 0.00	X						0	0	0
(13) DAVID FLOWERS BOARD MEMBER	1.50 0.00	X						0	0	0
(14) REV CLARK JAHNKE BOARD MEMBER (JULY - DECEMBER)	1.50 0.00	X						0	0	0
(15) ARIE BERTSCH BOARD MEMBER (APRIL - JUNE)	1.50 0.00	X						0	0	0
(16) JESSICA THOMASSON PRESIDENT/CEO	37.00 3.00			X				130,363	0	32,520
(17) KARA WINKELMAN DIRECTOR OF FINANCE	35.00 5.00			X				75,174	0	10,360

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 263,056			
	b Membership dues	1b			
	c Fundraising events	1c 12,426			
	d Related organizations	1d			
	e Government grants (contributions)	1e 8,753,523			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 970,374			
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		9,999,379		

Program Service Revenue			Business Code			
	2a CLIENT & PROGRAM INC.		624100	7,331,283	7,331,283	
b MISCELLANEOUS		900099	313,509	313,509		
c _____						
d _____						
e _____						
f All other program service revenue.						
g Total. Add lines 2a-2f			7,644,792			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		45,902			45,902	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		301,274			301,274	
	6a Gross rents	(i) Real	(ii) Personal				
		1,990					
	b Less: rental expenses	0					
	c Rental income or (loss)	1,990					
	d Net rental income or (loss)			1,990	493		1,497
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		24,475					
	b Less: cost or other basis and sales expenses	0					
	c Gain or (loss)	24,475					
	d Net gain or (loss)			24,475			24,475
	8a Gross income from fundraising events (not including \$ 12,426 of contributions reported on line 1c). See Part IV, line 18	a	3,540				
	b Less: direct expenses	b	0				
c Net income or (loss) from fundraising events			3,540			3,540	
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions.			18,021,352	7,644,792	493	376,688	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	345,315	345,315		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,244,811	1,244,811		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	484,204		484,204	
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	7,863,623	6,684,080	707,726	471,817
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	548,803	466,483	54,880	27,440
9 Other employee benefits	722,916	614,478	72,292	36,146
10 Payroll taxes	619,479	526,557	61,948	30,974
11 Fees for services (non-employees):				
a Management				
b Legal	13,740		13,740	
c Accounting	34,073		34,073	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,441		6,441	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,146,708	987,223	157,070	2,415
12 Advertising and promotion	106,429	103,166	2,671	592
13 Office expenses	869,623	964,240	-144,889	50,272
14 Information technology	12,998	81,870	-71,752	2,880
15 Royalties				
16 Occupancy	363,379	182,907	147,604	32,868
17 Travel	370,072	307,707	40,185	22,180
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	198,715	170,703	24,190	3,822
20 Interest	257,515	226,610	30,905	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	513,174	452,939	56,957	3,278
23 Insurance	54,557	36,061	16,948	1,548
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 BAD DEBT	171,037	171,037		
b DUES AND PUBLICATIONS	131,292	41,009	74,772	15,511
c MISC	109,543	40,222	60,583	8,738
d EVENT EXPENSE	74,473	65,817	6,668	1,988
e All other expenses	203	203		
25 Total functional expenses. Add lines 1 through 24e	16,263,123	13,713,438	1,837,216	712,469
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	1
	2 Savings and temporary cash investments	86,569	2	77,583
	3 Pledges and grants receivable, net	1,515,648	3	2,261,742
	4 Accounts receivable, net	620,761	4	674,644
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	158,865	7	147,513
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,335	9	30,353
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,889,423		
	b Less: accumulated depreciation	3,795,468		
		9,112,221	10c	9,093,955
	11 Investments—publicly traded securities	1,643,285	11	1,722,473
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	10,809,579	15	11,594,366	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,963,263	16	25,602,630	
Liabilities	17 Accounts payable and accrued expenses	2,068,720	17	2,347,693
	18 Grants payable		18	
	19 Deferred revenue	105,847	19	62,495
	20 Tax-exempt bond liabilities	5,214,152	20	5,150,705
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	662,929	23	500,979
	24 Unsecured notes and loans payable to unrelated third parties	977,079	24	820,458
	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	457,500	25	462,284
	26 Total liabilities. Add lines 17 through 25	9,486,227	26	9,344,614
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	13,820,507	27	14,555,433
	28 Temporarily restricted net assets	462,572	28	1,508,626
	29 Permanently restricted net assets	193,957	29	193,957
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,477,036	33	16,258,016
	34 Total liabilities and net assets/fund balances	23,963,263	34	25,602,630

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	18,021,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,263,123
3	Revenue less expenses. Subtract line 2 from line 1	3	1,758,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,477,036
5	Net unrealized gains (losses) on investments	5	22,751
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,258,016

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	

Software ID:**Software Version:****EIN:** 45-0226421**Name:** LUTHERAN SOCIAL SERVICES OF ND

Form 990 (2018)

Form 990, Part III, Line 4a:

LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA IS ORGANIZED INTO SERVICE AREAS THAT REPRESENT THE WORK WE DO AROUND SOME OF THE MOST CRITICAL ISSUES IN NORTH DAKOTA TODAY. LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA'S WORK IN THE CURRENT FISCAL YEAR INCLUDED: **EARLY BEGINNINGS**ADoption - ADOPTION OPTION, A PARTNERSHIP BETWEEN THE VILLAGE FAMILY SERVICE CENTER AND LSSND, OFFERS PREGNANCY AND PARENTING SUPPORT SERVICES, ADOPTION SERVICES AND POST-ADOPTION SEARCH AND DISCLOSURE SERVICES. 20 BABIES WERE PLACED IN LOVING ADOPTIVE HOMES.*PREGNANCY COUNSELING - PREGNANCY COUNSELING IS A SERVICE FOR EXPECTANT MOTHERS AND/OR THEIR FAMILIES THAT HELPS THEM LOOK AT THEIR OPTIONS AND MAKE LIFE PLANS. 58 INDIVIDUALS WERE COUNSELED.*HEALTHY FAMILIES IS A VOLUNTARY HOME VISITING PROGRAM DESIGNED TO SUPPORT FAMILIES AS THEY BECOME PARENTS. SERVICES ARE AVAILABLE FREE TO ALL INTERESTED PARENTS IN THE FOLLOWING COUNTIES: BURLEIGH, MORTON, GRAND FORKS, NELSON, PEMBINA, WALSH, HETTINGER, STARK, MCKENZIE, DUNN, BILLINGS.*CHILD CARE AWARE ASSISTS FAMILIES IN THEIR SEARCH FOR AND UNDERSTANDING OF QUALITY CHILD CARE, BUILDS THE KNOWLEDGE AND SKILLS OF EARLY CHILDHOOD PRACTITIONERS THROUGH PROFESSIONAL LEARNING SERVICES AND COACHING, SUPPORTS COMMUNITIES IN DEVELOPING INNOVATIVE STRATEGIES TO EXPAND THE CAPACITY OF CARE MEETING FAMILIES' NEEDS, AND ADVOCATES FOR PUBLIC AND PRIVATE INVESTMENT IN CHILD CARE. CHILD CARE AWARE HELPED 3908 FAMILIES SEARCH FOR CARE. 8,841 INDIVIDUALS COMPLETED COURSES OFFERED BY CHILD CARE AWARE.*BRIGHT & EARLY ND IS THE NAME FOR NORTH DAKOTA'S QUALITY RATED IMPROVEMENT SYSTEM (QRIS), A COMMON-SENSE APPROACH TO SHOWCASING QUALITY WITHIN EARLY CARE AND EDUCATION PROGRAMS THROUGHOUT THE STATE. WE HAVE DEVELOPED A SET OF STANDARDS THAT BUILD UPON EACH OTHER THROUGH "4 STEPS TO QUALITY." BRIGHT & EARLY ND RECOGNIZES AND AWARDS PROGRAMS THAT GO ABOVE AND BEYOND FOR THE SAKE OF THE CHILDREN IN THEIR CARE AND HELPS TO EDUCATE PARENTS TO BECOME MORE SAVVY CONSUMERS WHEN LOOKING FOR CHILDCARE FOR THEIR OWN CHILDREN. THERE ARE CURRENTLY 202 QUALITY RATED CHILD CARE AND PRESCHOOL PROGRAMS ACROSS NORTH DAKOTA. *GROWING FUTURES IS A STATEWIDE SYSTEM DESIGNED TO SUPPORT EARLY CHILDHOOD WORKFORCE DEVELOPMENT TOWARD A MORE EFFECTIVE AND PROFESSIONAL FIELD. THE REGISTRY APPROVES TRAINING FOR LICENSING AND PROFESSIONAL DEVELOPMENT, MAINTAINS PERMANENT VERIFIED RECORDS OF INDIVIDUAL PREPARATION AND QUALIFICATIONS, AND PROVIDES DATA-BASED REPORTS TO PROGRAMS, LICENSING, AND POLICY MAKERS REGARDING THE EARLY CHILDHOOD WORKFORCE. GROWING FUTURES REGISTRY HAS CURRENT AND VERIFIED DATA ON 5707 ACTIVE MEMBERS REPRESENTING OVER 95.8% OF THE EARLY CHILDHOOD WORKFORCE IN NORTH DAKOTA. GROWING FUTURES HAS APPROVED 143 ORGANIZATIONS TO SPONSOR APPROVED WORKFORCE TRAINING ACROSS THE STATE AND APPROVED THE DELIVERY OF 1037 CLOCK HOURS OF TRAINING FOR LICENSING AND ONGOING PROFESSIONAL DEVELOPMENT. **YOUTH INTERVENTIONS**RESTORATIVE JUSTICE PROVIDES A DEDICATED TEAM OF TRAINED FACILITATORS LOCATED ACROSS THE STATE. RESTORATIVE JUSTICE SEEKS TO RESTORE, TO THE EXTENT POSSIBLE, THOSE HARMED BY AN OFFENSE, ENCOURAGES ACCOUNTABILITY FROM THE PERSON WHO COMMITTED THE OFFENSE AND PROMOTES SAFE, SECURE, AND PEACEFUL COMMUNITIES. 