

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO		D Employer identification number 31-4412586	
	Doing business as		E Telephone number 614-228-5300	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 52,304,722.	
	500 W. WILSON BRIDGE RD	245	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code WORTHINGTON, OH 43085		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
F Name and address of principal officer: LARRY CROWELL SAME AS C ABOVE		H(c) Group exemption number 9386		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: LSSCO.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1914	
M State of legal domicile: OH				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	899
	6 Total number of volunteers (estimate if necessary)	6	7476
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	30,984,302.	20,934,682.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,426,584.	26,532,692.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,059.	799,143.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,207,710.	3,947,418.
		60,742,655.	52,213,935.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,212,331.	22,405,276.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,251,186.	901,442.
	b Total fundraising expenses (Part IX, column (D), line 25) 2,039,559.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,402,862.	28,524,949.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,866,379.	51,831,667.	
19 Revenue less expenses. Subtract line 18 from line 12	8,876,276.	382,268.	
Net Assets or Fund Balances	20 Total assets (Part VII, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part VII, line 26)	93,329,943.	93,213,785.
	22 Net assets or fund balances. Subtract line 21 from line 20	40,945,668.	36,727,402.
	52,384,275.	56,486,383.	

Part II Signature Block

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

Signature <i>Phil Helsner</i>	Date 7/1/19
Signature of officer	Date
PHILIP HELSER, CFO	
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: EVERY DAY WE PROVIDE THE BASIC HUMAN NEEDS OF FOOD, SHELTER, SAFETY AND HEALING TO PEOPLE ACROSS OHIO BY PROVIDING A MEAL, A BED, HEALTH CARE AND HOPE. BECAUSE EACH LIFE DESERVES RESPECT AND DIGNITY. BY SERVING PEOPLE IN NEED, WE ARE CREATING A BETTER WORLD.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,905,198. including grants of \$ 0.) (Revenue \$ 242,671.) SERVING SINGLE ADULT HOMELESS MEN AND WOMEN, FAITH MISSION OPERATES THREE SHELTERS, TWO COMMUNITY KITCHENS, A COMPREHENSIVE HEALTH CLINIC, AND TWO RESOURCE CENTERS TO HELP THE PEOPLE EXPERIENCING HOMELESSNESS FIND INCOME AND HOUSING. FOR THE FISCAL YEAR REPORTED, FAITH MISSION PROVIDED 85,321 NIGHTS OF SHELTER AND 224,336 MEALS.

4b (Code:) (Expenses \$ 7,298,237. including grants of \$ 0.) (Revenue \$ 2,778,962.) LUTHERAN SOCIAL SERVICES OPERATES 21 HUD SECTION 202 AND SECTION 8 HOUSING SITES THROUGHOUT OHIO TO PROVIDE AFFORDABLE HOUSING TO VERY LOW INCOME SENIORS AND THE DISABLED. 1,006 INDIVIDUALS WERE HOUSED BY THIS PROGRAM FOR THE FISCAL YEAR REPORTED.

4c (Code:) (Expenses \$ 10,369,401. including grants of \$ 0.) (Revenue \$ 11,335,326.) THE GOOD SHEPHERD HELPS PATIENTS TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND INDEPENDENCE, WHILE RECEIVING THE FINEST IN NURSING AND REHABILITATIVE CARE. FOR THIS YEAR REPORTED, THE GOOD SHEPHERD PROVIDED 42,787 DAYS OF CARE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 21,751,209. including grants of \$ 0.) (Revenue \$ 16,123,151.)

4e Total program service expenses 45,324,045.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 contain various organizational questions with 'X' marks in the Yes or No columns.

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Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include 20a through 38, covering various organizational requirements and schedules.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 1041, and Form 720.

