Department of the Treasury

Internal Revenue Service

Extended to November 15, 2019 2949327100400 **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.

Open to Public Inspection

Α	For th	e 2018 calendar year, or tax year beginning and e	ending		
В	Check Is applicab	C Name of organization		D Employer identif	ication number
Г	Addre	LUTHERAN DEVELOPMENT GROUP, INC.			
F	Name	Daniel Landers		47-4	681983
Ē	Initial		er		
F	Final	2046 C CRAND BLVD	518-6696		
	termi		478,639.		
Г	Amer	ded CATNO LOUITC NO 62110		H(a) Is this a group r	
	Appli		N .	for subordinate:	
	pend	same as C above	. 2	H(b) Are all subordinates i	ncluded? Yes No
T	Tax-ex	empt status X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
J	Websi	te: ► http://www.ldgstl.org	$\nabla \mathcal{F}$	H(c) Group exemption	on number -
		forganization: X Corporation Trust Association Other	L Year	of formation: 2015 i	M State of legal domicile: MO
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: Luthe	eran D	evelopment	Group
Governance		rebuilds communities near our city's chur	ches	through rea	1 estate
r.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	șsets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	19
Activities &	6	Total number of volunteers (estimate if necessary)		. 6	26
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
	}			Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h)		17,500.	211,775.
enc	9	Program service revenue (Part VIII, line 2g)		<u>626,890.</u>	266,623.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85.	241.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		644,475.	478,639.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	}	0.	0.
es	15	Salaries, other compensation, employee benefits (Part Recurred Avines 5-10)	\	181,240.	312,668.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ا ـ ا	0.	0.
ă X	b	Total fundraising expenses (Part IX, column (D), 18 25) Other expenses (Part IX, column (A), lines 11a-1 el-11f-246)	6.	004 055	150 540
W	17	Other expenses (Part IX, column (A), lines 11a-1 d-11f-246) T 1 0 2013	<u> </u>	231,966.	152,748.
	18	Total expenses Add lines 15 17 (must equal rail ix colding toy, line 25)	<b>!</b> ⊢	413,206.	465,416.
	19	Revenue less expenses Subtract line 18 from line 12 OGDEN, UT	1 -	231,269.	
Net Assets or Fund Ralances			Re	ginning of Current Year	End of Year 2,443,159.
SSE	20	Total assets (Part X, line 16)	-	605,206. 363,516.	
E E	21	Total liabilities (Part X, line 26)		241,690.	2,188,246. 254,913.
뚭	22	Net assets or fund balances Subtract line 21 from line 20 Signature Block		241,090.	234,313.
	art II	lities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of m	w knowledge and helief it is
		intes of perjury, 1 declare that I have examined this return, including accompanying schedules at, and complete, Decla <u>rat</u> ion of preparer (other than officer) is based on all information of whi			iy kilowicage and belief, it is
true	, corre	st, and complete Declaration of preparer (other than officer) is based on an information of will	cii preparer	9/4/	19
۵.		Signapare of officer		Date	
Sig		CCHRISTOPHER SHEARMAN, EXECUTIVE DIRECT	ıOR		
He	re	Type or print name and title	OIC		-
			E	Date Check	PTIN
Da:	d	PrintyType preparer's name  SHAWN WILLIAMSON  Preparer's signature  SHAWN WILLIAMSON	vao	8/12/19 If self-employ	
Pai			A's	Firm's EIN	37-1231621
	parer	1010 - 1 21 1 01 100	5	THITSEIN	01 1001001
use	Only	Frm's address 6240 S. Lindbergh, Ste 101 St. Louis, MO 63123		Phone no 31	4-845-7999
NA-	u tha '	RS discuss this return with the preparer shown above? (see instructions)		i none no. J	X Yes No
<u>ivia</u>	y une I	13 discuss this return with the preparer shown above (see instructions)	ne		Form <b>990</b> (2013)

	990 (2018) LUTHERA	N DEVELOPMENT GROUP, INC.	47-4	681983 Page <b>2</b>
Pa	rt III Statement of Program Sei	-		
	Check if Schedule O contains a res	sponse or note to any line in this Part III		
•	Brioty Goodings the organization's missis			
2	Did the organization undertake any signif	ficant program services during the year which were i	not listed on the	
_	prior Form 990 or 990 EZ?	the second secon		Yes X No
	If "Yes," describe these new services on			
3		or make significant changes in how it conducts, any	program services?	Yes X No
4	If "Yes," describe these changes on Sch	edule O /ice accomplishments for each of its three largest pr		d bu avaanaa
•		ions are required to report the amount of grants and		
	revenue, if any, for each program service		anodationo to othoro, the to	nai experiede, aria
4a	(Code) (Expenses \$	315,120. including grants of \$	) (Revenue \$	266,864.)
	<u>Lutheran Development</u>	<u>Group has started the pro</u>	cess of rebuil	ding
		city's churches through r		
	community initiatives	<u>s, ministry investment, an</u>	<u>a cnurch engag</u>	ement.
				<del></del>
		<u> </u>		<del></del>
				··-
4b	(Code ) (Expenses \$	≀ncluding grants of \$	) (Revenue \$	)
			, <b>, ,</b>	,
		<del></del>	<del></del>	
4-	(- ) (-		\ /=	
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	··
				<del></del>
	<del></del>			-
			<del></del>	<del></del> -
4d	Other program services (Describe in Sche	dule O)		
	^	nctuding grants of \$ ) (Rever	nue \$	
<u>4e</u>	Total program service expenses	315,120.		Form <b>990</b> (2018)