474 YOUTH AND MORE THAN 432 VICTIMS WERE SERVED THROUGH OUR PARTNERSHIPS WITH NORTH DAKOTA JUVENILE COURT AND DIVISION OF JUVENILE SERVICES. LSS PROVIDED CONSULTATION, TRAINING & SUPPORT SERVICES TO MORE THAN 750 EDUCATORS REGARDING RESTORATIVE PRACTICES IN SCHOOLS. LSSND OPERATES THE YOUTH CULTURAL ACHIEVEMENT PROGRAM IN CASS COUNTY THROUGH A CONTRACT WITH NORTH DAKOTA JUVENILE COURT. THIS PROGRAM IS GEARED TO 1) IDENTIFY AND ADDRESS THE CAUSES OF DISPROPORTIONATE MINORITY CONTACT (DMC) IN THE JUVENILE JUSTICE SYSTEM AND 2) SUPPORT AND CONNECT YOUTH WITH SERVICES THAT WILL PREVENT THEM FROM ENTERING OR PROGRESSING FURTHER INTO THE JUSTICE SYSTEM. 144 YOUTH SERVED IN CASS COUNTY. RESTORATIVE PRACTICES IN SCHOOLS OFFER A CONTINUUM OF STRATEGIES TO BUILD COMMUNITY AND REPAIR HARM IN SCHOOLS. PRIMARY PARTNERS INCLUDE GRAND FORKS PUBLIC SCHOOLS, BISMARCK PUBLIC SCHOOLS AND FARGO PUBLIC SCHOOLS. 570 STUDENTS WERE SERVED. *DAY REPORT PROMOTES THE WELL-BEING OF AT-RISK YOUTH, AGES 12-17, THROUGH AFTER-SCHOOL STRUCTURE, SUPERVISION AND EDUCATION. 14 KIDS HAD A SAFE, PRODUCTIVE PLACE TO BE, LEARN AND GROW AFTER SCHOOL. 755 DIRECT SERVICES HOURS TO KIDS.*YOUTH COURT PROVIDES TEEN VOLUNTEERS MEANINGFUL SERVICE LEARNING AS THEY SERVE AS JUDGE AND JURY FOR THEIR PEERS WHO HAVE BEEN CHARGED WITH AN OFFENSE. KIDS ARE HELD ACCOUNTABLE FOR THEIR ACTIONS IN POSITIVE, EDUCATIONAL WAYS. 100 KIDS REFERRED FOR PROGRAMMING. 18 YOUTH VOLUNTEERS GAVE 372 HOURS OF TIME.*ATTENDANT CARE HELPS KEEP KIDS OUT OF JAIL BY PROVIDING SHORT-TERM CARE AND SUPERVISION IN A SAFE, NON-INSTITUTIONAL SETTING. 108 KIDS WERE KEPT SAFE IN SUPERVISED SETTINGS.**THERAPY SERVICES**ABOUND COUNSELING BRINGS QUALITY, AFFORDABLE COUNSELING TO PEOPLE IN COMMUNITIES ACROSS NORTH DAKOTA. THE THERAPY NETWORK MATCHES EXPERIENCED THERAPISTS WITH INDIVIDUALS AND FAMILIES WHO ARE SEEKING CARE. *LUTHER HALL HELPS KIDS AGES 10-17 IN A HOME-LIKE MENTAL HEALTH SETTING WITH ON-SITE SCHOOL AND THERAPY SERVICES. AT LUTHER HALL, KIDS ARE IN A SAFE AND CARING ENVIRONMENT WHERE THEY CAN LEARN ABOUT THEMSELVES, HOW TO ADDRESS THE CHALLENGES THEY ARE FACING, AND FIND WAYS TO BUILD STRONGER RELATIONSHIPS WITH THEIR FAMILIES.*FAMILY COUNSELING HELPS FAMILIES STAY TOGETHER BY PROVIDING INTENSIVE THERAPY TO FAMILIES WHO HAVE A CHILD WHO IS AT HIGH RISK OF BEING PLACED OUTSIDE THE HOME AND IS INVOLVED WITH THE JUVENILE JUSTICE SYSTEM.