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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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance documents.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PHILIP HELSER - 614-228-5200 500 W. WILSON BRIDGE RD, STE 245, WORTHINGTON, OH 43085



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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RONALD SEIFFERT BOARD CHAIR - THRU AUG 17	1.00 0.50	X		X				0.	0.	0.
(2) RON KERR BOARD CHAIR/STRATEGIC PLANNING	1.50 4.00	X		X				0.	0.	0.
(3) JOHN GULDIG SECRETARY/CHAIR/QUALITY-THRU AUG 17	1.00 0.50	X		X				0.	0.	0.
(4) REV. BONNIE GERBER SECRETARY/CHAIR/QUALITY-COMPLIANCE	1.50 0.00	X		X				0.	0.	0.
(5) DEEANNE MARLOW CHAIR, STRATEGIC PLANNING	1.50 0.00	X						0.	0.	0.
(6) BETSY BLAKE MEMBER	1.50 0.00	X						0.	0.	0.
(7) STEVE DENUNZIO MEMBER	1.50 0.00	X						0.	0.	0.
(8) REV. MARK DIEMER MEMBER	1.50 0.00	X						0.	0.	0.
(9) MINDI ISRAEL MEMBER	1.50 0.00	X						0.	0.	0.
(10) FRED MANNING MEMBER	1.50 0.00	X						0.	0.	0.
(11) SHARON MORFITT CHAIR, NOMINATING & BOARD DEV	1.50 0.00	X						0.	0.	0.
(12) REV. DR. JOHN C. DAVIDSON CHAIR, NOMINATING/BOARD-THRU AUG 17	1.00 0.50	X						0.	0.	0.
(13) AMY PRAKEL MEMBER	1.50 0.00	X						0.	0.	0.
(14) EBBIE RYAN MEMBER	1.50 0.00	X						0.	0.	0.
(15) JESSICA QUINN MEMBER	1.50 0.00	X						0.	0.	0.
(16) REV. MARC SCHROEDER MEMBER	1.50 0.00	X						0.	0.	0.
(17) MARTY SCHWALBE MEMBER	1.50 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRADFORD SIGNET MEMBER	1.50 0.00	X						0.	0.	0.
(19) BETH SPARKS MEMBER	1.50 0.00	X						0.	0.	0.
(20) TODD TREON MEMBER	1.50 0.00	X						0.	0.	0.
(21) LINDA TAYLOR MEMBER	1.50 0.00	X						0.	0.	0.
(22) MARK VOLTSMANN CHAIR, FINANCE	1.50 4.00	X						0.	0.	0.
(23) BRIAN WEBER MEMBER	1.50 0.00	X						0.	0.	0.
(24) DAN BAILEY MEMBER	1.50 0.00	X						0.	0.	0.
(25) REV. LARRY A. CROWELL PRESIDENT & CEO	1.00 49.00			X				305,896.	0.	23,797.
(26) PHILIP HELSER CFO	1.00 49.00			X				143,473.	0.	25,746.
1b Sub-total								449,369.	0.	49,543.
c Total from continuation sheets to Part VII, Section A								677,773.	0.	46,144.
d Total (add lines 1b and 1c)								1,127,142.	0.	95,687.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$10,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ELFORD, INC. 1220 DUBSIN ROAD, COLUMBUS, OH 43215	CONSTRUCTION	4,066,068.
WSB REHABILITATION SERVICES, INC. 610 W. MAIN ST, STE B, CANFIELD, OH 44406	PHYSICAL THERAPY SERVICES	1,103,880.
ONE AND ALL, INC. P.O. BOX 936517, ATLANTA, GA 31193-6517	FUNDRAISING	888,895.
BERARDI & PARTNERS, INC. 1398 GOODALE BLVD, COLUMBUS, OH 43212	CONSTRUCTION	471,120.
SIMONSON CONSTRUCTION SERVICES, INC. 2112 TROY RD, ASHLAND, OH 44805	RENOVATIONS	307,716.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOSEPH ABRAHAM DIRECTOR - GOOD SHEPHERD HOME	0.00 40.00					X			125,506.	0. 24,707.
(28) RICK DAVIS EXECUTIVE VICE PRESIDENT AND COO	40.00 0.00					X			164,686.	0. 4,910.
(29) MICHELE CENCI VICE PRESIDENT OF DEVELOPMENT	40.00 0.00					X			155,348.	0. 5,404.
(30) HEATHER MCCRACKEN VP OF HUMAN RESOURCES	40.00 0.00					X			131,788.	0. 4,518.
(31) CHAD WOLVERTON VICE PRESIDENT OF IT	40.00 0.00					X			100,435.	0. 6,605.
Total to Part VII, Section A, line 1c								677,773.	46,144.	

