SCANNED DEC 0 6 2021

Extended to November 16, 2020949319800500

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.

and ending

Open to Public Inspection

В	Check applica	ble:	D Employer Identific	cation number
	Add	LUTHERAN DEVELOPMENT GROUP, INC.		
卢	■Nan		H 47 46010	02
⊱	cha Initla	ge Doing business as	47-46819	
누	Iretu	n Number and street (or P.U. Dox it mail is not delivered to street address) Room/sui	· 1	
L	Fina retu terri		314-518-	
	atec	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	789,366.
Ļ	Iretu	n SAINT LOUIS, MO 03118	H(a) Is this a group re	
L	App tion pen		for subordinates	
_		same as C above	H(b) Are all subordinates in	
		xempt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 55		list. (see instructions)
		lte: ► http://www.ldgstl.org	H(c) Group exemptio	
			ar of formation: 2015 A	State of legat domicile: MO
Ш	<u>art l</u>	 		
ø	1	Briefly describe the organization's mission or most significant activities: Lutheran		
Governance		rebuilds communities near our city's churches		
Ë	2	Check this box if the organization discontinued its operations or disposed of me	ore than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
9	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	27
<u>S</u>	6	Total number of volunteers (estimate if necessary)	6	0
ŧ	7	a Total unrelated business revenue from Part VIII, column (C) line 1りこしにIVにレ	7a	0.
•	1 1	Net unrelated business taxable income from Form 990-T, lines	Ω 7b	0.
	1	ହ୍ୱି NOV ୬ 2020	O Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)	<u>211,775.</u>	58,687.
ğ	9	Drawn and the revenue (Dark VIII time On)	266,623.	719,444.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d OGDEN. UT	0.	0.
ď	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241.	11,235.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	478,639.	789,366.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Donath and a section of the section (A) the section (A)	0.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	312,668.	481,540.
Expenses	15	a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ě	10			
Ä	` <u>_</u> '		152,748.	709,582.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	465,416.	1,191,122.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,223.	
	19	Revenue less expenses. Subtract line 18 from line 12		<u>-401,756.</u>
ts or	<u> </u>		Beginning of Current Year	End of Year 4,551,253.
Net Assets	20	Total assets (Part X, line 16)	2,443,159.	
et V	21	Total liabilities (Part X, line 26)	2,188,246.	4,698,096.
		Net assets or fund balances. Subtract line 21 from line 20	254,913.	-146,843.
	<u>art i</u>			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
tru	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	
			Data	, , — —
Sig	ın	Signature of officer	Date ///	1/20
He	re	CHRISTOPHER SHEARMAN, EXECUTIVE DIRECTOR		
		Type or print name and title		1
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	SHAWN WILLIAMSON //aun //lliamto	11/11/20 self-employ	ed P01202759
Pre	parer	Firm's name Fick, Eggemeyer & Williamson, CPA's	Firm's EIN	37-1231621
	e Only	Firm's address 6240 S. Lindbergh, Ste 101		• *
		St. Louis, MO 63123	Phone no. 31	4-845-7999
Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)	,	X Yes No
	001 01			Form 990 (2019)
		and the state of t		•

Pa	n.990 (2019) LUTHERAN DE It III Statement of Program Service A	EVELOPMENT GROUP, Accomplishments	INC. 4/	-4681983 Page 2
	Check if Schedule O contains a response			
1	Briefly describe the organization's mission:	None		
2			hich were not listed on the	Yes X No
3	If "Yes," describe these new services on Schode Did the organization cease conducting, or make	significant changes in how it cond	ducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule C Describe the organization's program service acc Section 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reported	complishments for each of its three e required to report the amount of		
4a		532. including grants of \$ oup rebuilds communication development,	<u>inities near our community initia</u>	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	·)
4d	Other program services (Describe on Schedule (Expenses \$ Including	O.) g grants of \$) (Revenue \$) /
4e	Total program service expenses ▶	882,532.		Form 990 (2019)

ABT OL 47-4681983 F

Page 3

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X If "Yes," complete Schedulo D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 19 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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