*DIVERT CONNECTS WITH FAMILIES THAT HAVE CHILDREN EXHIBITING RISKY BEHAVIORS TO HELP THEM IDENTIFY DIFFICULTIES AND STRENGTHS, SET GOALS FOR IMPROVEMENT AND USE COMMUNITY RESOURCES TO GET THE HELP THEY NEED. IN CY18, 89 YOUTH WERE DIVERTED FROM ENTERING THE JUVENILE JUSTICE SYSTEM. *GAMBLERS CHOICE HELPS RESOLVE THE EMOTIONAL, RELATIONSHIP AND FINANCIAL PROBLEMS THAT RESULT FROM PROBLEM GAMBLERS' ADDICTION. WE SUPPORT THEM AND THEIR FAMILIES IN THEIR JOURNEY TO BREAK FREE FROM GAMBLING ADDICTION AND CHART A PATH TOWARD RECOVERY. 103 GAMBLERS FOUND HELP.*VIOLENCE FREE HOLDS MEN AND WOMEN WHO HAVE COMMITTED ACTS OF DOMESTIC VIOLENCE ACCOUNTABLE THROUGH GROUP THERAPY TO CHANGE THEIR BELIEF SYSTEMS FOR SAFETY AND RESPECT IN THEIR SIGNIFICANT PARTNER RELATIONSHIPS. 80 MEN AND WOMEN LEARNED HOW TO HAVE RESPECTFUL RELATIONSHIPS WHERE POWER AND CONTROL ARE NOT USED.*FREE THROUGH RECOVERY IS A COLLABORATIVE EFFORT THROUGH A CONTRACT WITH THE STATE OF NORTH DAKOTA. THROUGH THIS PROGRAM, OUR TRAINED PROFESSIONALS ENGAGE WITH INDIVIDUALS STRUGGLING WITH BEHAVIORAL HEALTH ISSUES - TO INCREASE RECOVERY SUPPORT TO THOSE INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM. 119 CLIENTS WERE SAVED.**AFFORDABLE HOUSING** (NOTE: LSSND'S HOUSING WORK IS CARRIED OUT THROUGH A SUBSIDIARY, LUTHERAN SOCIAL SERVICES HOUSING, INC.)*HOUSING DEVELOPMENT - LSSND WORKS WITH LOCAL LEADERS TO IDENTIFY CRITICAL COMMUNITY NEEDS AND THEN IDENTIFY APPROACHES FOR MEETING THEM THAT HAVE THE BEST CHANCE FOR SUCCESS. TO ADDRESS SHORTAGES, WE BUILD AND RENOVATE TO PROVIDE NEW, AFFORDABLE HOUSING. *PRESERVATION - WORKS WITH COMMUNITIES AND LOCAL PARTNERS TO ACQUIRE, REHABILITATE AND, ULTIMATELY, PRESERVE EXISTING AFFORDABLE HOUSING UNITS IN RURAL NORTH DAKOTA COMMUNITIES.*PROPERTY MANAGEMENT - LSSND MANAGES THE AFFORDABLE MULTI-FAMILY HOUSING PORTFOLIO OWNED BY LSSND, AS WELL AS UNITS OWNED BY OTHER ORGANIZATIONS AND INDIVIDUALS AROUND THE STATE. THE PROPERTY MANAGEMENT TEAM IS COMMITTED TO BEING BOTH COMPASSIONATE AND COMPETENT, OFFERING DAY-TO-DAY ON-SITE MANAGEMENT WHILE ALSO ADDRESSING INDIVIDUAL TENANT NEEDS. 1,741 PEOPLE LIVED IN HOMES MANAGED BY LSSND.*ISAIAH INVESTMENTS - GIVES PEOPLE AND BUSINESSES A CHANCE TO INVEST IN AFFORDABLE HOUSING AND CHILD CARE IN NORTH DAKOTA THROUGH SOCIAL IMPACT LOANS. THE FUND PROVIDES INVESTORS WITH A MODEST RETURN WHILE FACILITATING POWERFUL COMMUNITY CHANGE.**SENIOR INDEPENDENCE**SENIOR COMPANIONS - SENIOR ADULTS VOLUNTEER THEIR TIME TO PROVIDE LIFE-AFFIRMING COMPANIONSHIP TO HELP OLDER ADULTS MAINTAIN THEIR INDEPENDENCE AND CONTINUE LIVING IN THEIR OWN HOMES, AS WELL AS RESPITE CARE TO FAMILY CAREGIVERS TO HELP AVOID CAREGIVER BURNOUT. 75,181 HOURS OF COMPANIONSHIP WERE GIVEN TO 645 SENIORS BY 73 VOLUNTEERS. *VOLUNTEER COMPANIONS - LSSND OPENS THE DOORS TO VOLUNTEER COMPANIONS OF ALL AGES, WHO WANT TO SERVE AS A COMPANION TO A NORTH DAKOTA SENIOR. THIS SIMPLE ACT OF COMPANIONSHIP BANISHES ISOLATION AND BUILDS MEANINGFUL RELATIONSHIPS, WHICH ULTIMATELY HELPS SENIORS LIVE INDEPENDENTLY LONGER. THIS CONNECTED VOLUNTEERS AND CLIENTS PROVIDING 4,060 HOURS OF COMPANIONSHIP BY 19 VOLUNTEERS SERVING 105 SENIORS.

