Form **990**

Extended to November 15, 2018 2949334204903

Return of Organization Exempt From Income Tax

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

2017

ty numbers on this form as it may be made public.

`	Do not enter social security
Department of the Treasury	Do not enter social security
Internal Payanua Conyan	► C- 4

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

2017	
Open to Public	
Inspection	

		e 2017 calendar year, or tax year beginning and	ending					
rij)	Check if applicable	C Name of organization		D Employer identific	cation number			
- Γ	Addre	LUTHERAN DEVELOPMENT GROUP, INC.						
Ē	Name			47-46	681983			
Ē	Initial return	All and the second seco	Room/suite	E Telephone number				
Ē	Final	2846 C CRAND BLVD	Troom, ounc	314-518-6696				
_	return termir ated			G Gross receipts \$	644,475.			
Г	Amen	ded CATAM LOUTC NO 62110		H(a) Is this a group re				
F	return Applic tion		ΔN	for subordinates				
_	pendi		•••	H(b) Are all subordinates in				
	Tax-ex	empt status	or 527		list (see instructions)			
<u>.</u>		te: > http://www.ldgstl.org	1	H(c) Group exemption				
		forganization: X Corporation Trust Association Other	I Year		State of legal domicile: MO			
	art I	Summary	1					
<u> </u>	T .	Briefly describe the organization's mission or most significant activities Luth	eran D	evelopment (Group			
Governance		rebuilds communities near our city's chu						
<u> </u>	2	Check this box if the organization discontinued its operations or dispo						
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4			
		Number of independent voting members of the governing body (Part VI, line 1b)		4	4			
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	5			
. <u>.</u>	6	Total number of volunteers (estimate if necessary)		6	<u>y</u>			
:	7.	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Ă	1 ' 6	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
_	+ •	Net differenced business taxable income from 1 offi 330-1, line 54		Prior Year	Current Year			
	. 8	Contributions and grants (Part VIII, line 1h)		103,564.	17,500.			
Revenue	9	Program service revenue (Part VIII, line 2g)		30,375.	626,890.			
Š	40		-	0.	0.			
å	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	85.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	133,939.	644,475.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		91,788.	181,240.			
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	91,788.	0.			
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	50					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 5,0	50.	67,044.	231,966.			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	158,832.	413,206.			
		Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)		-24,893.	231,269.			
= 5	g 19	Revenue less expenses Subtract line 18 from line 12	Po	ginning of Current Year	End of Year			
Assets or	g 00	Total assets (Part X, line 16)	Ве	54,975.	605,206.			
SSE	일 20	•	-	21,343.	363,516.			
Net	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	<u> </u>	33,632.	241,690.			
	art II	Signature Block		33,032.1	241,050.			
_		lities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ents, and to the hest of my	knowledge and belief it is			
		et, and complete. Declaration of preparer (other than officer) is based on all information of wi			, Milotriougo una Bollot, it io			
114	0, 001100	the distribution of property (other than emost) is desce on all information of the	mon propersi	1/-14-	/\$			
Sig	nn.	Signature of officer	 	Date	/ U			
He	-	CHRISTOPHER SHEARMAN, EXECUTIVE DIREC	ጥଠR					
110	.1 C	Type or print name and title			<u></u>			
		Print/Type preparer's name Preparer's signature	0	ate Check	PTIN			
Pa	id		won	11/8/18 If self-employe	P01202759			
	parer		PA's	Firm's EIN	37-1231621			
	e Only	Firm's address 6240 S. Lindbergh, Ste 101						
		St. Louis, MO 63123	COEN	/FD Phone no. 31	4-845-7999			
M:	v the IF		(ECEI)					
	001 11-2	8-17 I HA For Panerwork Reduction Act Notice see the separate in Control	ons	ダグー	Form 990 (2017)			
/32		RS discuss this return with the preparer shown above? (see instructions) 8-17 LHA For Paperwork Reduction Act Notice, see the separate in the city of the see Schedule O for Organization Mission S	7QY 1.9	2018 COME inva	tion			
	Ç	oo bonedate o for organizacion mission b	- Care		,			
			GDEN	IIT	4			
		<u> </u>	JULIN	,	•			

Forn	n 990 (2017) LUTHERAN DEVELOPMENT GROUP, INC.	47-4681983 Page 2
Pa	It III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission None	
		101.5 5 1994.
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
3	If "Yes," describe these new services on Schedule O 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported (Code) (Expenses \$ 359, 267. including grants of \$) (Revenue)	ue\$ 626,975.)
70	Lutheran Development Group has started the process of re	
	communities near the city's churches through real estate	
	community initiatives, ministry investment, and church e	engagement.
		