Form 990 (2019) 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			İ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Dld 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	ا ا		
	Schedule K. If "No," go to line 25a	24a	 -	X
	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	040		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	<u> </u>	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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		X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ł		ł
	entity (including an employee thereof) 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):		Ì	·
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	İ		1
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		ŀ	
	"Yes," complete Schedule L, Part IV	28c	├—	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	
34		34	x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Γ
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance Charlet Schedule O contains a recognition in this Bort V			
	Check if Schedule O contains a response or note to any line in this Part V			oxdot
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			长音
	Entor are member of the annotation and the annotation and the appropriate and annotation annotation and annotation and annotation and annotation and annotat) 4 5.	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1:	(()	
	(gambling) winnings to prize winners?	<u> 1c</u>	000	<u></u>
03200	4 01-20-20	Form	1 99U	(2019)

Form 990 (2019)

LUTHERAN DEVELOPMENT GROUP, INC.

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

			Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1					
	filed for the calendar year ending with or within the year covered by this return 2a 2	7						
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)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		ļ	X				
b		3b	-	<u> </u>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X				
þ		.]	İ	•				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	1	7.5				
5a		5a 5b	+	X X				
b								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u>5c</u>	 	├				
Oa	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> 0a</u>	 	-				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).		1					
·	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	F		İ				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
•	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	╝						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	ļ				
f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7 <u>h</u>		ļ				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			İ				
	sponsoring organization have excess business holdings at any time during the year?	. 8	┼	\vdash				
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?		 	 				
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	-						
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b	-	1 .					
b 11	Section 501(c)(12) organizations. Enter:	┪						
	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	-	! .				
_	amounts due or received from them.)	1						
12a	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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	J	<u> </u>				
	Note: See the instructions for additional information the organization must report on Schedule O.	·		19 3				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans		1.73	1				
C	Enter the amount of reserves on hand	 	 ``	\· <u> </u>				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		7	X				
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	. 15	+	X				
	If "Yes," see instructions and file Form 4720, Schedule N.		1 " ;					
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.	نــثـــ	1	1				

Form 990 (2019) 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
000	tion A. Governing body and Management			
4.	Fator the number of cutting and the control of the		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	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 on Schedule O.		, ,	
b	Enter the number of voting members included on line 1a, above, who are independent		ļ. ,	
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			
	of officers, directors, 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		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	··-		
а	The assessing had 0	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00	Δ	
9				v
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the executation have been been true to a state of the		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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.	1.	,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
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	r,		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	`. ·		ŕ
а	The organization's CEO, Executive Director, or top management official	15a		X
	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).		, 1-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		. ,
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		7:5	, , ,
			, 4,	
Soot	exempt status with respect to such arrangements?	16b		
				·
	List the states with which a copy of this Form 990 is required to be filed None			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	icial	
	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			
	3100 CHIPPEWA, SAINT LOUIS, MO 63118			

•					
Form, 990 (2019)	LUTHERAN	DEVELOPMENT	GROUP,	INC.	

<u>47-4681983</u>

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 line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

 See instructions for the order in which to list the persons above.