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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
LUTHERAN SOCIAL SERVICES OF ND

Employer identification number
45-0226421

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	35,004,831	36,394,943	9,531,048	8,449,851	9,999,379	99,380,052
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	35,004,831	36,394,943	9,531,048	8,449,851	9,999,379	99,380,052
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) . . .						7,421,007
6	Public support. Subtract line 5 from line 4.						91,959,045

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	35,004,831	36,394,943	9,531,048	8,449,851	9,999,379	99,380,052
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	285,169	81,186	64,504	133,762	347,176	911,797
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .	24,324	29,368	16,619	7,385	170	77,866
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						100,369,715

12 Gross receipts from related activities, etc. (see instructions) **12** 25,010,644

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.620 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	89.660 %

16a **33 1/3% support test—2018.** 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

b **33 1/3% support test—2017.** 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

17a **10%-facts-and-circumstances test—2018.** 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

b **10%-facts-and-circumstances test—2017.** 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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>		
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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 45-0226421

Name: LUTHERAN SOCIAL SERVICES OF ND

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

2018
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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 SERVICES OF ND	Employer identification number 45-0226421
--	--

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) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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 ▶ \$ _____

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

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		7,634
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			7,634
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 G:	LSSND STAFF PROVIDED TESTIMONY AND DATA TO EDUCATE STATE LEGISLATORS ABOUT ISSUES IMPACTING THE ORGANIZATION'S MISSION AND DELIVERY OF SERVICES ACROSS THE STATE OF NORTH DAKOTA.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
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 the latest information.

Name of the organization
LUTHERAN SOCIAL SERVICES OF ND

Employer identification number
45-0226421

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,254,320	1,759,470	1,486,432	1,172,642	1,423,648
b Contributions			122,422	369,287	64,279
c Net investment earnings, gains, and losses	-14,385	139,297	182,583	2,429	19,105
d Grants or scholarships					
e Other expenditures for facilities and programs		644,447	24,240	57,926	334,390
f Administrative expenses			7,727		
g End of year balance	1,239,935	1,254,320	1,759,470	1,486,432	1,172,642

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 82.060 %
 - b** Permanent endowment ▶ 15.460 %
 - c** Temporarily restricted endowment ▶ 2.480 %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,510,063		1,510,063
b Buildings		9,061,240	2,061,649	6,999,591
c Leasehold improvements		235,046	130,011	105,035
d Equipment		1,880,459	1,431,511	448,948
e Other		202,615	172,297	30,318
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				9,093,955

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) DUE FROM RELATED PARTIES	11,594,366
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	11,594,366

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	
SPECIAL ASSESSMENTS	434,552
ANNUITIES PAYABLE	27,732
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	462,284

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-0226421

Name: LUTHERAN SOCIAL SERVICES OF ND

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INCOME IS TRANSFERRED TO OPERATIONS TO BE USED TO RUN THE AGENCY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>LSS OF ND IS ORGANIZED AS A NORTH DAKOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. LSS OF ND IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, LSS OF ND IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. LSS OF ND FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME. MANAGEMENT BELIEVES LSS OF ND HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. LSS OF ND WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.</p>

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)
		TASTE OF THE WORLD (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	15,966			15,966
2	Less: Contributions	12,426			12,426
3	Gross income (line 1 minus line 2)	3,540			3,540
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,540

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
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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

2018

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 SERVICES OF ND

Employer identification number 45-0226421

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.
3 Enter total number of other organizations listed in the line 1 table.

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) CASE RELIEF, EMERGENCY SERVICES, CASH ASSISTANCE, CLOTHING, HOUSING EXPENSES, FOOD, EMPLOYMENT ASSISTANCE, AND OTHER PROGRAM EXPENSES FOR REFUGEES	425	218,428			
(2) TRAVEL, INSURANCE, BOARDING CARE, RECOGNITION, MEDICAL, ALLOWANCES, AND GIFT ASSISTANCE FOR SENIOR COMPANION PARTICIPANTS	645	265,799			
(3) CHILD CARE SUPPORT SERVICES, EXTENDED SERVICES, PROGRAM AND VOLUNTEER EXPENSES	4369	418,478			
(4) FOOD, CLOTHING, EQUIPMENT, BUILDING SUPPLIES, PERSONAL SUPPLIES, TRAVEL, AND EDUCATION ASSISTANCE	259	21,206			
(5) DISASTER RELIEF	35	277,246			
(6) CASE RELIEF, RENT ASSISTANCE, TRANSPORTATION, MEDICAL, THERAPY SERVICES FOR CLIENTS SERVED BY THE FREE THROUGH RECOVERY, IMAGINE THRIVING AND HUMAN TRAFFICKING SURVIVORS PROGRAMS	119	28,073			
(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:	ASSISTANCE IS PROVIDED TO NEEDY INDIVIDUALS DETERMINED ON A CASE BY CASE BASIS. THE INDIVIDUALS MUST INDICATE WHAT THE ASSISTANCE WILL BE USED FOR PRIOR TO RECEIVING ASSISTANCE. THE NEW AMERICANS PROGRAM DIRECTOR AND STATE REFUGEE COORDINATOR ROUTINELY MEET WITH THE ORGANIZATIONS RECEIVING GRANT FUNDS. THEY MONITOR THEIR BUDGETS AND COMPARE THE ORGANIZATIONS' ACTIVITY REPORTS WITH THE ACTIVITIES DEFINED IN THE CONTRACTS.