		
4b	(Code) (Expenses \$	ue \$)
		<u>_</u>
4c	(Code) (Expenses \$	ue\$)
		-
4d		1
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 359.267.	

Form **990** (2017)

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7,	
	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	_3		X
4,	·····			₹.
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ء ا		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	88		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ŀ	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ŀ	ŀ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			ŀ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		•	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	İ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		[\
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	w
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	1,7
	complete Schedule G, Part III	19	000	X (0047)
		Form	990	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did'the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
20a b		20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ŀ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			ļ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}]
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~ -	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		v
~~	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	X	i
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-41	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	~~		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is troated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		, 👓		

Form 990 (2017) Part V

(17) <u>LUTHERAN DEVELOPMENT GROUP, INC.</u>
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2 a	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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the spensoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

LUTHERAN DEVELOPMENT GROUP, INC. Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b 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? 11a b 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a .. .-... . b 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 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) 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

State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 ___

LUTHERN DEVELOPMENT GROUP - 314-518-6696

2846 S. GRAND , SAINT LOUIS, MO

` Form 990 (2	2Ò17) L	UTHERAN	DEVELOPMENT	GROUP,	INC.	47-4681983	Page 7
Part VII	Compensation o	f Officers, D	irectors, Trustees	, Key Empl	oyees, F	lighest Compensated	

Employees, and Independent Contractors

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

Saatian A	Officers	Directors	Tructooc	Ko	y Employees	and His	abact Can	hoteonear	Employees
Jeculon A.	Officers.	. Directors.	HUSIEES	116	A PINIDIOAGES	, allu mi	411621 COII	ipelisateu	riiibiolee2

- 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 componsated employees (other than an officer, director, trustee, or key employee) who received report able 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, and 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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Cerai	10 4 0	110010	7	100)	from	from related	other
	(list any	recto	1					the	organizations	compensation from the
	hours for related	or d	_ <u>_</u>		1	sated		organization (W-2/1099 MISC)	(W-2/1099-MISC)	organization
	organizations	aste	l frus		, 25	ngu		(44.2/1099 141130)		and related
	below	galt	tona	_	gr	st cor	, .			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) CHRISTOPHER SHEARMAN	40.00		-			† 				
PRESIDENT				X				48,347.	0.	0.
(2) MATTHEW MILLER	1.00			ł				li .		
CHAIRMAN & TREASURER				X		<u> </u>		0.	0.	`0.
(3) NICOLE GILBERT	1.00					ĺ				•
VICE PRESIDENT & VICE CHAIRMAN				X			ļ	0.	0.	0.
(4) SARAH BERNHARDT	1.00	ļ								0
SECRETARY		-	_	Х	-	┢		0.	0.	0.
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Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		1	(F) stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Рог шег	the organization (W 2/1099-MISC)	organizations (W-2/1099-MIS	_	org ar	npensa rom th ganizat d relat anizati	e ion ed
,			=	5	0	ž	×Ξ	Ξ.						

														·
	Sub-total Total from continuation sheets to Part	VII Section A						>	48,347.		0.			0
	Total (add lines 1b and 1c)							<u> </u>	48,347.		0.			0
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 of reportable	е			
													Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		istee	e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on		3		X
4	For any individual listed on line 1a, is the		le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$1	-		•								4		X
5	Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	•						elate	ed organization or indivi	dual for services		5		Х
Sec	ction B. Independent Contractors	inpiete ochedan	5 0 11	<i>51</i> 30	icii j	<i>J</i> C/3	011		·					
1	Complete this table for your five highest of	compensated inc	depe	nde	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of com	pens	ation	from	
	the organization Report compensation for	or the calendar y	ear e	endir	ng w	uth c	or wi	thin		rear			<u> </u>	
	(A) Name and busines	ss address	NC	NE	<u> </u>			_	(B) Description of s	ervices	C		C) nsatio	n
_														
_														
	·											_		
2	Total number of independent contractors	(including but n	ot lir	nited	of to	thos	se lis	ted	above) who received m	ore than				