X Check this box if neither the organization (A)	(B)	T	111166) (2)	про	IIJQ	(D)	(E)	(F)	
Name and title	Average			Pos	itior)		Reportable	Reportable	Estimated	
Haine and the	hours per	(do	not c	heck	more	than is bot	one	compensation	compensation	amount of	
	week	offi	cerar	od a d	irecto	x/trus	tee)	from	from related	other	
	(list any	individual trustee or director						the	organizations	compensation	
	hours for related	, a	異		1	뵱		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	Z Ste	ğ		2		ł	(44-2/1099-141130)		organization and related	
	below	뺼	fiona		를		_			organizations	
	line)	ğ	institutional trustee	Officer	Key employee	Highest compensated employee	Ē			0.9424	
(1) LINDA DIEFENBACH	1.00	╁ <u>ᆕ</u>	<u> </u>	۳	 -		۳				
MEMBER		x			1			0.	0.	0.	
(2) MATTHEW MILLER	1.00	-				_	_			· · · · · · · · · · · · · · · · · · ·	
PRESIDENT & TREASURER		X		x				0.	0.	0.	
(3) NICOLE GILBERT	1.00			<u> </u>							
VICE PRESIDENT	2,30	x		x	1			0.	0.	0.	
(4) SARAH BERNHARDT	1.00	1		<u> </u>	\vdash		\vdash				
SECRETARY		x		x	l			0.	0.	0.	
(5) NADUM MEMBER-MENEH	1.00							3.3.			
MEMBER		\mathbf{x}			ł			0.	0.	0.	
(6) JON GRAF	1.00										
MEMBER		X						0.	0.	0.	
									-		
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Form 990 (2019) LUTHERAN	DEVELO	PM!	EN'	r (GRO	OU:	Ρ,	INC.	47-4	<u> 581</u>	<u>983</u>	F	ege E
Part VII Section A. Officers, Directors, True (A)	stees, Key Em (B)	ploy	/ ee s	, an ((d Hi C)	ghe	st C	Compensated Employe (D)	es (continued) (E)			(F)	
Name and title	Average	rage Position) than	one	Reportable	Reportable		E	stimat	:ed
	hours per week	box	, unle	iss pa	rson	is bo	th an	compensation	compensation from related		ar	nount other	
	(list any	ě						the	organization		corr	pens	
	hours for related	e or dir	<u>ag</u>	ļ		zi E	ĺ	organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)	ľ	rom th	-
	organizations	量	nal trus		83 <u>(</u>	ompen		(44-27 1099-141130)	1			aniza d rela	
	below	individual trustee or director	Institutional trustee	#3 #3	Кеу етрюуев	Highest compensated employee	Former				org	anizat	ions:
		Š	Ë	5	32	포팅	2		 	,			
		<u> </u>	_			L	ļ						
		-					i						
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		_			_	_	_		<u> </u>				
	1												
						<u> </u>	<u> </u>						
1b Subtotal	·····						•	0.		0.			0.
c Total from continuation sheets to Part V							>	0.		0		-	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							no re	0.	000 of reportable	0.			0.
compensation from the organization						.,							0
O Diddle and india the angle										ļ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		x
4 For any individual listed on line 1a, is the su	ım of reportab	e co	mpe	ensa	tion	and	oth	ner compensation from	the organization		7		1 .
and related organizations greater than \$15Did any person listed on line 1a receive or a											4	[27-2] .	X
rendered to the organization? If "Yes," com											5		X
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for										pens	ation 1	rom	
(A)		oai c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.g</u>	141	<u> </u>		(B)			(()	
Name and business	address	NC	NE	<u> </u>			-	Description of s	services	c	ompe	nsatio	'n
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							\dashv						
O Total number of independent contraction	noludina tut =	nė lie	nia -	1 4		o #-		about who we said a	ara th	<u> </u>		(- <u>-</u> - <u>/</u> -,-	- <u> </u>
2 Total number of independent contractors (i \$100,000 of compensation from the organization	or iiti	mre(0	inos O		red	above) who received in	ioie mail			≥ 334 =	:	

47-4681983 Form 990 (2019) LUTHERAN DEVELOPMENT GROUP, INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 58,687 g Noncash contributions included in lines 1a-1f 1g |\$ 58,687 h Total. Add lines 1a-1f **Business Code** 2 a DEVELOPER FEE REVENUE 531390 381,213 381,213 Program Service Revenue ь RENT 532000 <u>338,231.</u> 338,231 All other program service revenue 719,444 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Porsonal 6 a Gross rents l 6a earner b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory | 7a b Less: cost or other basis Other Revenue and sales expenses 7b d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous Revenue 531390 10,896 10,896 11 a MISCELLANEOUS 999999 **b** INTEREST

11,235.