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Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under 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)	1e	3,252,077.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,682,605.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			20,934,682.		
Program Service Revenue	2 a	NET RESIDENT SERVICES	Business Code 623990	26,532,692.	26,532,692.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			26,532,692.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		186,109.			186,109.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses		90,787.			
		Gain or (loss)		613,034.			
		Net gain or (loss)			613,034.		613,034.
	8 a	Gross income from fundraising events not including \$ _____ of contributions reported on line 1e. See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MANAGEMENT FEE INCOME	900099	2,322,086.	2,322,086.			
b	CATERING INCOME	900099	770,988.	770,988.			
c							
d	All other revenue	900099	854,344.	854,344.			
e	Total. Add lines 11a-11d			3,947,418.			
12	Total revenue. See instructions.			52,213,935.	30,480,110.	0.	799,143.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,078,993.	17,175,043.	723,160.	180,790.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	203,194.	193,034.	8,128.	2,032.
9 Other employee benefits	2,811,691.	2,671,103.	112,468.	28,117.
10 Payroll taxes	1,311,398.	1,245,628.	52,456.	13,114.
11 Fees for services (non-employees):				
a Management				
b Legal	90,436.		90,436.	
c Accounting	207,500.		207,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	901,442.			901,442.
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.)	3,744,952.	3,557,609.	187,243.	
12 Advertising and promotion	23,885.	75,497.	4,194.	4,194.
13 Office expenses	11,790,326.	8,406,503.	2,611,557.	772,266.
14 Information technology	260,023.	247,022.	13,001.	
15 Royalties				
16 Occupancy	6,880,222.	6,467,409.	275,209.	137,604.
17 Travel	153,811.	130,739.	23,072.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,749.	25,287.	4,462.	
20 Interest	1,226,276.	1,189,488.	36,788.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,547,098.	3,440,685.	106,413.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list the 24e expenses on Schedule O.)				
a BAD DEBTS	391,008.	391,008.		
EMPLOYEE RECRUITMENT	119,763.	107,787.	11,976.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	51,831,667.	45,324,045.	4,468,063.	2,039,559.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	864,592.	1	855,301.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	656,733.	3	595,352.
	4 Accounts receivable, net	9,347,284.	4	6,604,307.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	867,856.	9	726,488.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 115,607,731.		
	b Less: accumulated depreciation	10b 48,863,988.	64,367,903.	10c 66,743,743.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	16,945,793.	12	17,415,425.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	150,000.	14	150,000.
	15 Other assets. See Part IV, line 11	129,782.	15	123,169.
16 Total assets. Add lines 1 through 15 (must equal line 34)	93,329,943.	16	93,213,785.	
Liabilities	17 Accounts payable and accrued expenses	6,135,766.	17	6,628,628.
	18 Grants payable		18	
	19 Deferred revenue	769,752.	19	688,840.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	32,690,940.	23	28,794,396.
	24 Unsecured notes and loans payable to unrelated third parties	684,593.	24	0.
	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	664,617.	25	615,538.
	26 Total liabilities. Add lines 17 through 25	40,945,668.	26	36,727,402.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-12,318,015.	27	-4,654,201.
	28 Temporarily restricted net assets	63,832,423.	28	60,265,717.
	29 Permanently restricted net assets	869,867.	29	874,867.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	52,384,275.	33	56,486,383.	
34 Total liabilities and net assets/fund balances	93,329,943.	34	93,213,785.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 52,213,935. Line 2: Total expenses 51,831,667. Line 3: Revenue less expenses 382,268. Line 4: Net assets at beginning 52,384,275. Line 5: Net unrealized gains -399,699. Line 6: Donated services 0. Line 7: Investment expenses 0. Line 8: Prior period adjustments 0. Line 9: Other changes 4,119,539. Line 10: Net assets at end 50,486,383.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Row 2a: Yes [], No [X]. Row 2b: Yes [X], No []. Row 2c: Yes [X], No []. Row 3a: Yes [X], No []. Row 3b: Yes [X], No [].