Additional Data**Software ID:****Software Version:****EIN:** 45-0226421**Name:** LUTHERAN SOCIAL SERVICES OF ND**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
AFRO AMERICAN DEVELOPMENT ASSOCIATION 1132 28TH AVE S MOORHEAD, MN 56560	47-2210302	501 (C)(3)	53,910				TO PROVIDE CASE MANAGEMENT AND EMPLOYMENT SERVICES TO ELIGIBLE REFUGEE INDIVIDUALS WHO ARE NEW IN THE COMMUNITY, AND ARE ENROLLED IN TANF-PROGRAMMING THROUGH THE COUNTY.
SOMALI COMMUNITY DEVELOPMENT OF NORTH DAKOTA INC 2305 MAIN AVENUE FARGO, ND 58103	26-2551743	501 (C)(3)	9,760				TO PROVIDE CASE MANAGEMENT AND EMPLOYMENT SERVICES TO ELIGIBLE SECONDARY REFUGEES WHO HAVE MOVED TO CASS COUNTY IN RECENT MONTHS.

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
BISMARCK PUBLIC SCHOOL DISTRICT 1200 COLLEGE DR BISMARCK, ND 58501	45-6000242	BISMARCK P SCHL	12,800				TO PROVIDE ENGLISH LANGUAGE LEARNING SERVICES FOR ADULT REFUGEES IN AN EFFORT TO GAIN SELF-SUFFICIENCY OR TO ENHANCE THEIR ELL SKILLS IN ORDER TO ACCOMPLISH A LEVEL OF COMPETENCE FOR EMPLOYMENT, TRAINING, AND/OR NEW COMMUNITY ADJUSTMENT.
FAMILY HEALTHCARE CENTER 301 NP AVENUE FARGO, ND 58102	45-0430628	501 (C)(3)	56,832				TO PROVIDE REFUGEE HEALTH MENTORING SERVICES TO REFUGEE ARRIVALS TO INCLUDE HEALTH ORIENTATION INFORMATION FOR NEWLY ARRIVING REFUGEES, HEALTH CURRICULUM PRESENTATIONS, AND HOME VISITATION BY TRAINED ETHNIC COMMUNITY HEALTH MENTORS. TO PROVIDE NURSE CASE MANAGEMENT SERVICES TO REFUGEE ARRIVALS TO INCLUDE REVIEW OF HEALTH AND MEDICAL RECORDS FOR ARRIVING REFUGEES, HEALTH SCREENING ACTIVITIES, AND PREPARATION FOR MEDICAL EXAMINATION.

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
FARGO CASS PUBLIC HEALTH 1240 25TH STREET S FARGO, ND 58103	45-6002069	FARGO CASS P HLTH	8,385				TO PROVIDE NURSE CASE MANAGEMENT SERVICES TO REFUGEE ARRIVALS TO INCLUDE TESTING OR FOLLOW UP FOR CARE RELATED TO TB, IMMUNIZATIONS, OR OTHER CHRONIC OR INFECTIOUS DISEASES IN COORDINATION WITH OTHER HEALTH AND MEDICAL PROVIDERS.
SPECTRA HEALTH 212 S 4TH STREET SUITE 200 GRAND FORKS, ND 58201	27-0056777	501 (C)(3)	16,845				NURSE COORDINATION, INITIAL SCREENING, INTERPRETATION, REFERRALS/MEDICAL HOME COORDINATION

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
FARGO PUBLIC SCHOOLS 415 N 4TH ST FARGO, ND 58102	45-6000294	FARGO P SCHL	1,431	815	FMV	TRAINING	TO PROVIDE ENGLISH LANGUAGE TRAINING FOCUSED TOWARDS SELF-SUFFICIENCY FOR ADULT REFUGEES WHO HAVE BEEN IN THE COUNTRY FOR LESS THAN 5 YEARS.
FARGO PUBLIC SCHOOLS 415 N 4TH ST FARGO, ND 58102	45-6000294	FARGO P SCHL	21,620	820	FMV	TRAINING	TO PROVIDE CITIZENSHIP CLASSES TO ELDER REFUGEES AGE 60 AND UP.

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
FARGO PUBLIC SCHOOLS 415 N 4TH ST FARGO, ND 58102	45-6000294	FARGO P SCHL	55,647	901	FMV	TRAINING	TO PROVIDE ENGLISH LANGUAGE TRAINING FOR ADULT REFUGEES WHO ARE NEW TO THE COUNTRY.
FARGO PUBLIC SCHOOLS 415 N 4TH ST FARGO, ND 58102	45-6000294	FARGO P SCHL	38,101	903	FMV	TRAINING	TO PROVIDE ENGLISH LANGUAGE TRAINING AND OTHER SERVICES INCLUDING BUT NOT LIMITED TO ACADEMIC SUPPORT AND INTEGRATION TO CHILDREN AND YOUTH IN K-12.