789,366

730

679

0

d All other revenue

Total revenue. See instructions

e Total, Add lines 11a-11d

Form 990 (2019) LUTHERAN DEVELOPMENT GROUP, Part IX Statement of Functional Expenses

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

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			V	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				•
	persons (as defined under section 4958(f)(1)) and	j			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	407,146.	264,644.	101,787.	40,715
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,830.	5,089.	1,958.	783
10	Payroll taxes	66,564.	43,267.	16,641.	6,656
11	Fees for services (nonemployees):				
а	Management	15,655.	15,655.		
b	Legal				
C	Accounting	4,900.	4,900.		
đ	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	0 550	4 000	4 070	
13	Office expenses	8,559.	4,280.	4,279.	
14	Information technology				
15	Royalties	60 600	62 600		
16	Occupancy	63,608.	63,608.		
17	Travel	6,476.	3,238.	3,238.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	446 760	446 860		
20	Interest	116,768.	116,768.	·····	
21	Payments to affiliates	000 444	116 057	116 057	
22	Depreciation, depletion, and amortization	232,114.	116,057.	116,057.	
23	Insurance	45,777.	34,333.	11,444.	-
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DEVELOPMENT	183,335.	183,335.		
b	REPAIR AND MAINTENANCE	12,674.	12,674.		
c	LICENSE & PERMITS	9,717.	9,717.		
d	MISCELLANEOUS	5,832.	2,916.	2,916.	
_	All other expenses	4,167.	2,051.	2,051.	65
25	Total functional expenses. Add lines 1 through 24e	1,191,122.	882,532.	260,371.	48,219
<u>26</u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				

Form 990 (2019)
Part X | Balance Sheet

rą	π χ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			, <u></u>
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	49,104.	1	135,057
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	440,674.	4	165,631
	5	Loans and other receivables from any current or former officer, director,			*
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family momber of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ង	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	114,050.		48,393
•	9	Prepaid expenses and deferred charges	4,414.	9	<u> </u>
	10a	,			,
		basis. Complete Part VI of Schedule D 10a 4,498,153.			
	b	Less: accumulated depreciation	1,834,917.	10c	4,202,172
	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	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0 440 470	15	4 554 050
-	16_	Total assets. Add lines 1 through 15 (must equal line 33)	2,443,159.		4,551,253
l	17	Accounts payable and accrued expenses	88,413.	r	15,344
l	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	"	20	ļ
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilitäes		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2 022 142	23	A 610 A1A
	24	Unsecured notes and loans payable to unrelated third parties	2,022,143.	24	4,610,414
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	77,690.	25	72,338
	26		2,188,246.	-	4,698,096
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	2,100,240.	20	4,030,030
S		and complete lines 27, 28, 32, and 33.	,		,
띭	27	Net assets without donor restrictions	195,913.	27	-146,843.
蘭	28	Net assets with donor restrictions	59,000.		0
ᅙ	26	Organizations that do not follow FASB ASC 958, check here	33,000.		
፤		and complete lines 29 through 33.		。 扩,担	
5	29	Capital stock or trust principal, or current funds	` '	29	Train ()
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	254,913.	32	-146,843
2	33	Total liabilities and net assets/fund balances	2,443,159.		4,551,253
1	<u></u>	TOTAL HAD HITE THE EDUCTOR HELD MAINTINGS	<u> </u>		Form QQQ (2010

	990 (2019) LUTHERAN DEVELOPMENT GROUP, INC.	<u>47-468</u>	<u> 1983 </u>	Pag	_e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	789	3	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,191	1,1	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	-401	.,7!	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	254	1,9:	13.
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 on Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-146	5,8	<u>43.</u>
Pa	řt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	··· <u>;</u>			<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1	Ì	•
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		<i>^</i>	•
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	Ì	•
	separate basis, consolidated basis, or both:		1 1	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
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 separat	e basis,	1	ł	
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis		- 1	-\	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-	1 1	1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	$\downarrow \downarrow \downarrow$	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.		ŀ	-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-		1	
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		Ì	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits ,		3b		
			Form 5	990 (2019)

