

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO</b>		<b>D</b> Employer identification number <b>31-4412586</b>
	Doing business as		<b>E</b> Telephone number <b>614-228-5200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>58,306,184.</b>
	<b>1105 SCHROCK ROAD</b>	<b>STE 10</b>	<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBUS, OH 43229</b>		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>F</b> Name and address of principal officer: <b>LARRY CROWELL</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶ <b>9386</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>LSSCO.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1914</b> <b>M</b> State of legal domicile: <b>OH</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE G</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>961</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1705</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 1	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>11,944,270.</b>	<b>27,011,460.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,586,194.</b>	<b>28,128,921.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>154,989.</b>	<b>-54,048.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,507,007.</b>	<b>3,051,418.</b>
		<b>25,192,460.</b>	<b>58,137,751.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,042,976.</b>	<b>31,043,915.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>476,627.</b>	<b>1,510,271.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,757,330.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>13,237,875.</b>	<b>29,370,552.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>24,757,478.</b>	<b>61,924,738.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>434,982.</b>	<b>-3,786,987.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>95,182,064.</b>	<b>89,495,030.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>34,350,302.</b>	<b>32,583,547.</b>
	<b>60,831,762.</b>	<b>56,911,483.</b>	

## 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.

	<b>9/6/23</b>
Signature of officer	Date
▶ <b>PHILIP HELSER, CFO</b>	
Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY CIMINELLO</b>	Preparer's signature <b>AMY CIMINELLO</b>	Date <b>09/05/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00796388</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN ▶ <b>38-1357951</b>		Phone no. <b>614-849-3000</b>	
Firm's address ▶ <b>250 S. HIGH ST, SUITE 100</b>		<b>COLUMBUS, OH 43215</b>			

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: CREATING A BETTER WORLD BY SERVING PEOPLE IN NEED IS OUR MISSION. THROUGH THIS MISSION, LSS SERVES THOUSANDS OF PEOPLE EVERY DAY IN CENTRAL, NORTHERN AND SOUTHEAST OHIO BY FOCUSING ON THE SOCIETAL ISSUES OF HUNGER, HOUSING, HEALING AND HOPE.

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

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,084,926. including grants of \$ 0. ) (Revenue \$ 318,440. ) SERVING SINGLE ADULT HOMELESS MEN AND WOMEN, FAITH MISSION OPERATES THREE SHELTERS, TWO 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 76,497 NIGHTS OF SHELTER AND 193,506 MEALS.

4b (Code: ) (Expenses \$ 8,079,882. including grants of \$ 0. ) (Revenue \$ 4,151,249. ) 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. 1,017 INDIVIDUALS WERE HOUSED BY THIS PROGRAM FOR THE FISCAL YEAR REPORTED.

4c (Code: ) (Expenses \$ 12,612,681. including grants of \$ 0. ) (Revenue \$ 12,750,946. ) 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 37,337 DAYS OF CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 25,219,847. including grants of \$ 0. ) (Revenue \$ 13,959,704. )

4e Total program service expenses 53,997,336.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Pro Forma - Consolidated Form 990 (Not Filed)

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Pro Forma - Consolidated Form 990 (Not Filed)

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

List the states with which a copy of this Form 990 is required to be filed **NONE**