\$100,000 of compensation from the organization

L		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
ra u		Membership dues	1b					
οğ.		Fundraising events	1c			:		
ar /		Related organizations	1d					1
S,E		Government grants (contribu	tions) 1e					
P S		All other contributions, gifts, gran						
ž į		similar amounts not included abo	1 1	17,500.				
ΞÓ	a	Noncash contributions included in lines	s 1a-1f \$			<u> </u>		
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		17,500.]
				Business Code	-			
ģ.	2 a	DEVELOPER FEE H	REVENUE	531390	626,890.	626,890.		
٦	b							_
Se	c							
e a	d							
Program Service Revenue	е						-	
ď	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f		>	626,890.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶				<u> </u>
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						İ
		and sales expenses						
:	С	Gain or (loss)						
		Net gain or (loss)		•				
e		Gross income from fundraising	-					
Other Reven		including \$	of					
Вè		contributions reported on line						
ē		Part IV, line 18	a					
₹		Less direct expenses	. b					
		Net income or (loss) from fund						
	9 a	Gross income from gaming a			ļ			
		Part IV, line 19	a .	-	İ			
		Less direct expenses	b					
		Net income or (loss) from gan		—				
	10 a	Gross sales of inventory, less						
		and allowances	а	-				•
		Less cost of goods sold	b	L				+
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	ne	Business Code	, , , , , , , , , , , , , , , , , , ,	25		1
		MISCELLANEOUS_		531390	85.	85.		
	b			 				-
	C			 				 -
į	d				0.5			
		Total. Add lines 11a-11d		P	85. 644,475.	626,975.	0	. 0.
l	12	Total revenue. See instructions.		_	U 14 14 / J 4 / J 6	040,313.		•

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) \mathbf{x} Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 164,618. 123,463. 41,155. 7 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,209 2,406. 803. Other employee benefits 9 13,413 10,060. 3,353. 10 Payroll taxes Fees for services (non-employees) Management Legal b Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 196,524 196,524. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 528. 264 264. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,502 3,502. 20 Payments to affiliates 21 660. 330 330. Depreciation, depletion, and amortization 22 2,544. 1,908. 636. Insurance 23 Other expenses. Itemize expenses not covered 24 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.) 15,417 15,417. a DEVELOPMENT 5,050. 5,050. MARKETING 3,308. 1,161 c MISCELLANEOUS 4,469. d SMALL EQUIPMENT 1,199. 600. 599 2,073. 1,485. 588 e All other expenses 5,050. 413,206. 359,267. 48,889 Total functional expenses Add lines 1 through 24e 25 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 following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X	•		
	,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,339.	1	9,231.
	2	Savings and temporary cash investments	··	2		
	3	Pledges and grants receivable, net		3	·	
	4	Accounts receivable, net	30,375.	4	438,240.	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa-	ated employees Complete			
		Part II of Schedule L			_5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L	<u> </u>	6	
Assets	7	Notes and loans receivable, net			7	
¥	8	inventories for sale or use	L	20,261.	8	152,067.
	9	Prepaid expenses and deferred charges		315.	9	3,028.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 3,300.	_		
	b	Less: accumulated depreciation	10b 660.	0.	10c	2,640.
	11	Investments - publicly traded securities	L		11	
	12	Investments - other securities See Part IV, line 1	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets	<u> </u>		14	
	15	Other assets. See Part IV, line 11	Ļ		15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	55,290.	16	605,206.
	17	Accounts payable and accrued expenses	_	0.	17	150,000.
	18	Grants payable	<u> </u>	17,500.	_18	0.
	19	Deferred revenue	_	<u></u>	19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete I			21	
es	22	Loans and other payables to current and former	l l			
:		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L	<u> </u>		22	-
_	23	Secured mortgages and notes payable to unrela	1		23	162 604
	24	Unsecured notes and loans payable to unrelated	·	20,261.	24	163,694.
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17 24) Complete Part X of	7 100		40 000
		Schedule D	-	7,108.		49,822.
	26	Total liabilities. Add lines 17 through 25		44,869.	26	363,516.
		Organizations that follow SFAS 117 (ASC 958				
ès		complete lines 27 through 29, and lines 33 an	d 34.	10 401		241 600
and	27	Unrestricted net assets	-	10,421.	27	241,690.
Bal	28	Temporarily restricted net assets			28	
5	29	Permanently restricted net assets	. — H		29	
Ŀ	1	Organizations that do not follow SFAS 117 (A	SC 958), check here			
ō	}	and complete lines 30 through 34.]			
sets	30	Capital stock or trust principal, or current funds	<u> </u>	·	30	
As	31	Paid in or capital surplus, or land, building, or eq			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	10 401	32	241 600
~	33	Total net assets or fund balances	ļ-	10,421.	33	241,690.
	34	Total liabilities and net assets/fund balances		55,290.	34	605,206.