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
NORTH DAKOTA STATE COLLEGE OF SCIENCE 1305 19TH AVE N FARGO, ND 58102	45-6002451	ND STATE COLLEGE	12,196				TO PROVIDE ENGLISH LANGUAGE LEARNING SERVICES FOR ADULT REFUGEES IN AN EFFORT TO GAIN SELF-SUFFICIENCY OR TO ENHANCE THEIR ELL SKILLS IN ORDER TO ACCOMPLISH A LEVEL OF COMPETENCE FOR EMPLOYMENT, TRAINING, AND/OR NEW COMMUNITY ADJUSTMENT.
WEST FARGO PUBLIC SCHOOLS 207 MAIN AVE W WEST FARGO, ND 58078	45-6000298	W FARGO P SCHL	39,198				TO PROVIDE ENGLISH LANGUAGE TRAINING FOR NEW ARRIVING REFUGEES AND FOR THOSE IN THE UNITED STATES FOR UP TO 3 YEARS FROM DATE OF US ARRIVAL.

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
GRAND FORKS PUBLIC SCHOOLS - ALC 500 STANDFORD ROAD UNIT B GRAND FORKS, ND 58203	45-6000607	GRAND FORKS P SCHL	15,151				TO PROVIDE ENGLISH LANGUAGE LEARNING SERVICES FOR ADULT REFUGEES IN AN EFFORT TO GAIN SELF-SUFFICIENCY OR TO ENHANCE THEIR ELL SKILLS IN ORDER TO ACCOMPLISH A LEVEL OF COMPETENCE FOR EMPLOYMENT, TRAINING, AND/OR NEW COMMUNITY ADJUSTMENT.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SOCIAL SERVICES OF ND

Employer identification number
45-0226421

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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</p>	1b									
<p>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 in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>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</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LUTHERAN SOCIAL SERVICES OF ND

Employer identification number 45-0226421

Part I Bond Issues

Table with 9 main columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: CITY OF MADDOCK, 45-6002117, 04-14-2017, 5,611,000, REFINANCE LINE OF CREDIT AND PAYOFF LOAN.

Part II Proceeds

Table with 17 rows and 4 main columns (A, B, C, D) for amounts. Rows 14-17 include Yes/No columns for bond issuance details.

Part III Private Business Use

Table with 2 rows and 4 main columns (A, B, C, D) for Yes/No answers regarding private business use of bond-financed property.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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▶ **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 SERVICES OF ND

Employer identification number
45-0226421

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	X		0	FAIR MARKET VALUE
6 Cars and other vehicles	X	1	0	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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	X	7	0	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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**

	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 is not 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?		No
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 did not 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, LINE 33:	THE ORGANIZATION RECEIVED THE FOLLOWING TYPES OF NON-CASH CONTRIBUTIONS THAT ARE NOT REPORTED IN REVENUES: CLOTHING AND HOUSEHOLD GOODS HOLDING A FAIR MARKET VALUE OF \$23,783 1 VEHICLE HOLDING A FAIR MARKET VALUE OF \$1,600 FOOD INVENTORY HOLDING A FAIR MARKET VALUE OF \$413 THE ORGANIZATION ALSO RECEIVED NON-CASH DONATIONS OF SERVICES SUCH AS PROFESSIONAL FEES, ROOM AND EQUIPMENT RENTALS, GIFT CARDS, AND CELL PHONE CREDITS HOLDING A FAIR MARKET VALUE OF \$3,014

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.

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2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