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  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, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STACY MARTIN PRESIDENT & CEO	1.00 49.00			X				234,284.	0.	126.
(2) REV. LARRY A. CROWELL INTERIM PRESIDENT & CEO	1.00 49.00			X				189,910.	0.	10,469.
(3) RICK DAVIS EXECUTIVE VICE PRESIDENT & COO	40.00 0.00				X			190,323.	0.	8,033.
(4) PHILIP HELSER CFO	1.00 49.00			X				176,854.	0.	15,827.
(5) MICHELE CENCI VICE PRESIDENT - DEVELOPMENT	40.00 0.00				X			173,026.	0.	16,837.
(6) HEATHER DUBBE VICE PRESIDENT - HUMAN RESOURCES	40.00 0.00				X			158,872.	0.	5,113.
(7) CHAD WOLVERTON VICE PRESIDENT - IT	40.00 0.00				X			133,781.	0.	18,667.
(8) SUE VILLILO AVP COMMUNITY BASED SERVICES	40.00 0.00				X			118,998.	0.	14,448.
(9) DAN BAILEY EXECUTIVE VICE CHAIR (THRU 12/21)	1.00 0.50	X		X				0.	0.	0.
(10) BONNIE GERBER EXECUTIVE BOARD CHAIR (THRU 12/21)	1.00 0.50	X		X				0.	0.	0.
(11) TODD TREON EXECUTIVE BOARD CHAIR (01/22)	1.00 0.50	X		X				0.	0.	0.
(12) GREG MORDAN CHAIR: AFC	1.00 0.50	X						0.	0.	0.
(13) BRIAN WEBER CHAIR: HSC (THRU 12/21)	1.00 0.50	X						0.	0.	0.
(14) MINDI CUNNINGHAM VICE CHAIR: EEC (THRU 12/21)	1.00 0.50	X						0.	0.	0.
(15) ED KENDALL VICE CHAIR: AFC	1.00 0.50	X						0.	0.	0.
(16) MARK DIEMER CHAIR: HSC (01/22)	1.00 0.50	X						0.	0.	0.
(17) ANDREW MESLOW VICE CHAIR: EEC (01/22)	1.00 0.50	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DEBORAH MITCHELL CHAIR: EEC (01/22)	1.00 0.50	X						0.	0.	0.
(19) ADAM STEINBRENNER VICE CHAIR: HSC (01/22)	1.00 0.50	X						0.	0.	0.
(20) BRANDON RIGGINS MEMBER	1.50 0.00	X						0.	0.	0.
(21) JACQUELINE BASTIAN MEMBER	1.50 0.00	X						0.	0.	0.
(22) LISA BORTHWICK MEMBER	1.50 0.00	X						0.	0.	0.
(23) AARON MCCLENDON MEMBER	1.50 0.00	X						0.	0.	0.
(24) MARSHELA MCDANIEL MEMBER	1.50 0.00	X						0.	0.	0.
(25) STEPHANIE REVISH MEMBER	1.50 0.00	X						0.	0.	0.
(26) ROBIN TRIPLETT MEMBER	1.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,376,048.	0.	89,520.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,376,048.	0.	89,520.

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 12

	Yes	No
3 Did the organization list any former officer, director, 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 \$150,000? 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
SPEER MECHANICAL PO BOX 931307, CLEVELAND, OH 44193	REPAIRS	393,983.
PLANTE & MORAN, PLLC, 250 SOUTH HIGH STREET SUITE 100, COLUMBUS, OH 43215	AUDIT AND TAX	239,430.
CARY GALBREATH DBA GGC WHOLESALE FLOORING 1962 E MAIN ST, COLUMBUS, OH 43205	APARTMENT REPAIRS	210,629.
RIGHT TOUCH SERVICES PO BOX 24344, COLUMBUS, OH 43224	CLEANING SERVICES	102,953.
BOREN'S GRASS GROOMERS LLC PO BOX 786187, PHILADELPHIA, PA 19178	LANDSCAPING	100,532.

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 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	<b>1 a</b>	Federated campaigns					
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events					
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	6,599,854.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	20,411,606.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 4,691,715.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		27,011,460.			
Program Service Revenue	<b>2 a</b>	NET RESIDENT SERVICES	623990	27,712,882.	27712882.		
	<b>2 b</b>	SERVICE FEES - RESPITE CARE	624100	309,440.	309,440.		
	<b>2 c</b>	HUD SERVICING FEE INCOME	623990	53,344.	53,444.		
	<b>2 d</b>	JOB TRAINING REVENUE	611430	44,255.	4,255.		
	<b>2 e</b>	SOCIAL SERVICE REVENUE	624100	9,000.	9,000.		
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f		28,128,921.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		114,385.		114,385.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
<b>7 b</b>	Less: cost or other basis and sales expenses	168,433.					
<b>7 c</b>	Gain or (loss)	-168,433.					
<b>7 d</b>	Net gain or (loss)		-168,433.		-168,433.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>8 c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MANAGEMENT FEE INCOME	900099	2,143,529.	2,143,529.		
	<b>11 b</b>	CATERING INCOME	900099	606,643.	606,643.		
	<b>11 c</b>	DEVELOPMENT FEES	900099	300,000.	300,000.		
	<b>11 d</b>	All other revenue	900099	1,246.	1,246.		
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		3,051,418.			
<b>12</b>	<b>Total revenue.</b> See instructions		58,137,751.	31180339.	0.	-54,048.	