`• Form	990 (2017) LUTHERAN DEVELOPMENT GROUP, INC.	47-	4681983	Pag	е 12
Pa	rt 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	644	, 47	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 20	
3	Revenue less expenses Subtract line 2 from line 1	3	231	, 26	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	, 63	32.
5	Net unrealized gains (losses) on investments	5		.,	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-23	, 21	11.
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	241	.,69) 0.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contàins a response or note to any line in this Part XII		-		<u> X</u>
1	Accounting method used to prepare the Form 990	0	_ []	Yes	No_
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	.	2a		Х
Lu	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	• • • •		v	
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both	e basis,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		İ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	ıt		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization

Employer identification number

				00115115 GD 0115	****		1	4	7 4601002)
Pa	rt I	Reason for Public (OPMENT GROUP			e instructions		<u>7-4681983</u>	,
		ization is not a private found							 	
1	Oigaii	A church, convention of ch							n1	
2	\equiv	A school described in secti					· //~//·		9) +	
3	H	A hospital or a cooperative					u)		0'	
<u>ی</u>	Ħ	A medical research organiz					-	(ui). Enter	the hospital's nan	ne.
4	لــا	city, and state	ation operated in co	njunction with a nospital	OCOCIDO	3 117 300010	11 17 0(5)(1)(5)	,(III). C	aro ricopital o rial.	,
_		An organization operated for	or the benefit of a co	illege or university owner	d or opera	ted by a or	nvernmentalı	init describ	ed in	
5		- ·		mege of aniversity office	a or opera	tou by a g	o vomino mar e	0000112		
_		section 170(b)(1)(A)(iv). (C		montal unit decoribed in	coetion 1	70/61/41/61	(w)			
6	믕	A federal, state, or local gov An organization that norma	~					he general	nublic described	ın
7	LXJ			intial part of its support i	rom a gov	emmema	drift of front t	ne general	public described	
_		section 170(b)(1)(A)(vi). (C		(4)(4)(4)() (Complete Dod	. 11 \					
8	님	A community trust describe	• •				onation with a	land arant	aallaaa	
9		An agricultural research org								
		or university or a non land g	grant college of agric	culture (see instructions)	Enter the	name, city	, and state of	the colleg	e or	
	$\overline{}$	university			<u> </u>					<u> </u>
10		An organization that norma	•							
		activities related to its exen								
		income and unrelated busing		(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 19	/5
	_	See section 509(a)(2). (Cor	mplete Part III)							
11	\sqsubseteq	An organization organized a	•	•	-					
12	Ш	An organization organized a								or
		more publicly supported or							Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and	d 12g		
а			anization operated, s	supervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting	
		organization You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with if	ts support	ed organizatio	n(s), by ha	ving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functional	lly integrate	ed with,	
		its supported organization								
d		Type III non-functionally						rted organi	zation(s)	
_		that is not functionally int								
		requirement (see instruct								
е		Check this box if the orga						II. Type III		
٠		functionally integrated, or					, ,,,			
•	Ente	er the number of supported of	* *	many management cappers						
'		vide the following information	•	ed organization(s)						
я	110	i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of o	ther
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instru	ctions)
				above (see instructions)						
						}				
										