orm	990	(201	8)

Form 990 (2018) LUTHERAN DEVELOPMENT GROUP, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	is the erganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			}
	If "Yes," complete Schedule A	1	X	<u> </u>
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			,,
	public office? If "Yes," complete Schedule C, Part I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		
_	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	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	<del> </del>	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>_</b>	<del> </del>	
Ū	Schedule D, Part III	8		Х
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	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			
	Part X, line 167 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	X	
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	40-	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	for the third control of the control	170		
Ü	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) LUTHERAN DEVELOPMENT GROUP, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			]
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			}
	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	[		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
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,"			
	complete Schedule L, Part II	26		<u>X</u>
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		<u>X</u> _
b	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		<u>X</u>
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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			••
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i j	- 1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u>X</u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	.		
	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	v	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Should be defined to define a respective of the to diff and it that a diff	ī	V 1	<u> </u>
•	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10		Yes	No_
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.		ŀ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	,	x	
	(Agrinourity) with mids to harse with least	_1c _		

Form 990 (2018) LUTHERAN DEVELOPMENT GROUP, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
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)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
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)?	<b>4</b> a		<u> X</u>
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?	<u>5</u> a	_	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_	ļ ļ	
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).		Ì	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	[	<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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.		Ì	
	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			
	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	İ		
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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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	1		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N	45		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	r	990 (	0040
		rorm	2721111	/III IX

Form 990 (2018)

LUTHERAN DEVELOPMENT GROUP, INC.

47-4681983 Page
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			$\mathbf{x}$
Sec	check is scredule o contains a response of note to any line in this rait vi			بدها
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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 1b 4			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		i	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		<u>X</u>
6	Did the organization have members or stockholders?	6		X
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?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		**
_	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a	İ	<u>X</u>
b	Other officers or key employees of the organization	15b		X
	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			
	taxable entity during the year?	16a		<u>X</u>
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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 🕨			
	LUTHERN DEVELOPMENT GROUP - 314-518-6696			
	2846 S GRAND BLVD, SAINT LOUIS, MO 63118			
		_	OOA /	0040

orm	aan	(2018)	
-01111	330	120101	

### LUTHERAN DEVELOPMENT GROUP, INC.

47-4681983

Page 7

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 lir	ne 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 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) Name and Title	(B) Average hours per week	(do	(C) Position (do not check more that box, unless person is b officer and a director/tr			than	one th an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Отпсег	Кеу етріоуее	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER SHEARMAN	40.00									
PRESIDENT	1.00	<u> </u>	<u> </u>	X		├	1	65,233.	0.	0
(2) MATTHEW MILLER	1.00								•	
CHAIRMAN & TREASURER	1 00		-	Х				0.	0.	0
(3) NICOLE GILBERT	1.00			,,	ŀ				^	^
VICE PRESIDENT & VICE CHAI	1 00	<del> </del>	<del> </del>	X		_		0.	0.	0
(4) SARAH BERNHARDT	1.00	ł		x				0.	0.	0
SECRETARY				Λ				0.	0.	0
										<del></del>
										-
				·				-		
								·		
		_								