LUTHERAN SOCIAL SERVICES OF ND

Employer identification number

45-0226421

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE LSSND BYLAWS WERE AMENDED DUE TO THE EXIT OF THE LUTHERAN CHURCH MISSOURI SYNOD AS A CORPORATE MEMBER OF LSSND ADN TO CHANGE THE NAME OF THE BOARD DEVELOPMENT COMMITTEE TO THE EXECUTIVE COMMITTEE. THIS AMENDMENT CHANGED THE NUMBER OF AT-LARGE DIRECTORS INCLUDED IN THE 14-MEMBER BOARD FROM 4 TO 6.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATE MEMBERS OF LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA ARE THE EASTERN NORTH DAKOTA AND THE WESTERN NORTH DAKOTA SYNODS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THERE SHALL BE FOURTEEN MEMBERS OF THE BOARD OF DIRECTORS (HEREAFTER REFERRED TO AS THE BOARD). THE EASTERN NORTH DAKOTA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA SHALL ELECT OR APPOINT THREE DIRECTORS; IN ADDITION, THE BISHOP, OR THE BISHOP'S DESIGNEE, SHALL ALSO SERVE FROM THE EASTERN NORTH DAKOTA SYNOD OF THE ELCA. THE WESTERN NORTH DAKOTA SYNOD SHALL ELECT OR APPOINT THREE DIRECTORS; IN ADDITION, THE BISHOP, OR THE BISHOP'S DESIGNEE, SHALL ALSO SERVE FROM THE WESTERN NORTH DAKOTA SYNOD OF THE ELCA. SIX AT-LARGE DIRECTORS SHALL BE ELECTED BY THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE VP OF OPERATIONS AND FINANCE WILL REVIEW THE 990 AND IT WILL BE POSTED TO THE LSND BOARD SHAREPOINT SITE WITH EMAIL NOTIFICATIONS FOR BOARD MEMBER REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND EMPLOYEES HAVE THE RESPONSIBILITY TO GIVE NOTIFICATION IF THEY HAVE A CONFLICT OR POTENTIAL CONFLICT OF INTEREST. BOARD MEMBERS ARE NOT ALLOWED TO VOTE ON ANY ISSUE WHERE THERE IS A POTENTIAL CONFLICT OF INTEREST. ALL POTENTIAL CONFLICTS ARE REVIEWED AND IT IS DETERMINED IF A CONFLICT EXISTS BY THE CEO WITH CONSULTATION BY THE BOARD AND/OR LEGAL COUNSEL IF NECESSARY. THE BOARD OF DIRECTORS, EMPLOYEES, VOLUNTEERS AND PAID CONSULTANTS ARE ALL COVERED BY THE POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT OF THE BOARD WORKS WITH THE DIRECTOR OF HUMAN RESOURCES ON A FORMAT FOR ELECTRONIC REVIEW OF COMPENSATION. THIS REVIEW COULD ALSO INCLUDE SOME EMPLOYEES AND/OR OUTSIDE INTERESTS SUCH AS PEERS AND PASTORS. THE PRESIDENT OF THE BOARD RECEIVES THE OVERALL ORGANIZATIONAL COMPENSATION INCREASES. A COMMITTEE MEETS TO DISCUSS REVIEW RESULTS, PERCENTAGE INCREASE AND ANY OTHER POTENTIAL INCREASE SUCH AS BONUS OR MERIT PAY. COMPARABILITY DATA IS ALSO EXAMINED. THE CEO'S COMPENSATION IS DISCUSSED WITH THE FULL BOARD OF DIRECTORS. THE COMPENSATION PACKAGE GOES INTO EFFECT ON THE CEO'S ANNIVERSARY DATE. THE ORGANIZATION DOES A SIMILAR REVIEW USING COMPARABILITY DATA FOR ALL OFFICERS AT LEAST EVERY 5 YEARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ANNUAL REPORT IS PUBLISHED ON THE ORGANIZATION'S WEBSITE. IT IS ALSO MAILED TO PRESENT AND POTENTIAL DONORS AND IS AVAILABLE AT LUTHERAN SOCIAL SERVICES OFFICES. ABBREVIATED FINANCIAL INFORMATION IS INCLUDED IN THE ANNUAL REPORT. THERE ARE NO OTHER POLICIES OR DOCUMENTS ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WOULD ALSO BE AVAILABLE UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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 SERVICES OF ND

Employer identification number

45-0226421

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) LUTHERAN SOCIAL SERVICES HOUSING INC 3911 20TH AVE S FARGO, ND 58103 26-2358686	PROVIDING AFFORDABLE HOUSING	ND	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA	Yes	
(2) LUTHERAN SOCIAL SERVICES JAMESTOWN INC 3911 20TH AVE S FARGO, ND 58103 27-3425920	RENTAL UNITS FOR ELDERLY	ND	501(C)(3)	LINE 7	LUTHERAN SOCIAL SERVICES HOUSING INC		No
(3) GOETZ MENTAL WELLNESS INITIATIVE 3334 14TH AVE S FARGO, ND 58106 46-3828944	EMPOWERS MENTAL WELL-BEING FOR ALL AGES	ND	501(C)(3)	LINE 7	LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA	Yes	
(4) LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA FOUNDATION INC 3911 20TH AVE S FARGO, ND 58103 46-5446813	PROVIDES SUPPORT TO FUND HUMAN SERVICE PROGRAMS AND INITIATIVES OF LSSND	ND	501(C)(3)	LINE 7	LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LSS HOUSING TIOGA LP PO BOX 2148 FARGO, ND 58107 27-1976384	RENTAL HOUSING	ND	N/A	N/A				No			No	
(2) LSS HOUSING WILLISTON LP PO BOX 2148 FARGO, ND 58107 45-4359570	RENTAL HOUSING	ND	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LSS HOUSING TIOGA LLC PO BOX 2148 FARGO, ND 58107 27-1976245	26 UNIT RENTAL HOUSING PROJECT	ND	N/A	C					No
(2) LSS HOUSING WILLISTON LLC PO BOX 2148 FARGO, ND 58107 32-0363168	AFFORDABLE SENIOR HOUSING	ND	N/A	C					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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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) LUTHERAN SOCIAL SERVICES HOUSING INC	D	10,565,354	END OF YEAR BALANCE
(2) LUTHERAN SOCIAL SERVICES HOUSING INC	Q	237,569	ACTUAL AMOUNT

Part VII **Supplemental Information**

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

Return Reference	Explanation