									<u> </u>	
						 				
		<u> </u>				ļ <u>.</u>				
						[

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

Se	ction A. Public Support			,		T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			İ			
	include any "unusual grants ")			93,624.	103,564.	17,500.	214,688.
2	Tax revenues levied for the organ-						
	ızatıon'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			93,624.	103,564.	17,500.	214,688.
5	The portion of total contributions					ļ	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			,			
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						8,912.
_6	Public support. Subtract line 5 from line 4						205,776.
Sec	ction B. Total Support			,		.	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(ь) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			93,624.	103,564.	17,500.	214,688.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	,					
	assets (Explain in Part VI)	1					_
11	Total support. Add lines 7 through 10						214,688.
	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					<u>▶□</u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11,	column (f))		14	<u>95.85 %</u>
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			$\triangleright x$
b	33 1/3% support test - 2016. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	
h	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		_	•	•		s ▶□
<u></u>		s.cc. onock a			,		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **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?
- Old 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	•		
	2		
	3a		
	_ ou		
	3b		
	3c		
	4a		
	4b		
	4c		
	5 a		
	5b		
	5c		
	ٔ م		
	6		
	7		
			_
	8		
	-		
	9a		
	9b		
	9c		
	10a		_
	404		
_	10b	V E7	2017

		<u> 17-468198</u>	83 P	<u>age 5</u>
Ра	rt IV Supporting Organizations (continued)		7	T
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		+
	A family member of a person described in (a) above?	11b	 	┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	<u> </u>	
Sec	ction B. Type I Supporting Organizations		Ti	Τ
			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	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	+	+
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		Ì	
Soc	supervised, or controlled the supporting organizations	2		Ь
Sec	ction C. Type II Supporting Organizations		7,,,,	T
	When a second of the appropriate diseases and release disease the territories and the diseases.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s)	1.1		ــــــــــــــــــــــــــــــــــــــ
Sec	ction D. All Type III Supporting Organizations		l v	LNa
			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?	1	+	+
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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	+	\vdash
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? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard	3		<u> </u>
	ction 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 yea(see instr	uctions).		
a				
b		· (ooo instruction	201	
C		(See instruction		l Na
2	Activities Test Answer (a) and (b) below.		Yes	No
а		İ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ł	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ł	
	how the organization was responsive to those supported organizations, and how the organization determined	0.5		
	that these activities constituted substantially all of its activities	2a_	 	
b	·			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}		1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	<u>2b</u>	+	
3	Parent of Supported Organizations Answer (a) and (b) below.	1	ŀ	1
а			ł	1
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>	 	┼
b				1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			<u></u>

Sche	edule A (Form 990 or 990 EZ) 2017 LUTHERAN DEVELOPMENT GF	ROUP,	INC.	47-4681983 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must continue to the continue of the conti			
Sect	tion 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			l
	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		
Sect	ion 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).			
a	Average monthly value of securities	1a		/ "
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			<u>'</u>
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 pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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 pnor year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		···	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non functional		ed Type III supporting or	ganization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2017

S'che	dule A (Form 990 or 990 EZ) 2017 LUTHERAN DEVE			<u>47-4681983 Page 7</u>
Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposos	- · · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	he organization is responsive	е	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	·		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason			
	able cause required- explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
С	From 2014			<u> </u>
<u>d</u>	From 2015			
e	From 2016			<u> </u>
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	···		
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			<u> </u>
C	Remainder Subtract lines 4a and 4b from 4	·		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h	ı		
	and 4b from line 1. For result greater than zero, explain in			-
	Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990 EZ) 2017 LUTHERAN	DEVELOPMENT (GROUP, INC.	47-4681983 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, line 1, Part IV, Section D, lines 2 and 3, Part Section D, lines 5, 6, and 8, and Part V, Sec (See instructions)	e the explanations required , 5a, 6, 9a, 9b, 9c, 11a, 11b t IV. Section E. lines 1c, 2a.	by Part II, line 10, Part II, li , and 11c, Part IV, Section 2b. 3a, and 3b, Part V, line	ne 17a or 17b, Part III, line 12, B, lines 1 and 2, Part IV, Section C, 1, Part V, Section B, line 1e, Part V,
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			- 	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LUTHERAN DEVELOPMENT GROUP, INC.