Ра	rt VII Section A. Officers, Directors, True	II .	ploy	ees/			ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	İ	(C)					(D)	(E)			(F)	
	<ul> <li>Name and title</li> </ul>	Average	Unto I (do			nore	1 than	one	Reportable	Reportable			timate	
		hours per	box	, unle	ss pe	erson	is bot	th an		compensation	- 1	an	nount	
	•	week (list any	$\vdash$	T a	10 00	T	J// (10.5	1	from	from related			other	
		hours for	trustee or director		Ì	ļ	L		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	9 9 9	語		}	sated		(W-2/1099-MISC)	(00-2/1099-0013	··,		anızat	
		organizations	ruste	Institutional trustee		8	mper.		(11 2, 1000 111100)			_	d relat	
		below	Individual	ngou		Key emptoyee	S as	, i					anızatı	
		line)	P P	Instit	Officer	Keye	Highest compensated employee	Ротшег				_		
			1			ŀ								
							ľ	l						
		<del></del>		<del>                                     </del>			İ			•				
						i	1							
					-	<del>                                     </del>	┢┈	t						
			ł											
		<del> </del>	-					┢						
					ŀ									
		<del> </del>	-	-	l	$\vdash$								
			ł		1				}					
		<del>                                     </del>	$\vdash$	$\vdash$	<u> </u>		$\vdash$					<del>.</del>		
			ł											
				_		<u> </u>	<u> </u>	<del> </del>			-			
						İ					- 1			
					ļ									
			L				<u> </u>							
1b	Sub-total								65,233.		0.			0.
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	65,233.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	bove	e) wł	no re	eceived more than \$100	,000 of reportable	Э			
	compensation from the organization													(
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee.	orl	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s			•		•			•	•	ļ	3		Х
4	For any individual listed on line 1a, is the si		le co	mpe	ensa	ation	and	d oth	ner compensation from	the organization	Ì			
•	and related organizations greater than \$15									<b>3</b>		4		х
5	Did any person listed on line 1a receive or									dual for services	1			
3	rendered to the organization? If "Yes," com							O.Q.	od organization or man	334, 10, 30, 11, 33		5		х
Sec	tion B. Independent Contractors	ipiete Schedul	5 0 7	Ur St	1011	Ders	011	-			1			
	Complete this table for your five highest co		1000	ndo	nt o	ontr	ooto		hat recoved more than	\$100,000 of com	nene	ation f	rom	
1											pens	auom	10111	
	the organization. Report compensation for	the calendar y	eare	enaii	ng w	viti i	or w	um		/eai			••	
	(A) Name and business	addrass	37/	\&TT	,			ı	( <b>B)</b> Description of s	ervices	С	Ompe	∕) nsatio	n
	Name and business	2001033	MC	NE	<u>.                                    </u>			$\dashv$		0.7.000	<u>_</u>			
										<u> </u>				
									····	<del></del>				_
								_						
								- 1						
										1				
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than				
-	\$100,000 of compensation from the organi					(	_		, , , , , , , , , , , , , , , , , , , ,	ļ.	•			
	w. co, coo or compensation from the organi					<del></del>	_						990 (	

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII	<u>.</u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र इ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
Ē,E	c	Fd	1c					
iifts ar A	d	. B.4.4.4	1d					
S,E	e	0						
Sign	f	AD	· —	-				
her	•	similar amounts not included abo	1 1	211,775.				
돌	g			9,775.				
a S	_	Total. Add lines 1a-1f		<b>•</b>	211,775.			
				Business Code				
يو	2 a	DEVELOPER FEE F	REVENUE	531390	222,648.	222,648.		
Program Service Revenue	b	C. T. C. C. T. C.		531390	23,048.	23,048.		
	С	MOTORIA DE DECIS		531390	20,927.	20,927.		
e a B	d							
ρgα	е							
ا ته	f	All other program service reve	enue					
i	g	Total. Add lines 2a 2f		<b>&gt;</b>	266,623.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>				
ŀ	4	Income from investment of ta	x-exempt bond	oroceeds 🕨				<u> </u>
1	5	Royalties		<b>•</b>				
- 1			(ı) Real	(II) Personal				
I	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)		<u> </u>				
Ì	d	Net rental income or (loss)	·					
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
- 1	b	Less, cost or other basis	1	İ				
l		and sales expenses						
ŀ	С	Gain or (loss)						
	d	Net gain or (loss)		<b></b>				
ne ne	8 a	Gross income from fundraisin	ig events (not					
		including \$	of			`		
ě		contributions reported on line	1c) See	1				
Other Reven		Part IV, line 18	а					
ŧ	b	Less. direct expenses	b					
٥	C	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ad	ctivities See	]				
		Part IV, line 19	а					ļ
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<b>•</b>				<u> </u>
	10 a	Gross sales of inventory, less	returns					
- 1		and allowances	а			`		
	b	Less cost of goods sold	b			İ		
L	С_	Net income or (loss) from sale	s of inventory	<b>•</b>			· ·	ļ
Γ		Miscellaneous Revenu	ie	Business Code				
ſ	11 a	MISCELLANEOUS		531390	241.	241.		
- 1	b							
1	С							<del> </del>
- 1	d	All other revenue					<del></del>	<del> </del>
	е	Total. Add lines 11a-11d		<b>&gt;</b>	241.		· · · · · · · · · · · · · · · · · · ·	ļ
- 1	12	Total revenue See instructions		<b>▶</b>	478,639.	266,864.	0.	0.