**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	25,630,245.	21,489,099.	3,498,927.	647,219.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	288,944.	216,051.	54,656.	18,237.
9 Other employee benefits	3,261,464.	2,748,258.	417,145.	96,069.
10 Payroll taxes	1,863,262.	1,593,789.	224,262.	45,620.
11 Fees for services (nonemployees):				
a Management				
b Legal	187,369.	121,327.	64,836.	1,206.
c Accounting	269,790.	187,285.	82,505.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,510,271.			1,510,271.
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.)	4,675,176.	5,515,042.	-971,024.	131,158.
12 Advertising and promotion	151,654.	148,411.	3,243.	
13 Office expenses	9,580,798.	8,687,002.	665,280.	228,516.
14 Information technology	535,006.	268,176.	189,534.	77,296.
15 Royalties				
16 Occupancy	7,900,857.	7,383,948.	515,709.	1,200.
17 Travel	108,280.	77,950.	30,127.	203.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,418.	49,978.	6,105.	335.
20 Interest	857,362.	855,337.	2,025.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,929,206.	3,888,344.	40,862.	
23 Insurance	128,429.	95,322.	33,107.	
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.)				
a EMPLOYEE RECRUITMENT	893,186.	575,413.	317,773.	
b BAD DEBTS	97,021.	97,021.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	61,924,738.	53,997,336.	5,170,072.	2,757,330.
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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,093,487.	<b>1</b>	3,477,459.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	2,488,615.	<b>3</b>	3,526,281.
	<b>4</b> Accounts receivable, net .....	2,984,515.	<b>4</b>	2,118,532.
	<b>5</b> 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 member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,180,373.	<b>9</b>	728,071.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 126,764,748.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 63,464,470.	65,859,520.	<b>10c</b> 63,300,278.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	17,929,123.	<b>12</b>	16,104,316.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	150,000.	<b>14</b>	150,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	96,631.	<b>15</b>	90,043.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	95,182,064.	<b>16</b>	89,495,030.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,687,038.	<b>17</b>	5,746,023.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	987,325.	<b>19</b>	1,508,839.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	26,723,229.	<b>23</b>	24,784,914.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	952,710.	<b>25</b>	543,771.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	34,350,302.	<b>26</b>	32,583,547.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,426,898.	<b>27</b>	361,905.
	<b>28</b> Net assets with donor restrictions .....	58,404,864.	<b>28</b>	56,549,578.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	60,831,762.	<b>32</b>	56,911,483.
<b>33 Total liabilities and net assets/fund balances</b> .....	95,182,064.	<b>33</b>	89,495,030.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,137,751.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,924,738.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,786,987.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,831,762.
5	Net unrealized gains (losses) on investments	5	-540,538.
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	407,266.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,911,483.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20934682.	19651060.	22970391.	29121888.	27011460.	119689281.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	30480110.	30732842.	31726247.	29676337.	31180339.	153795875.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	51414792.	50383902.	54696638.	58798225.	58191799.	273485356.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						273485356.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	51414792.	50383902.	54696638.	58798225.	58191799.	273485356.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	186,109.	184,652.	141,775.	124,472.	114,385.	751,393.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	186,109.	184,652.	141,775.	124,472.	114,385.	751,393.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	51600901.	50568554.	54838413.	58922697.	58306184.	274236749.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.73 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	99.72 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.27 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	.28 %

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 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 on 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 on 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 line 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

Pro Forma - Consolidated Form 990 (Not Filed)