Employer identification number 47-4681983

Pa	rt I Organizations Maintaining Donor Advise	ed 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 a	dvisors in writing that grant funds can be us	sed only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring						
	impermissible private benefit?		Yes No						
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)							
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	ically important land area						
	Protection of natural habitat	Preservation of a certific	ed historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of							
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements								
b	Total acreage restricted by conservation easements		2b						
C	Number of conservation easements on a certified historic str	• •	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, re-	leased, extinguished, or terminated by the c	organization during the tax						
	year -								
4	Number of states where property subject to conservation ear								
5	Does the organization have a written policy regarding the per		—						
_	violations, and enforcement of the conservation easements i		└ Yes						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year						
_									
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year						
	Does each conservation easement reported on line 2(d) above	re natiofic the requirements of eastern 170/b)	MAMPMA						
8		re satisfy the requirements of section 170(ff)	((4)(□)(I) Yes No						
0	and section 170(h)(4)(B)(ii)?	on comments in its volume and symmes a							
9	In Part XIII, describe how the organization reports conservati	•							
	include, if applicable, the text of the footnote to the organization passements	non's imancial statements that describes th	e organization's accounting for						
Pai	conservation easements t III Organizations Maintaining Collections or	Art. Historical Treasures, or Oth	per Similar Assets.						
	Complete if the organization answered "Yes" on Form	-							
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art						
	historical treasures, or other similar assets held for public exh	**							
	the text of the footnote to its financial statements that descri		,						
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical						
-	treasures, or other similar assets held for public exhibition, ed								
	relating to these items	addition, or resource, in termination or passi	Society provides the ranking amount						
	(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 trea	sures or other similar assets for financial o							
_	the following amounts required to be reported under SFAS 1		Jamil Provido						
•		To place items.	▶ \$						
a	a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								

		N DEVELOPM				or Otho			81983	
	·									
3	Using the organization's acquisition, accessi	on, and other record	os, cned	ck any of the	tollowing tha	at are a sig	gnineant	use of its	collection i	tems
_	(check all that apply) Public exhibition	_								
a		(i	hange progr					
b	Scholarly research	€	•	Other						
C	Preservation for future generations Provide a description of the organization's co	alloctions and evalu	ın havı t	thou further t	he ereanizet	ion's aven	ant nurn	nco in Dar	Y01	
4	During the year, did the organization solicit of	•		•	•			JSO III F ai	AIII	
5	to be sold to raise funds rather than to be ma					iei Sirilliai	assets		Yes	☐ No
Pai	rt IV Escrow and Custodia! Arran					"Vos" on	Form 991) Part IV		<u> </u>
	reported an amount on Form 990, Pa		C (e organizatio	ili alisweled	163 011	. 0 55.	J, 1 alt 14,		
12	Is the organization an agent, trustee, custod		diary foi	r contribution	ns or other as	sets not	included			
ıa	on Form 990, Part X?	an or other michines	a.a.y 10.		10 01 011101 01	30013 1101			Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				<u> </u>	J 100	
	ii 100, Oxplain tilo altaligomore ii t alt ziii		,	14510					Amount	
_	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f	-		
-	Did the organization include an amount on Fe	orm 990. Part X. line	21. for	escrow or c	ustodial acco	ount liabili			Yes	☐ No
	If "Yes," explain the arrangement in Part XIII						,	 -		
	rt V Endowment Funds. Complete r						0			
		(a) Current year	(b) l	Prior year	(c) Two yea	rs back (d) Three	ears back	(e) Four ye	ears back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , ,				,			, ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	1g, column (a	a)) held as					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	ered for th	e organi	zation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on 9	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a S	See Form 990), Part X, I	ine 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	/alue
		basis (investr		1	(other)	dep	reciation			
1a	Land									
	Buildings									
С	Leasehold improvements									
	Equipment				3,300.		6	60.	2	,640.
e	Other									
Γotal	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	mn (D), linc 1	0c)				2	,610.