932012 01-20-20

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

Open to Public Inspection

Employer Identification number

LUTHERAN DEVELOPMENT GROUP. 47-4681983 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (I) Name of supported (II) EIN (ili) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1.10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Sect	ion A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 G	Gifts, grants, contributions, and						
π	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	93,624.	103,564.	17,500.	202,000.	58,597.	475,285.
2 T	ax revenues levied for the organ-			·			
İZ	ation's benefit and either paid to						
0	r expended on its behalf				1		
3 T	he value of services or facilities						
fi	urnished by a governmental unit to						
th	he organization without charge						
4 T	otal. Add lines 1 through 3	93,624.	103,564.	17,500.	202,000.	58,597.	475,285.
5 T	he portion of total contributions						
	y each person (other than a						
	overnmental unit or publicly	,					
_	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						179,470.
	ublic support. Subtract line 5 from line 4.						295,815.
	ion B. Total Support						233,013.
	ar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	mounts from line 4	93,624.	103,564.	17,500.	202,000.	58,597.	
	Pross income from Interest,		200,0020	2.75001	20270001	30,03,1	27572051
_	ividends, payments received on						
	ecurities loans, rents, royalties,						
	nd income from similar sources						
	let income from unrelated business						
-	ctivities, whether or not the						
	·						
	usiness is regularly carried on						<u> </u>
	other Income. Do not include gain						
	r loss from the sale of capital		-				
	ssets (Explain in Part VI.)				,	· · ·	47E 20E
	otal support. Add lines 7 through 10						475,285.
	iross receipts from related activities,	•				12	
	irst five years. If the Form 990 is for			•	•		
Socti	rganization, check this box and stop ion C. Computation of Publi	here	contage			······	······
				-l (0)		44	62.24 %
	ublic support percentage for 2019 (li					14	
	rublic support percentage from 2018						
	3 1/3% support test - 2019. If the o	=					
	top here. The organization qualifies						
	3 1/3% support test - 2018. If the o						
	nd stop here. The organization qualr						
	0% -facts-and-circumstances test	=					
	nd if the organization meets the "fact						
m	neets the "facts-and-circumstances" i	test. The organizat	ion qualifies as a p	oublicly supported	organization	<i>'</i>	▶□
b 10	0% -facts-and-circumstances test	- 2018. If the orga	anızatıon did not cl	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
m							
	nore, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	<u></u>
	nore, and if the organization meets th rganization meets the "facts-and-circ rivate foundation. If the organization	umstances" test. 1	The organization q	ualifies as a public	cly supported orga	nization	▶□

0 1 A 1 A /Francisco de 000 FT 0040 T	********		m anorin	TNO	47 460	11003
Schedule A (Form 990 or 990 EZ) 2019 I Part III Support Schedule for	Organizations	Described in	Section 509/s	INC.	4/-468	1983 Page 3
	•		•		D-4 11 16 6ba anamai	and an entire to
(Complete only if you checked			organization tailed	o to quality under i	Part II. If the organi	zation falls to
qualify under the tests listed to Section A. Public Support	pelow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(0) 2015	(h) 2016	(-) 0017	(4) 2019	(e) 2019	(f) Total
Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(8) 2019	(f) Iotal
membership fees received. (Do not	1			9		
include any "unusual grants.")			1	1		
2 Gross receipts from admissions.				 	{	
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]
are not an unrelated trade or bus- iness under section 513]		/			
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		 	 / 		<u> </u>	
furnished by a governmental unit to			/	}	1	
the organization without charge	}		<i>/</i>			
6 Total. Add lines 1 through 5		/			†	
7a Amounts included on lines 1, 2, and		/		 	 	
3 received from disqualified persons		/			1	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	ļ	 /	···	 	 	 -
c Add lines 7a and 7b			 	 	 	
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	' /		<u> </u>	1	<u></u>	
	(a) 2015	(5) 0010	4-3-0017	1 (0.0010	(-) 0010	T (O Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
b Unrelated business taxable income	/			 	 	
(less section 511 taxes) from businesses						
c Add lines 10a and 10b					1	
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)		1	1			1
14 First five years. If the Form 990 is fo		s first, second thir	d. fourth, or fifth 1	ax year as a section	on 501(c)(3) organi	zation.
check this box and stop here						
Section C. Computation of Publ	ic Support Pa	rcentage		<u></u>	······································	·············
15 Public support percentage for 2019 (column (fl)		15	%
16 Public support percentage from 2018					16	<u></u>
Section D. Computation of Inve						
17 Investment income percentage for 20					17	%
18 Investment income percentage from						<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box a						