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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic land area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting for public service. 1b: Reporting for public service with amounts. 2: Reporting for financial gain with amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,117,096.	5,607,207.	5,632,404.	5,065,420.	5,367,881.
b Contributions	-171,912.	-125,867.	504,725.	5,000.	0.
c Net investment earnings, gains, and losses	-548,730.	1,412,674.	-111,919.	415,957.	422,463.
d Grants or scholarships	0.	0.	25,000.	0.	0.
e Other expenditures for facilities and programs	-247,106.	-247,106.	373,095.	-176,246.	696,394.
f Administrative expenses	20,211.	24,324.	19,906.	30,219.	28,530.
g End of year balance	6,623,249.	7,117,096.	5,607,207.	5,632,404.	5,065,420.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  44.5111 %
  - b Permanent endowment  9.6956 %
  - c Term endowment  45.7627 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,414,944.		5,414,944.
b Buildings		89,503,069.	45,164,987.	44,338,082.
c Leasehold improvements				
d Equipment		13,914,422.	5,938,318.	7,976,104.
e Other		17,932,313.	12,361,165.	5,571,148.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				63,300,278.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) CASH	10,726,136.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	3,887,318.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	1,289,002.	END-OF-YEAR MARKET VALUE
(D) GOVERNMENT BONDS	51,632.	END-OF-YEAR MARKET VALUE
(E) OTHER	150,228.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>16,104,316.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS/RESIDENT	
(3) TRUST FUND LIABILITIES	543,771.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>543,771.</b>

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	59,509,509.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,546.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,672,405.	
e	Add lines 2a through 2d	2e	1,682,951.	
3	Subtract line 2e from line 1		3	57,826,558.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	311,193.	
c	Add lines 4a and 4b	4c	311,193.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	58,137,751.

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

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

1	Total expenses and losses per audited financial statements		1	61,951,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	44,706.	
e	Add lines 2a through 2d	2e	44,706.	
3	Subtract line 2e from line 1		3	61,906,804.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	17,934.	
c	Add lines 4a and 4b	4c	17,934.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 18.)		5	61,924,738.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THERE ARE MULTIPLE USES FOR THE ENDOWMENT FUNDS WHICH INCLUDE BUT ARE NOT LIMITED TO: VARIOUS PROGRAMS APPROVED BY THE BOARD OF DIRECTORS; FUNDING OF OPERATIONS FOR FOOD PANTRIES.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

NET ASSETS RELEASED FROM RESTRICTION 1,672,405.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

GAIN/LOSS ON SALE OF EQUIPMENT -45,371.

RESTRICTED CONTRIBUTIONS 301,381.

RESTRICTED INVESTMENT INCOME 46,953.

**Part XIII** Supplemental Information (continued)

RESTRICTED REALIZED GAIN/LOSS -10,369.

INVESTMENT MANAGEMENT FEES 17,934.

OTHER EXPENSES/REVENUE 665.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 311,193.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN/LOSS ON SALE OF EQUIPMENT 45,371.

OTHER EXPENSES/REVENUE -665.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 44,706.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES 17,934.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART III, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ONE AND ALL, INC

(I) ADDRESS OF FUNDRAISER: BOX 936517, ATLANTA, GA 31193

(I) NAME OF FUNDRAISER: WEST CAMP PRESS, INC

(I) ADDRESS OF FUNDRAISER: 39 COLLEGEVIEW RD, WESTERVILLE, OH 43081



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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](http://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 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) of 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) STACY MARTIN PRESIDENT & CEO	(i)	234,284.	0.	0.	0.	126.	234,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. LARRY A. CROWELL INTERIM PRESIDENT & CEO	(i)	189,910.	0.	0.	3,635.	6,833.	200,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICK DAVIS EXECUTIVE VICE PRESIDENT & COO	(i)	190,323.	0.	0.	6,236.	1,797.	198,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP HELSER CFO	(i)	176,854.	0.	0.	5,870.	9,957.	192,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELE CENCI VICE PRESIDENT - DEVELOPMENT	(i)	173,026.	0.	0.	5,223.	11,614.	189,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER DUBBE VICE PRESIDENT - HUMAN RESOURCES	(i)	158,872.	0.	0.	4,123.	990.	163,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHAD WOLVERTON VICE PRESIDENT - IT	(i)	133,781.	0.	0.	4,184.	14,483.	152,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Pro Forma - Consolidated Form 990 (Not Filed)