Form 990 (2017)

Pro Forma - Consolidated Form 990 (Not Filed)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number

31-4412586

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

Pro Forma - Consolidated Form 990 (Not Filed)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REV. LARRY A. CROWELL PRESIDENT & CEO	(i)	305,896.	0.	0.	9,324.	14,473.	329,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP HELSER CFO	(i)	143,473.	0.	0.	4,595.	21,151.	169,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSEPH ABRAHAM DIRECTOR - GOOD SHEPHERD HOME	(i)	125,506.	0.	0.	3,753.	20,954.	150,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK DAVIS EXECUTIVE VICE PRESIDENT AND COO	(i)	164,686.	0.	0.	3,294.	1,616.	169,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELE CENCI VICE PRESIDENT OF DEVELOPMENT	(i)	155,348.	0.	0.	4,678.	726.	160,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

Pro Forma - Consolidated Form 990 (Not Filed)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number

31-4412586

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SINCE 1912, LUTHERAN SOCIAL SERVICES HAS BEEN PROVIDING SERVICES TO
PEOPLE IN NEED, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, SENIOR
LIVING, AFFORDABLE HOUSING COMMUNITIES, DISASTER RESPONSE AND OTHER
PROGRAMS THAT UPLIFT FAMILIES AND STRENGTHEN COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MAJOR PROGRAMS OPERATED BY LUTHERAN SOCIAL SERVICES INCLUDE OUR
INNOVATIVE, HIGH-VOLUME FOOD PANTRY NETWORK, INDEPENDENT AND ASSISTED
LIVING FACILITIES (LSS KENSINGTON PLACE AND LSS LUTHERAN VILLAGE),
DISASTER PREPAREDNESS AND RESPONSE SERVICES, OHIO BENEFIT BANK SITES,
VETERAN TRANSITIONAL HOUSING, SOCIAL ENTERPRISES FOR JOB TRAINING AND
EMPLOYMENT (PATRIOT PRIDE PAINTING, FAIRHAVEN LAWN CARE AND FRESHBOX
CATERING), 24-HOUR DOMESTIC VIOLENCE CRISIS, INFORMATION AND REFERRAL
LINE AND TEMPORARY EMERGENCY SHELTER (LSS CHOICES), LSS FAITH MISSION
OF FAIRFIELD COUNTY AND LSS HOME HEALTH CARE.

EXPENSES \$ 21,751,209. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,123,151.

FORM 990, PART VI, SECTION A, LINE 6:

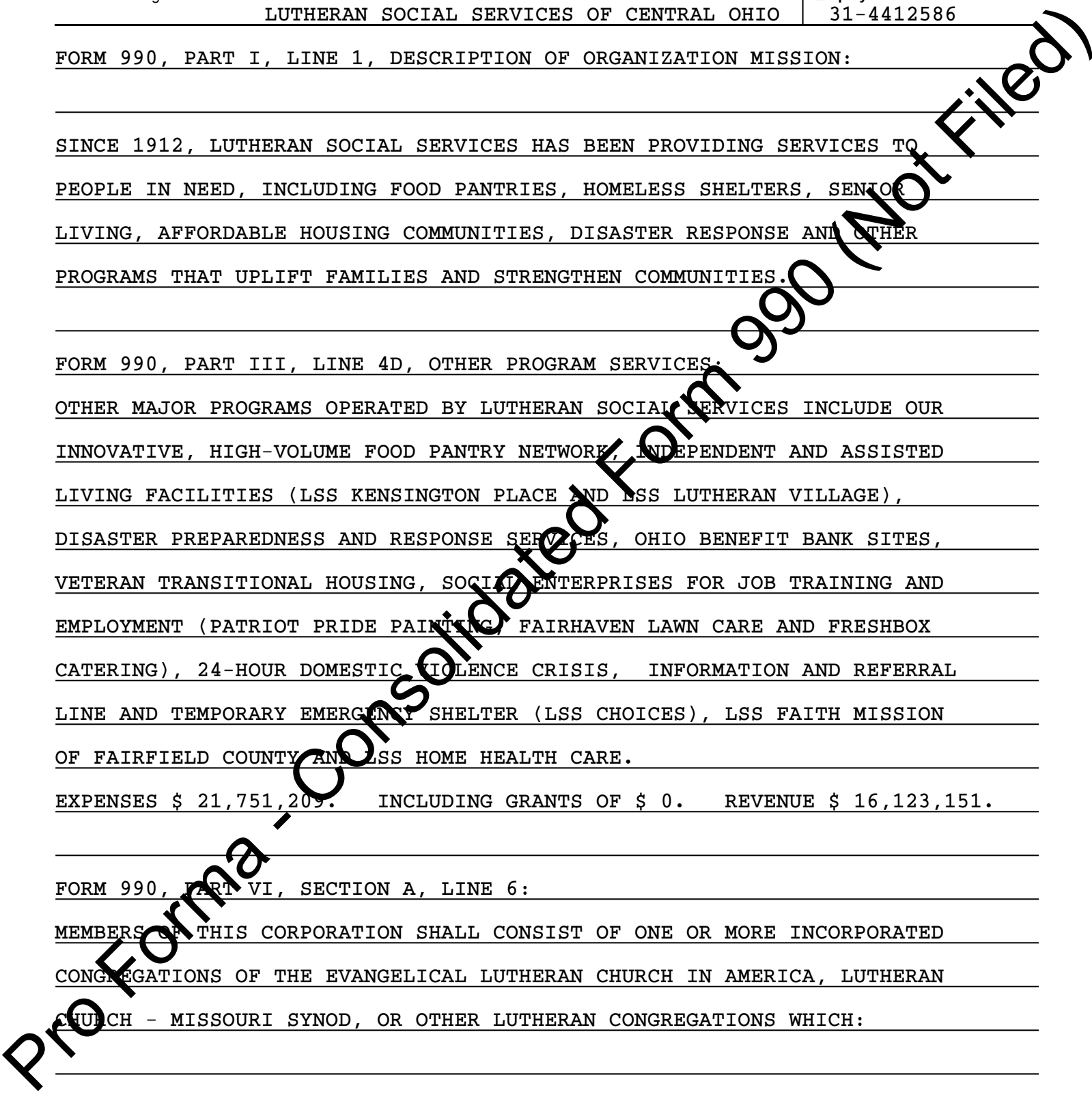
MEMBERS OF THIS CORPORATION SHALL CONSIST OF ONE OR MORE INCORPORATED
CONGREGATIONS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, LUTHERAN
CHURCH - MISSOURI SYNOD, OR OTHER LUTHERAN CONGREGATIONS WHICH:

A) HAVE PREVIOUSLY PROVIDED FINANCIAL OR VOLUNTEER SUPPORT TO THE
CORPORATION; OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17



Name of the organization LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	Employer identification number 31-4412586
--	--

B) ARE LOCATED WITHIN THE CORPORATION'S SERVICE AREA (AS DEFINED IN CONSULTATION WITH THE APPROPRIATE LUTHERAN CHURCH JUDICATORIES); AND

C) DECLARE IN WRITING THEIR INTENT TO SUPPORT THE PURPOSE AND WORK OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO APPROVE OR RATIFY THE DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