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) Individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualfied person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described In section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	rt IV Supporting Organizations (continued)  47-46	8198	3 Pa	ige 5
	- Capper units Organizationio (COMMISSOS)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	[	163	140
_	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	· · · ·	
	tion B. Type I Supporting Organizations		<b></b>	
			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	1		
	controlled the organization's activities. If the organization had more than one supported organization,	İ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	:		3 - ,
	the supported organization(s).	1		
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	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	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	
	supported organizations played in this regard.	3		
Sec	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 instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	tructions	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.	S 76	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	歐海		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 ''		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		] ]	
	of the organization's supported organization(s) would have been engaged in? 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.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		[ _ [	,
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			- 2.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	edule A (Form 990 or 990-EZ) 2019 LUTHERAN DEVELOPMENT GR			47-4681983 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	<del></del>
Sect	ion 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			1
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6_		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		· · · · · · · · · · · · · · · · · · ·	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
-5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in 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		ated Type III supporting or	ganization (see
•	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Sch Pa	edule A (Form 990 or 990 EZ) 2019 LUTHERAN DEVE int V Type III Non-Functionally Integrated 509			17-4681983 Page 7
	tion D - Distributions	(a)(o) Supporting Org	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	<del> </del>	Garrent (cur
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	, , ,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	<del></del>	
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2019 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount		,	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2019 (reason-	. ,		
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019		4 4 4	
a	From 2014			<u> </u>
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
1	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ı	Carryover from 2014 not applied (see instructions)			7 ( ) ( )
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,		,	
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if	, , , , , , , , , , , , , , , , , , , ,		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h	* , * , ,	,	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			7 2
а	Excess from 2015	, , , , , , , , , , , , , , , , , , , ,		
	Excess from 2016			
	Excess from 2017			=
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	<u>(Form 990 or 990-E</u>	Z) 2019 L	<u>UTHERAN</u>	DEVELO	<u> PMENT</u>	GROUP,	INC.	47-4681983	Page 8
Pärt VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3 tion D, lines	3b, 3c, 4b, 4c, s 2 and 3; Part	5a, 6, 9a, 9b IV, Section E	i, 9c, 11a, 11 E, lines 1c, 2a	lb, and 11c; F a, 2b, 3a, and	Part IV, Section B, I 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section e Part V, Section B, line 1e; Part Idditional Information.	C, t V,
	(See instructions.)				· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>		
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open-to Public Inspection