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2,228,232	4,446,463.	\$2.00 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SCHOOL SUPPLI	X	73,174	245,252.	DONOR VALUED
26 Other (				
27 Other (				
28 Other (				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X



SCHEDULE O  
(Form 990)

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

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 OF CENTRAL OHIO 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), VETERAN TRANSITIONAL HOUSING, SOCIAL ENTERPRISES FOR JOB TRAINING AND EMPLOYMENT (PATRIOT PRIDE PAINTING), 24-HOUR DOMESTIC VIOLENCE CRISIS, INFORMATION AND REFERRAL LINE AND TEMPORARY EMERGENCY SHELTER (LSS CHOICES), LSS FAITH MISSION OF FAIRFIELD COUNTY, LSS HOME HEALTH CARE AND COORDINATED POINT OF ACCESS INFORMATION AND RESOURCE REFERRAL (LSS 211 CENTRAL OHIO).

EXPENSES \$ 25,219,847. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,959,704.

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) 2021

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 DIRECTOR OF FINANCE AND CFO FOR REVIEW. PRIOR TO FILING, FORM 990 IS POSTED TO A SECURE PORTAL AND EACH BOARD MEMBER IS GRANTED ACCESS TO REVIEW AND COMMENT.

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. RESTRICTIONS IMPOSED, SUCH AS PARTICIPATION RIGHTS, ARE BASED ON THE TYPE OF CONFLICT THAT EXISTS.

Name of the organization LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	Employer identification number 31-4412586
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FORM 990, PART VI, SECTION B, LINE 15:

AN ANNUAL PERFORMANCE EVALUATION IS PREPARED BY THE PRESIDENT/CEO, 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. WRITTEN EVALUATIONS ARE DONE FOR ALL OFFICERS, INCLUDING WRITTEN INPUT FROM PEERS AND DIRECT REPORTS.

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	406,098.
OTHER ADJUSTMENTS	1,168.
TOTAL TO FORM 990, PART XI, LINE 9	407,266.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Employer identification number  
31-4412586

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FRESHBOX CATERING, LLC - 27-0849886 125 EAST BROAD STREET COLUMBUS, OH 43215	CATERING	OHIO	0.	-829.	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO
FAIRHAVEN LAWN CARE, LLC - 26-2791844 1681 EAST MAIN STREET LANCASTER, OH 43130	LAWN SERVICES	OHIO	44,255.	110,451.	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO
ASHLAND ASSISTED LIVING OPERATING, LLC - 45-5420333, 330 DAVIS RD, ASHLAND, OH 44805	ASSISTED LIVING	OHIO	2,105,998.	88,779.	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO CARE, LLC - 46-1517844, 1105 SCHROCK ROAD STE 100, COLUMBUS, OH 43229	HOME HEALTH CARE (SKILLED)	OHIO	359,871.	4,848.	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASHLAND ASSISTED LIVING, INC. - 34-1908342 330 DAVIS ROAD ASHLAND, OH 44804	REAL ESTATE HOLDING COMPANY	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
CENTERBURG HOUSING, INC. - 31-1579303 164 W. HOUCK STREET CENTERBURG, OH 43011	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
GOOD SHEPHERD HOME FOR THE AGED, INC. 34-0835584, 622 CENTER STREET, ASHLAND, OH 44805	SKILLED NURSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
GOOD SHEPHERD FOUNDATION - 34-1590079 1105 SCHROCK ROAD STE 100 COLUMBUS, OH 43229	INVESTMENTS	OHIO	501(C)(3)	LINE 12B, II	GOOD SHEPHERD HOME FOR THE AGED, INC.		X