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 respons		<del></del>	mpioto ocidinii (i y	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u></u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	i	1	{	
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	286,011.	185,907.	71,503.	28,601.
8	Pension plan accruals and contributions (include	200,011.	103,307.	71,303.	20,001.
O	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,435.	3,532.	1,359.	544.
10	Payroll taxes	21,222.	13,794.	5,306.	2,122.
11	Fees for services (non-employees)			3/444	
а		4,502.	4,502.		
b	Legal				
С	, <sup>-</sup> .	6,836.	6,836.		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,335.	1,168.	1,167.	
14	Information technology				
15	Royalties		0.440		
16	Occupancy	2,113.	2,113.	1 500	
17	Travel	3,045.	1,523.	1,522.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<del></del>		
19	Conferences, conventions, and meetings Interest	6,968.	6,968.		
20	Payments to affiliates	0,300.	0,900.		
21 22	Depreciation, depletion, and amortization	63,207.	31,604.	31,603.	
23	Insurance	8,092.	6,069.	2,023.	<del></del>
24	Other expenses. Itemize expenses not covered	- 0,0020			
_,	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 0)		, .		Þ
а	DEVELOPMENT	44,891.	44,891.		
b	MISCELLANEOUS	6,552.	5,083.	1,469.	
С	MARKETING	2,069.			2,069.
d	SMALL EQUIPMENT	1,306.	653.	653.	
е	All other expenses	832.	477.	355.	
25_	Total functional expenses Add lines 1 through 24e	465,416.	315,120.	116,960.	33,336.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1	}		
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	
022010	12-31-18				Form <b>990</b> (2018)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
		•	(A) Beginning of year		(B) End of year
	.1	Cash non-interest bearing	9,231.	1	49,104
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net	438,240.	4	440,674
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		l	
		Part II of Schedule L	<del>-</del> ·	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			
əts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	<del> </del>
•	8	Inventories for sale or use	152,067.	8	114,050 4,414
	9	Prepaid expenses and deferred charges	3,028.	9	4,414
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,898,784.			
	b	Less accumulated depreciation 10b 63,867.	2,640.		1,834,917
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		_13	<del></del>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	605 006	15	0 440 450
	16	Total assets. Add lines 1 through 15 (must equal line 34)	605,206.	16	2,443,159
	17	Accounts payable and accrued expenses	150,000.	17	88,413
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L	-	22	<del></del> · · · · · · · · · · · · · · · · · ·
	-	Secured mortgages and notes payable to unrelated third parties	163,694.	23	2,022,143
	24	Unsecured notes and loans payable to unrelated third parties	103,034.	24	2,022,143
	25	Other liabilities (including federal income tax, payables to related third		- 1	
-		parties, and other liabilities not included on lines 17-24). Complete Part X of	49,822.	05	77,690
	00	Schedule D  Tabel lie by lide and Add linear 17 through 25	363,516.	25 26	2,188,246
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and	303,310.	_20	2,100,240
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ő	07	Unrestricted net assets	241,690.	27	195,913
			241,090.	28	59,000
<u> </u>		Temporarily restricted net assets  Permanently restricted net assets	···	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here		29	
9		and complete lines 30 through 34.	~;	30	
រុំ		Capital stock or trust principal, or current funds		31	
Net Assets of Fund balances		Paid-in or capital surplus, or land, building, or equipment fund		32	
ا ت <u>ة</u>		Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	241,690.	33	254,913
Z 1	33		A ♥ I . [] 7 [] a		4J4.7LJ

Forn	n 990 (2018) LUTHERAN DEVELOPMENT GROUP, INC.	<u>47-468</u>	1983	Pa	ge 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			<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 16.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>23.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	241	<u>L,6</u>	<u>90.</u>
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			
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	254	<u>1,9</u>	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both		1 1		
	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,			
	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 Scho	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 Sir	ngle Audıt			
	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	red audit			
	or guidate, explain why in Schodule O and describe any stops taken to undergo such guidate		l ah l		