Name of the organization

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

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed 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		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of 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
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	\	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	Iling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.	f Art Distorical Transporter or C	When Cimilar Assats
Pa	Till Organizations Maintaining Collections of		Juler Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in tun	nerance of public service,
	provide the following amounts relating to these items:		<b>&gt;</b> 0
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB A	<del>-</del>	<b>.</b> .
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2019 LUTHERA	N DEVELOPM	ENT	GROUP	INC.		47-4	1681 <u>9</u> 83	Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, Hi	storical Tr	reasures, o	r Other	Similar As	sets(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	is, che	ck any of the	following that	make sigr	nificant use of	its	
	collection items (check all that apply):			_					
а	Public exhibition	d	, <u> </u>	Loan or exc	change progra	m			
b	Scholarly research	е	, $\square$	Other					
C	Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit of	r receive donations	of art, I	historical trea	asures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the org	anization's c	ollection?			Yes	No
Pái	TIV Escrow and Custodial Arran	-	ete if th	nė organizatio	on answered "	Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod		-						
	on Form 990, Part X?					•••••		Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	g table:					
								Amount	
C	Beginning balance		•••••				1c_	<del></del> .	<del></del>
d	Additions during the year						1d	<del> </del>	
е	Distributions during the year	· · · · · · · · · · · · · · · · · · ·	•••••	• • • • • • • • • • • • • • • • • • • •			1e		<del></del>
f	Ending balance						1f		
	Did the organization include an amount on F	-				-	?	Yes	∐ No
	if "Yes," explain the arrangement in Part XIII.								Ш
Par	t V Endowment Funds. Complete		r						
		(a) Current year	(b)	Prior year	(c) Iwo year	s dack (d)	) Three years ba	ick (e) Four	years dack
1a	Beginning of year balance		ļ						
Ь	Contributions	<del></del>							
C	Net investment earnings, gains, and losses	<del></del>							
d	Grants or scholarships		<del> </del>		<del> </del>				
е	Other expenditures for facilities		<u> </u>		İ				
_	and programs	······································	<del> </del>		+			_	
T	Administrative expenses		<del></del>	<del> </del>	<del> </del>	<del></del>			
g	End of year balance		/:	4	io)) hold oo				
2	Provide the estimated percentage of the cur			ig, column (	ajj neio as:				
a	Board designated or quasi-endowment		_%						
Ь	Permanent endowment	%							
С		%							
•	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		otion ti	hat ara hald t	and administa	rad for the	omanization		
3a		sssion of the organiz	alion i	ilal alb libiu i	and administr	ieu ioi iiie	Olganization	Γ	Yes No
	by: (i) Unrelated organizations								100 110
	(i) Unrelated organizations								
	If "Yes" on line 3a(ii), are the related organizations								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm		J 44111011	it idiido.	<del></del>			<del></del>	
	Complete if the organization answere		0. Part	IV. line 11a.	See Form 990	. Part X. lir	ne 10.		
	Description of property	(a) Cost or o			t or other		umulated	(d) Book	value
	Doddinpsion of proporty	basis (investi		,	(other)	• •	eciation	• •	
10	Land	<del></del>		<del></del>	58,773.			158	3,773.
	Buildings				28,004.		91,110.		5,894.
	Leasehold improvements				38,975.		96,716.		2,259.
	Equipment				12,626.		4,245.		3,381.
	Other	· .		<u> </u>	9,775.		3,910.		,865.
	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X. coli	umn (B), line					2,172.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schédule D (Form 990) 2019 LUTHERAN DEVELOPMENT GROUP, INC.	47-4681983 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With I	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1 789,366.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3 789,366.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	1 1,191,122.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 +
a Donated services and use of facilities	
b Pnor year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3 1,191,122.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.
Part X, Line 2:	
rait A, Dine 2:	
The Organization adopted the provisions of Accounti	ng for Uncertainty in
Income Taxes on July 16, 2015. The adoption of that	at <u>guidance resulted in</u>
no change to the financial statements for prior per	riods. As of December
31, 2019, no amounts have been recognized for uncer	tain tax positions. The
Organization's tax returns filed 2016 and prior are	closed.

932054 10-02-19

Schedule D (Form 990) 2019

### **SCHEDULE O** (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury 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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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

► Attach to Form 990.

Open to Public Inspection Employer identification number

> INC. LUTHERAN DEVELOPMENT GROUP, Name of the organization

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

Parti

47-4681983

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

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. Part

(a)	(p)	(3)	9	(0)	€	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(bX13) controlled entity?	(STXO)S Fed 6
ì				501(c)(3))		Yes	% %
BPW DEVELOPER LLC	Develop affordable housing						
1627 WASHINGTON AVE	by rehabilitating			•			
ST LOUIS MO 63103	buildings in low-income	Missouri	501(c)(3)				×
LDG CHIPPEWA PARK LLC	Develop affordable rentals						
3534 HAWTHORNE BLVD	by rehabilitating bldgs in				·		
ST LOUIS MO 63104	low-income areas	Missouri	501(c)(3)				×
LDG NCST LLC	Develop affordable housing						
1913 WITHNELL AVE	by rehabilitating						
ST LOUIS, MO 63118	vacant/distressed property Missouri	Missouri	501(c)(3)				×
ROOMED STL LIC	Provide affordable rental						
1913 WITHNELL AVE	housing & supportive prop						i
ST LOUIS MO 63118	mgmt in low-income areas	Missouri	501(c)(3)				×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2019	Form 990	) 2019

See Part VII for Continuations

932161 09-10-19 LHA

47-4681983 Page 2

Schedule R (Form 990) 2019 LUTHERAN DEVELOPMENT GROUP, INC.