(· •···· ••• • <u>-•··</u>	
	Other Securities

Ture viii			.	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value	(c) Method of v	Part X, line 12 aluation Cost or en	d of year market value
(1) Financial derivatives		(5)		
(2) Closely-held equity interests				
(3) Other				
(A)	· · · · · · · · · · · · · · · · · · ·			
(B)				
(C)				
(C)				
(E)				-
(F)				
(G)			· · · · · · · · · · · · · · · · · · ·	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			~ ~ ~ ~	
Complete if the organization answered "Yes" of	on Form 990, Part IV, (b) Book value	line 11c See Form 990,	Part X, line 13	d-of-year market value
(a) Description of investment	(b) Book value	(c) Method of V	aluation Cost of en	a or year market value
(1)			<u> </u>	·
(2)				
(3)				
(4)				
(5)				
(6)			· · · · · · · · · · · · · · · · · · ·	
(7)				
(8)				
(9)			. <u></u>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d See Form 990,	Part X, line 15	
(a) D	Description			(b) Book value
(1)				
(2)			<u> </u>	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15)			
Complete if the organization answered "Yes" of	on Form 990, Part IV.	line 11e or 11f See Form	n 990, Part X. line 2	5.
1. (a) Description of liability		(b) Book value	,	
(1) Federal income taxes				
(2) ACCRUED PAYROLL		46,320.		
(3) INTEREST PAYABLE		3,502.		
		3,3021		
(4)		· -		
(5)				
(6)				
(7)				
(8)		• •		
(9)	1			

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.

49,822.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

$\overline{}$	t XI Reconciliation of Revenue per Audited Financial State		ue ner Return	3 Page
L	Complete if the organization answered "Yes" on Form 990, Part IV, line		ide per Neturn.	
1	Total revenue, gains, and other support per audited financial statements	5 120	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		
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses 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	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
_	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	1.4-1	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a		
b	Add lines 4a and 4b	4b	40	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	١	4c 5	
	t XIII Supplemental Information.	<i>I</i>		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV lines 1h and 2h	Part V line 4 Part X line 2 Par	rt XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		1 art 4, 1110 4, 1 art 7, 1110 2, 1 a	744
Par	t X, Line 2:			
<u>The</u>	Organization adopted the provisions of	Accounting :	for Uncertainty	in
Inc	ome Taxes on July 16, 2015. The adopti	on of that g	uidance resulted	<u>l in</u>
no	change to the financial statements for	prior period:	s. As of December	er
		_		_
<u>31,</u>	2017, no amounts have been recognized	for uncertain	n tax positions.	. The
_		51 7 0045		
Org	anization's tax returns filed prior to	fiscal 2015 a	are closed.	
			 	
_				

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Schedule D (Form 990) 2017

ŠCHEDULE O

(Form'990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

LUTHERAN DEVELOPMENT GROUP, INC. Employer identification number 47-4681983

Form 990, Part I, Line 1, Description of Organization Mission:	
development, community initiatives, ministry investment, and churcl	<u>n</u>
engagement.	
Form 990, Part VI, Section B, line 11b:	
A COPY OF THE 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW	W AND
SIGNATURE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.	
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION PROVIDES ALL GOVERNING DOCUMENTS AND FINANCIAL ST	ATEMENTS
TO ANY INDIVIDUAL OR ORGANIZATION UPON REQUEST. THE ORGANIZATION'S	TAX
RETURN CAN ALSO BE OBTAINED FROM WWW.GUIDESTAR.ORG.	
Form 990, Part IX, Line 11g, Other Fees:	
PROFESSIONAL FEES:	
Program service expenses	196,524.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	196,524.
Total Other Fees on Form 990, Part IX, line 11g, Col A	196,524.
Form 990, Part XII, Line 2c:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES OVERSIGHT OF THE AUD	IT.