Form **990** (2018)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

				OPMENT GROUE					7-4681983
Pa	art I	Reason for Public	Charity Status (	All organizations must c	omplete th	ns part ) S	ee instruction:	3	<del> </del>
The 1 2 3 4	orga	anization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organizety, and state	nurches, or association tion 170(b)(1)(A)(ii). ( hospital service org	on of churches describe (Attach Schedule E (Formanization described in s	d in section m 990 or 9 ection 170	on 170(b)( 90·EZ) ) D(b)(1)(A)(ı	1)(A)(i).	)(in). Enter	the hospital's name,
5		An organization operated f section 170(b)(1)(A)(iv).	Complete Part II)		·			ınıt describ	oed in
6 7 8 9		A federal, state, or local go An organization that normal section 170(b)(1)(A)(vi). (C A community trust describ An agricultural research orgon university or a non-land- university.	ally receives a substa complete Part II.) ed in section 170(b) ganization described	antial part of its support (1)(A)(vi). (Complete Pai in section 170(b)(1)(A)	from a gov t II) (ix) operate	rernmental	I unit or from t	land-grant	college
10		An organization that normal activities related to its exeruncome and unrelated busing See section 509(a)(2), (Co	npt functions - subje ness taxable income	ct to certain exceptions	, and (2) no	o more tha	ın 33 1/3% of	its suppor	t from gross investment
11 12		An organization organized An organization organized more publicly supported or lines 12a through 12d that	and operated exclus ganizations describe describes the type o	ively for the benefit of, tood in section 509(a)(1) of supporting organization	o perform to or section to on and com	the function 509(a)(2) aplete lines	ons of, or to ca See <b>section 5</b> s 12e, 12f, and	6 <b>09(a)(3)</b> . 0 d 12g	Check the box in
a b	_	Type I. A supporting orgation the supported organization You must organization Type II. A supporting organization or management of the supporting organization or management or supporting organization.	on(s) the power to re complete Part IV, Se panization supervised	gularly appoint or elect a ections A and B. If or controlled in connec	a majority o	of the dire	ctors or truste	es of the s n(s), by ha	supporting
c		organization(s) You mus Type III functionally inte its supported organizatio	et complete Part IV, egrated. A supporting in(s) (see instructions	Sections A and C. g organization operated s) You must complete	ın connec Part IV, Se	tion with, a	and functional  D, and E.	lly integrati	ed with,
d	<u> </u>	Type III non-functionally that is not functionally interest requirement (see instruct	tegrated The organizations) You must con	zation generally must sa	tisfy a disti s A and D,	ribution re and Part	quirement and <b>V.</b>	d an attent	
e		Check this box if the organization functionally integrated, of ter the number of supported of	r Type III non-functio organizations	nally integrated support			атурет, туре	п, туре ш	
_g	Pro	ovide the following information (i) Name of supported organization	n about the supporte	ed organization(s) (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the orga in your governi <b>Yes</b>	nization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
								<del></del>	
								·	

# Schedule A (Form 990 or 990 EZ) 2018 LUTHERAN DEVELOPMENT GROUP, INC. 47-4681983 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>Se</u>	ction A. Public Support						
Cal	endas year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		93,624.	103,564.	17,500.	202,000.	416,688.
2	Tax revenues levied for the organ-						
	ization'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.	202,000.	416,688.
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)						181,164.
6	Public support. Subtract line 5 from line 4						235,524.
	ction B. Total Support	1					23373241
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(4) 2511	93,624.	103,564.	17,500.	202,000.	416,688.
	Gross income from interest,		30,0210		2,,500.	202,0001	
Ü	dividends, payments received on						
	securities loans, rents, royalties,					-	
	and income from similar sources						
_	Net income from unrelated business				· · · ·		
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)			. ,			416,688.
	Total support. Add lines 7 through 10					40	410,000.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	•	s tirst, second, third	i, tourth, or tiπh ta	x year as a sectioi	1 501(0)(3)	- □
50/	organization, check this box and store ction C. Computation of Publ	ic Support Per	rcentage				
	·		•	- L (A)			F6 F2 %
	Public support percentage for 2018 (I			olumn (t))	٠	14	56.52 %
	Public support percentage from 2017				4 - 00 4 /00/	15	95.85 %
16a	33 1/3% support test - 2018. If the c				4 IS 33 1/3% or m	iore, cneck this bo	
	stop here. The organization qualifies						. ►LX
b	33 1/3% support test - 2017. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	nızatıon	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
					Caba	dula A (Earm 000	~~ 000 E7\ 0040

Sch	nedule A (Form 990 or 990 EZ) 2018 I art III   Support Schedule for	UTHERAN I	DEVELOPMEN	NT GROUP,	INC.	47-468	31/983 Page 3
	(Complete only if you checke	-		•		Dank II. If the annual	
Se	qualify under the tests listed to ction A. Public Support			organization falle	o to quality under	Part II If the organ	ization fails to
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2016	(-) 2016	(d) 2017	(-) 5018	(D Total
	Gifts, grants, contributions, and	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	membership fees received (Do not		1				
	include any "unusual grants.")						
9	Gross receipts from admissions,				<del> </del>	<del>// </del>	
۷	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					<u> </u>	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				/		
	ızatıon's benefit and either paid to						
	or expended on its behalf			/	f .		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					.]	
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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	/	ľ				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here				·		<b>&gt;</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	nn (f), divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests / 2018. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						▶□
	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization		-			-	<b>▶</b> □

832023 10-11-18

# 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)

Se	ction A. All Supporting Organizations	<del></del>		
*******			Yes	No
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		Ì	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	ľ	
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	1		İ
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		T	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	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	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			$\vdash$
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			ļ
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		ł
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	140	<b></b>	$\vdash$
- Ou	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)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	- 5a		
D	designated in the organization's organizing document?	5b	i	
_	•			
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<b></b>	
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			ĺ
	benefited by one or more of its supported organizations, (ii) individuals that are part of the chantable class			
		İ		l
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ĺ
-	Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		<b></b>
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			ı I
	determine whether the organization had excess business holdings )	10b		