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

General or Percentage managing ownership partner?			
9 % 6 0			
General or managing partner?			
Code V-UBI Gamount in box mount in box Code Schedule FK-1 (Form 1065)			
(h) Disproportionate allocations?		1	
(g) Share of Disend-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	:		
(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

	اہا					ı		ı		١		
Section 512(b)(13) controlled entity?	S No		_	_	_		 	_	 	_		
8 5 N	Yes			_				_	 	_	_	
(h) Percentage ownership												
(g) Share of end-of-year	2000											
(f) Share of total income												
(e) Type of entity (C corp., S corp.,	0.000											
(d) rect controlling entity												
(C) Legal domicite (state or foreign	country)											
(b) Primary activity												
(a) Name, address, and EIN of related organization												

Schedule R (Form 990) 2019

932162 09-10-19

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Š
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?	ns with one or more re	lated organizations listed ir	n Parts II:IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	2			-t-		×
				ŧ		×
					ł	: 
c Gift, grant, or capital contribution from related organization(s)				2	1	×
d Loans or loan guarantees to or for related organization(s)				19		×
Loans or loan distractions by related organization(s)				٥		×
e Logiis of toal guaratitees by telated organization(s)				2		4
f Dividends from related organization(s)				<b>=</b>		×
	•	,	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	ţ	-	<b>&gt;</b>
g sale of assets to related organization(s)				B1	+	٠
h Purchase of assets from related organization(s)				#	1	×
i Exchange of assets with related organization(s)				<b>=</b>		×
related organization(s)				F	-	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	7	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			Ŧ		×
m Performance of services or membership or fundraising solicitations by related organic	ated organization(s)			-t		×
Shanno of facilities, equipment, mailing lists, or other assets with related	organization(s)			12	-	×
Sharing of naid employees with related organization(s)				9		×
			***************************************		-	
n Beimbirsement naid to related omanization(s) for expenses				<b>-</b>		×
Reimbursement pald by related organization(s) for expenses				₽	_	×
					-	
r Other transfer of cash or property to related organization(s)				<b>+</b>		×
					-	×
	who must complete th	is line, including covered r	elationships and transaction thresholds.			
1	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nt involved		
	type (a·s)				1	١
(1)						
8						
(3)						
. (4)						
(5)						
832163 08-10-18			Sched	Schedule R (Form 990) 2019	(066	8 16

47-4681983

Page 4

Schedule R (Form 990) 2019 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)	(Q)	(2)	(g)	5	(b)	£	g	8	8
Name, address, and EIN of entity	ctivity	ë ë	Predominant income pathers se (related, unrelated, 501ci(3) excluded from tax under 015.2	••	Share of end-of-year	농사물		General o managin partner?	Percentage ownership
		country)	sections 512-514) Yes No	lncome	assets	Yes No	(Form 1065)	Yes No	
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			-						
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				-					
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							Schedule	R (For	Schedule R (Form 990) 2019

932164 09-10-19

Schedule R (Form 990) 2019	LUTHERAN	DEVELOPME	NT GROUP	, INC.	47-4681983 Page 5
Part VII Supplemental Info	ormation				
Provide additional infor		s to questions on So	hedule R. See in:	structions.	
,					
Part II, Identific	ation of R	elated Tax	-Exempt (	Organization	s:
Name of Related Or	<u>ganization</u>	:			
BPW DEVELOPER LLC	<del></del>				
Primary Activity:	pevelop ar	<u>rordable n</u>	ousing by	<u>rehabilita</u>	ting buildings
in law income area	_				,
in low-income area	8			<del></del>	
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