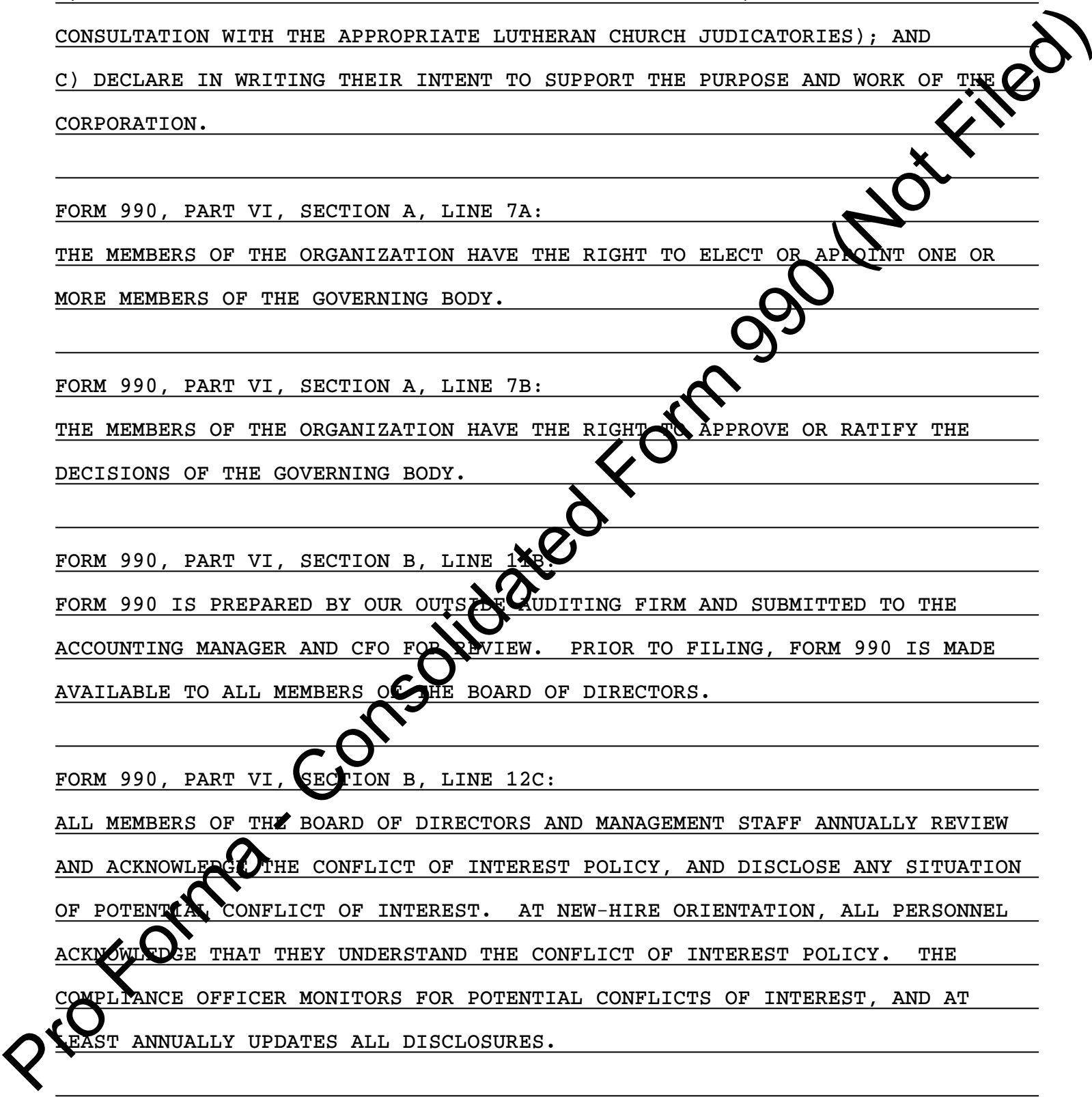
FORM 990 IS PREPARED BY OUR OUTSIDE AUDITING FIRM AND SUBMITTED TO THE ACCOUNTING MANAGER AND CFO FOR REVIEW. PRIOR TO FILING, FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF DIRECTORS AND MANAGEMENT STAFF ANNUALLY REVIEW AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY, AND DISCLOSE ANY SITUATION OF POTENTIAL CONFLICT OF INTEREST. AT NEW-HIRE ORIENTATION, ALL PERSONNEL ACKNOWLEDGE THAT THEY UNDERSTAND THE CONFLICT OF INTEREST POLICY. THE COMPLIANCE OFFICER MONITORS FOR POTENTIAL CONFLICTS OF INTEREST, AND AT LEAST ANNUALLY UPDATES ALL DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

A WRITTEN ANNUAL PERFORMANCE EVALUATION IS PREPARED BY THE PRESIDENT/CEO,



Name of the organization LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	Employer identification number 31-4412586
--	--

PEERS, AND SELECTED REPORTS FOR EACH MANAGEMENT OFFICIAL. THE PRESIDENT/CEO IS EVALUATED BY THE REST OF MANAGEMENT AS WELL AS THE BOARD OF DIRECTORS THROUGH ITS EXECUTIVE COMMITTEE. THE FULL BOARD APPROVES THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE. SALARY SURVEYS ARE REFERENCED AS APPROPRIATE TO ESTABLISH, WITH CONSIDERATION OF THE SIZE, GEOGRAPHIC REACH, COMPLEXITY AND BREADTH OF SERVICES OF THE ORGANIZATION

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PARTNER CONTRIBUTIONS 4,119,539.

Pro Forma - Consolidated Form 990 (Not Filed)