Sch	ledule A (Form 990 or 990-EZ) 2018 LUTHERAN DEVELOPMENT GROUP, INC. 4  art IV   Supporting Organizations (continued)	7-468198	33 P	age 5
	Capporting Organizations (continued)		T <sub>V</sub> ==	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b	<del> </del>	<del>                                     </del>
С	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.	11c		<b>†</b>
Sec	ction B. Type I Supporting Organizations		.1	
			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? 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,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	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		İ	
	Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization	2	<u> </u>	
Sec	ction 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)? 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)		L	
Sec	tion 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?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ļ	
	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		
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		1	
500	supported organizations played in this regard	3		
	tion 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 instru	ctions).		
a	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
b		'aaa matamatiana		
с 2	The organization supported a governmental entity Describe in Part VI how you supported a government entity ( Activities Test Answer (a) and (b) below.	see instructions		A1-
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	Yes	No
а	the supported organization(s) to which the organization was responsive? 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	1 1	- 1	
	that these activities constituted substantially all of its activities	2a	ŀ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		- 1	
	activities but for the organization's involvement	ah	- 1	
2	Parent of Supported Organizations Answer (a) and (b) below.	2b	+	
3	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>		- 1	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	$\dashv$	
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	]	
		3D	. <u> </u>	0040

Sch	edule A (Form 990 or 990-EZ) 2018 LUTHERAN DEVELOPMENT G	ROUP,	INC.	47-4681983 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of			
Sec	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			
	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)		. <u></u>	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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,			1
	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		
Sect	on 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	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

	edule A (Form 990 or 990-EZ) 2018 LUTHERAN DEVE 11t V Type III Non-Functionally Integrated 509			<u>47-4681983 Page 7</u>
	Type in test t anothericity integrated out	agagos Supporting Org	janizations (continued)	
	tion D - Distributions		····	Current Year
1	Amounts paid to supported organizations to accomplish exe	<del></del>	<del></del>	<u> </u>
2	, , , , , , , , , , , , , , , , , , , ,	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ons	<del> </del>
4	Amounts paid to acquire exempt-use assets			<del>-</del>
5	Qualified set-aside amounts (prior IRS approval required)		·	<del>-</del>
6	Other distributions (describe in Part VI) See instructions			<del>                                       </del>
<del>_7</del>	Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which t	h		<del></del>
8		ine organization is responsiv	/ <del>0</del>	
9	(provide details in Part VI) See instructions  Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<del></del>		
10_	Line o amount divided by line 3 amount		tin tin	···
Sect	tion 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 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017	Am by the terror and any y page of page 100 and 100 an		
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	·	,	
С	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 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result 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			
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016	,		
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E2	Z) 2018 LUTHER	AN DEVEL	OPMENT	GROUP,	INC.	47-4681983 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sect	Information. Prolines 1, 2, 3b, 3c, 4b tion D, lines 2 and 3,	ovide the explan , 4c, 5a, 6, 9a, 9 Part IV, Section	ations required b, 9c, 11a, 11l E, lines 1c, 2a	by Part II, II b, and 11c, F I, 2b, 3a, and	ne 10, Part II, line Part IV, Section B, 3b, Part V, line 1,	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V, additional information
•	(Coo manachons)	· · · · · · · · · · · · · · · · · · ·			·		
		, , , , ,					
<u>.</u>		•					
		- · · · -					
<del></del>				, <u>, , , , , , , , , , , , , , , , , , </u>			
		<del></del>					
		<del></del>				==:	
						<del></del>	
<del>-</del>							
			<del></del>				
	<del></del>				·		
		- wa-					
<del></del>			·				
· · · · · · · · · · · · · · · · · · ·							
			·	<del> </del>			*****

## **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

Employer identification number LUTHERAN DEVELOPMENT GROUP 47-4681983

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		·
		(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 v	writing that the assets held in donor advise	ed 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 u	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	[] []
	violations, and enforcement of the conservation easements it		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conse	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	ie organization's accounting for
Da	conservation easements t III   Organizations Maintaining Collections of	Art Historical Tracquires or Oth	an Cimilar Acasta
Pai			iei Siiilliai Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (ASI		
	historical treasures, or other similar assets held for public exhibits a set of the formula to t		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	,	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1	•	<b>\$</b>
_	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical trea	•	gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	<b>.</b>
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$