SCHEDULE R (Form 990) Name of the organization

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2017

OMB No 1545-0047

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

Employer identification number 47-4681983

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

Direct controlling 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 entity ε End-of year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(bx13) controlled ž entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Develop affordable housing Primary activity Name, address, and EIN of related organization

× × × 501(c)(3) 501(c)(3) 01(c)(3) Missouri issouri Missouri vacant/distressed property Develop affordable rentals by rehabilitating bldgs in Develop affordable housing nousing & supportive prop Provide affordable rental ouildings in low-income by rehabilitating by rehabilitating low-income areas LDG CHIPPEWA PARK LLC 1627 WASHINGTON AVE 3534 HAWTHORNE BLVD ST LOUIS MO 63104 63118 63103 1913 WITHNELL AVE 1913 WITHNELL AVE BPW DEVELOPER LLC ROOTED STL LLC ST LOUIS, MO ST LOUIS MO LDG NCST LLC

ngmt in low-income areas For Paperwork Reduction Act Notice, see the Instructions for Form 990. ST LOUIS MO 63118

501(c)(3)

Missouri

Schedule R (Form 990) 2017

See Part VII for Continuations

47-4681983

INC. LUTHERAN DEVELOPMENT GROUP, Schedule R (Form 990) 2017

Part III

Identrication 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

	V-UBI General or Percentage in box managing ownership hedule partner?	n 1065) Yes No	 			•				et had one or more related
Ξ	Code V-UBI amount in box	K·1 (Forn								4, because
Ξ	Disproportionate allocations?	Yes No				_				art IV, line 3
(6)	Share of end-of-year	2000								s" on Form 990, P.
ε	Share of total income									on answered "Ye
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								implete if the organizat
(Q	Direct controlling entity				 					oration or Trust. Co
<u>©</u>	domicile (state or	country)					,			as a Corp ng the tax
(p)	Primary activity				,					ganizations Taxable rporation or trust duri
(a)	Name, address, and EIN of related organization									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

, .				1		ı					
i) trion 5X13) colled tty?	Š										
(i) Section 512(bX13) controlled entity?	Yes										
(h) Percentage ownership											
(g) Share of end-of-year											
(f) Share of total income			-		•						
(e) ype of entity corp, S corp	or crossy	_		-	•						
(d) Direct contro entity							•				
(C) Legal domicile (state or foreign	country)										
(b) Primary activity											
(a) Name, address, and EIN of related organization											

Schedule R (Form 990) 2017

47-4681983 Page 3

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				200
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?	s with one or more re	lated organizations listed	n Parts II-IV?	S .
a Receipt of (i) interest, (ii) annutites, (iii) royalties, or (iv) rent from a controlled entity b Giff grant or capital contribution to related organization(s)	.			th X X
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				*
g Sale of assets to related organization(s)				
i Exchange of assets with related organization(s)				1ı X
j Lease of facilities, equipment, or other assets to related organization(s)				1 ₁ X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			± X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			th X
 Sharing of paid employees with related organization(s) 				10 X
 P Reimbursement paid to related organization(s) for expenses 				qt X
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				+ X
				1s X
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	who must complete the	is 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	volved
(1)				
(2)				
(3)				
(4)				
(5)				
9				
732163 09-11-17			Schedule	Schedule R (Form 990) 2017

47-4681983 . Pag

Schedule R (Form 990) 2017 LUTHERAN DEVELOPMENT GROUP, INC.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	tructions regarding exclu	sion for certain inve	estment partnerships							
(a)	(g)	(0)	(g)	(e)	(J)	(6)	(h)	()	(1)	(K)
Name, address, and EIN of entity	Primary activity	흜	Predominant income (related, unrelated, excluded from tax und	partners sec 501(c)(3) ler orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Disproper- Code V-UBI General or Percentage librations? of Schedule K-1 partner? ownership	General or F managing partner?	ercentage ownership
		country)	sections 512-514) Yes	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 LUTHERAN DEVELOPMENT GROUP, INC.	47-4681983 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
Part II, Identification of Related Tax-Exempt Organization	ons:
Name of Related Organization:	
BPW DEVELOPER LLC	
Primary Activity: Develop affordable housing by rehabilit	ating buildings
in low-income areas	
×	
NA A	
	-