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Schedule R (Form 990) 2021





**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DELAWARE HOUSING, INC. - 31-1399590 2178 BURUCE ROAD DELAWARE, OH 43015	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
FAITH MISSION, INC. - 31-0809759 245 N. GRANT AVENUE COLUMBUS, OH 43215	EMERGENCY SHELTER	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
GROVE CITY HOUSING, INC. - 31-1367737 4301 STONER DRIVE GROVE CITY, OH 43123	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
GROVEPORT HOUSING, INC. - 31-1450961 283 GREEN AVENUE GROVEPORT, OH 43125	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
GROVEWOOD II HOUSING, INC. - 31-1488730 4301 STONER DRIVE GROVE CITY, OH 43123	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
HAMILTON HOUSING, INC. - 31-1367736 3565 CLIME ROAD COLUMBUS, OH 43228	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
LANCASTER HOUSING, INC. - 31-1320304 963 PRESTIGE BLVD LANCASTER, OH 43130	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
LANSING HOUSING, INC. - 31-1320303 54385 NATIONAL ROAD BRIDGEPORT, OH 43912	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
LITTLE BROOK HOUSING, INC. - 31-1488733 5911 LITTLE BROOK WAY COLUMBUS, OH 43232	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
LUTHERAN HOUSING SERVICES OF HOWLAND - 30-0263695, 3880 NORTH RIVER ROAD, WARREN, OH 44484	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
MANSFIELD HOUSING II, INC. - 20-3209757 1680 EXECUTIVE COURT MANSFIELD, OH 44907	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
MANSFIELD HOUSING, INC. - 31-1642747 1665 EXECUTIVE COURT MANSFIELD, OH 44907	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	

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**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MARION PLACE I HOUSING, INC. - 30-0151342 1401 WELLNESS ROAD MARION, OH 43302	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
MARION PLACE II HOUSING, INC. - 30-0151099 1401 WELLNESS ROAD MARION, OH 43302	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
NORTH COMMUNITY HOUSING - 30-0245617 120 MORSE ROAD COLUMBUS, OH 43214	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
PLEASANT VIEW HOUSING, INC. - 31-1717116 1690 CHARTWELL STREET LANCASTER, OH 43130	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
SULLIVANT HOUSING, INC. - 30-0060654 383 INAH AVENUE COLUMBUS, OH 43228	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
TUBMAN TOWERS - 20-0282722 17 JOHNSON AVENUE SPRINGFIELD, OH 45506	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
VILLAGE HOUSING, INC. - 31-1488740 1489 OCTOBER RIDGE COURT COLUMBUS, OH 43223	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
MARION PLACE III HOUSING, INC. - 27-4533938 1401 WELLNESS ROAD MARION, OH 43302	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
KENSINGTON PLACE, INC - 31-1311288 1001 PARKVIEW BLVD COLUMBUS, OH 43219	REAL ESTATE HOLDING COMPANY	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
THE GOOD SHEPHERD VILLA, INC. - 27-2836988 726 CENTER STREET ASHLAND, OH 44805	HOUSING	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE - 31-0910779, 245 N. GRANT AVENUE, COLUMBUS, OH 43215	DOMESTIC VIOLENCE SHELTER	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	
HANDSON CENTRAL OHIO, INC. OHIO, INC. - 31-1084722, 1105 SCHROCK ROAD STE 100, COLUMBUS, OH 43229	COMMUNITY RESOURCE ASSISTANCE	OHIO	501(C)(3)	LINE 10	LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LUTHERAN SOCIAL SERVICES TUBMAN TOWERS OF SPRINGFIELD, LP - 47-1229982, 1105 SCHROCK ROAD STE 100, COLUMBUS, OH	HOUSING	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TUBMAN TOWERS GP, LLC - 47-1229921 1105 SCHROCK ROAD STE 100 COLUMBUS, OH 43229	REAL ESTATE INVESTMENT	OH	LUTHERAN SOCIAL SERVICES OF	C CORP	0.	1,008,775.	100%	X	

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LUTHERAN SOCIAL SERVICES TUBMAN TOWERS OF SPRINGFIELD, LP

EIN: 47-1229982

1105 SCHROCK ROAD STE 100

COLUMBUS, OH 43229

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

TUBMAN TOWERS GP, LLC

EIN: 47-1229921

1105 SCHROCK ROAD STE 100

COLUMBUS, OH 43229

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT

DIRECT CONTROLLING ENTITY: LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

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