		IN DEVELOPI	<u> 1ENT</u>	GROUP	<u>, INC.</u>			<u> 47-4</u>	<u> 468198:</u>	3 Page <b>2</b>
Pa	rt III Organizations Maintaining (	Collections of A	rt, His	storical T	reasures,	or Oth	er Sin			
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	following th	at are a	significa	int use of	its collection	ı ıtems
	(check all that apply)			•	•		•			
а	Public exhibition		d 🗀	Loan or exc	change prog	rams				
b	Scholarly research		e 🗀	Other	5 , 5					
c	Preservation for future generations									
4	Provide a description of the organization's c	collections and expla	un how	they further t	the organiza	tion's exe	empt pu	rpose in l	Part XIII	
5	During the year, did the organization solicit of							•		
	to be sold to raise funds rather than to be m								Yes	☐ No
Pa	rt IV Escrow and Custodial Arran					"Yes" or	n Form 9	990. Part	IV. line 9. or	
	reported an amount on Form 990, Pa			J						
1a	Is the organization an agent, trustee, custod	lian or other interme	diary fo	r contributio	ns or other a	ssets no	tinclude	ed		
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table.						
								T	Amount	
С	Beginning balance						10			
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11		<del></del> -	
2a	Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or c	ustodial acc	ount liabi		<u>'</u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII							'	163	<b>=""</b>
	rt V Endowment Funds. Complete									
		(a) Current year		Prior year	(c) Two year			e years ba	ck (a) Four	years back
1a	Beginning of year balance	(a) continue	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nor your	(6) 1.00 )00	O GGOK	(0)	, o y ou i o ou	ON TOUR	years buck
b	Contributions				<del> </del>				<del>-</del>	
c	Net investment earnings, gains, and losses								<del> </del>	
d	Grants or scholarships				<del> </del>				-	
_	Other expenditures for facilities									
-	and programs								İ	
	Administrative expenses						<del></del>		<u> </u>	
'	· i		<del> </del>		<del></del>					
g	End of year balance	root woor and balance							l	<del></del>
2	Provide the estimated percentage of the curi	rent year end balant	•	rg, column (a	a)) neid as					
	Board designated or quasi endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neio a	na administe	erea for t	ne orga	nization	Γ,	
	by									Yes No
	(i) unrelated organizations							•	3a(i)	
	(ii) related organizations							•	3a(ii)	<del></del>
_	If "Yes" on line 3a(ii), are the related organiza								3b	1
Do:	Describe in Part XIII the intended uses of the		wment	funds						<del></del>
rai	t VI Land, Buildings, and Equipm		N D-4 II	/ l 44- 0	· 00/	. n-4 V	l 10			
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr		(b) Cost			ccumula preciatio		(d) Book	value
4	tond	Dasis (iiivesti		basis (	8,773.	ue)	o ocialit	<u></u>	150	,773.
	Land				8,173. $8,487.$		16	490.		,997.
	Buildings				5,528.			702.		,826.
	Leasehold improvements				5,073.			675.		,398.
d	Equipment Other				0,923.	<del></del>	, ر	<u> </u>		,923.
	. Add lines 1a through 1e (Column (d) must ed	aual Form 000, C=+	V ook							,9 <u>23.</u>
otal	. Aud intes la tillough le (Columni Ju) must et	quai ruiii 990, Part	$\wedge$ , colur	iii (D), IIITE T	007				1,004	<u>, , , , , , , , , , , , , , , , , , , </u>

Schedule D (Form 990) 2018

(1)		
(2)	·	
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>&gt;</b>	

| 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)_F	ederal income taxes	
(2) 1	ACCRUED PAYROLL	38,864.
(3)	INTEREST PAYABLE	6,364.
(4) 1	ACCRUED VACATION	12,407.
(5)	SECURITY DEPOSITS	20,055.
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 25.)	77,690.

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.

	dule D (Form 990) 2018 LUTHERAN DEVELOPMENT (			81983 Page 4
Par	·	•	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	line 12a	<del></del>	470 620
1	Total revenue, gains, and other support per audited financial statements		1	478,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 20 1		
a	Net unrealized gains (losses) on investments  Donated services and use of facilities	2a   2b	<del></del>	
b	Recoveries of prior year grants	2c 2c		
d	Other (Describe in Part XIII )	2d	<del> </del>	
e	Add lines 2a through 2d	[ 20 ]		0.
3	Subtract line 2e from line 1		2e	478,639.
4	Amounts included on Form 990 Part VIII, line 12, but not on line 1		3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
_	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.1	5	478,639.
	t XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part IV,		•	
1	Total expenses and losses per audited financial statements		1	465,416.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	. [	
ь	Prior year adjustments	2b		
c	Other losses	2c		
đ	Other (Describe in Part XIII)	2d		
é	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1		3	465,416.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	465,416.
Par	XIII Supplemental Information.			
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Part IV, lines 1b and 2b, Part V	, line 4, Part X, I	ine 2, Part XI,
ines 2	d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information		
				<del></del>
_				
Par	t X, Line 2:			·
Th.	Organization adopted the provisions	of Accounting for	Ilncerta	inty in
Tife	Organization adopted the provisions	or Accounting for	Oncerca	THEY III
Tna	ome Taxes on July 16, 2015. The adop	tion of that guid	ance rec	ulted in
<u> </u>	ome taxes on bury 10, 2015. The adop	cion or that gura	ance rep	urccu III
no	change to the financial statements fo	r prior periods.	As of De	cember
	change to the lindhelal Beatements to	r prior periods.	OI DO	<u> </u>
31	2018, no amounts have been recognize	d for uncertain to	ax posit	ions. The
<u>~ -                                   </u>	2010, 110 amounts have been recognized	4 101 411002 04111 0	<u> , , , , , , , , , , , , , , , , , ,</u>	
Ora	anization's tax returns filed prior t	o fiscal 2016 are	closed.	
			<del></del>	
			······································	
32054	10-29-18		Schedule	D (Form 990) 2018

832054 10-29-18

## **SCHEDULE 0**

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service 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 church
engagement.
Form 990, Part VI, Section B, line 11b:
A COPY OF THE 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW 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 STATEMENTS
TO ANY INDIVIDUAL OR ORGANIZATION UPON REQUEST. THE ORGANIZATION'S TAX
RETURN CAN ALSO BE OBTAINED FROM WWW.GUIDESTAR.ORG.
Form 990, Part XII, Line 2c:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES OVERSIGHT OF THE AUDIT.
•

Employer identification number Open to Public Inspection OMB No 1545-0047 .2018 47-4681983 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. INC. LUTHERAN DEVELOPMENT GROUP, Name of the organization SCHEDULE R (Form 990) Parti

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

(e)

ਉ

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

Schedule R (Form 990) 2018 (g) Section 512(b)(13) N<sub>0</sub> × × × controlled entity? Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) ਉ Legal domicile (state or foreign country) Missouri Missouri fissouri vacant/distressed property Missouri by rehabilitating bldgs in Develop affordable rentals Develop affordable housing Develop affordable housing housing & supportive prop Provide affordable rental mgmt in low-income areas ouildings in low-income Primary activity by rehabilitating oy rehabilitating .ow-income areas For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization LDG CHIPPEWA PARK LLC ST LOUIS MO 63118 ST LOUIS MO 63118 ST LOUIS MO 63103 3534 HAWTHORNE BLVD 1627 WASHINGTON AVE ST LOUIS, MO 63104 1913 WITHNELL AVE 1913 WITHNELL AVE BPW DEVELOPER LLC ROOTED STL LLC LDG NCST LLC

See Part VII for Continuations

832161,10-02-18 LHA

Page 2. 47-4681983

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 Part III

LUTHERAN DEVELOPMENT GROUP, INC.

Schedule R (Form 990) 2018

General or Percentage managing ownership			
al or Pe	0		
(j) General or managing partner?	D .		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1063)			
(h) Disproportionate allocations?	2		
(g) Share of end-of year assets			
(f) Share of total Income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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. Part IV

(a)	(q)	(3)	(b)	(e)	Ę	[5]	4	6
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legal domicie Direct controlling Type of entity (C corp., S corp, opunity) or trust)	Type of entity (C corp, S corp, or trust)	Share of total	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
								Yes
								-
	<del></del>							
	,							
832162,10-02-18						Sche	Schedule R (Form 990) 2018	990) 2018

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  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 rel	lated organizations listed	ın Parts II-IV?	Yes	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		)		1a	×
b Gift, grant, or capital contribution to related organization(s)				1p	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				<u>a</u>	×
f Dividends from related organization(s)				*	×
					<b> </b>
				19	<b>∢</b>  :
<ul> <li>Purchase of assets from related organization(s)</li> </ul>				£	×
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				=	×
July Lease of facilities, equipment, or other assets to related organization(s)				Ť.	×
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)	ınızatıon(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×
	on(s)			두	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
<ul> <li>Peimbursement paid to related organization(s) for expenses</li> </ul>				qt	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				÷ 4	××
If the answer to any of the above is "Yes," see the instructions for inform	who must complete th	is line, including covered	lation 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	nvolved	
(1)					
(2)					
(4)					
(5)					
(6)					
832163 10-02-18			Schedul	Schedule R (Form 990) 2018	0) 2018

16

Page 4

Schedule R (Form 990) 2018 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.

(a)		(0)	(a) (b)	(£)	(6)	ε	3	S	( <del>K</del>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income parimissis (related, unrelated, 501(c)(3) excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dispropor- tionate allocations?	United British Code V-UBI General or Percentage bunds amount in Dox 20 managing ownership of Schedule K-1 partner? ownership form 1065)	Beneral or F managing partner?	ercentage ownership
						6	(200	2	
			_			_			
								+	
						1		7	
							•		
						-			
								_	
								+	
							_		
								+	
			_						
						_	_		
				1				1	

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 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 Organizations:
Name of Related Organization:
BPW DEVELOPER LLC
Primary Activity: Develop affordable housing by rehabilitating buildings
in low-income areas