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A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization LUTHERAN HOMES SOCIETY INC		D Employer identification number 31-1565719	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 2021 NORTH MCCORD ROAD	Room/suite	E Telephone number (419) 693-1520	
	City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43615		G Gross receipts \$ 53,598,907	
	F Name and address of principal officer DAVID ROBERTS 2021 NORTH MCCORD ROAD TOLEDO, OH 43605		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527			H(c) Group exemption number ☐	
J Website: ☐ LHSOH.ORG				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities LUTHERAN HOMES SOCIETY, INC IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR YOUTH AND ELDERLY IN NORTHWESTERN OHIO AND SOUTHEASTERN MICHIGAN AS A FAITH-BASED PROVIDER OF SUCH SERVICES, LUTHERAN HOMES SOCIETY CONTINUES TO HONOR ITS MISSION TO EXTEND ITS SERVICES TO THE VULNERABLE OF OUR POPULATION OUR MISSION STATEMENT AS FOLLOWERS OF CHRIST, WE ARE CALLED DO TO WHAT LIES WITHIN OUR POWER TO SHARE BURDENS THAT WEIGH UPON THE YOUNG AND THE OLD AND TO ALLEVIATE SORROW AND MISERY IN HIS NAME YOUTH ARE SERVED THROUGH COMMUNITY-BASED RESIDENTIAL TREATMENT GROUP HOMES, SUPPORTIVE SERVICES FOR YOUTH AND THEIR FAMILIES, AND AN ASPERGER'S PROGRAM CONSISTING OF BOTH RESIDENTIAL AND DAY TREATMENT PROGRAMS THE ELDERLY ARE SERVED IN INDEPENDENT LIVING, ASSISTED LIVING, AND EXTENDED CARE RESIDENTIAL SETTINGS LUTHERAN HOMES SOCIETY ALSO SERVES THE COMMUNITY THROUGH SERVICE COORDINATION, WHICH ASSISTS THE ELDERLY IN ACCESSING NEEDED SERVICES, THEREBY EN			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,407
	6	Total number of volunteers (estimate if necessary)	6	719
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	876,104	819,568
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,525,554	49,892,733
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,952	183,403
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,356,181	675,117
			48,996,791	51,570,821
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	511,632	598,869
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,110,173	32,961,013
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 225,653		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,631,122	19,448,597
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,252,927	53,008,479
	19	Revenue less expenses Subtract line 18 from line 12	-256,136	-1,437,658
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	58,797,858	57,645,587
	21	Total liabilities (Part X, line 26)	41,245,254	41,695,602
	22	Net assets or fund balances Subtract line 21 from line 20	17,552,604	15,949,985

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.

Sign Here	***** Signature of officer	2014-11-13 Date
	LORINDA SCHALK TREASURER Type or print name and title	

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

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

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

LUTHERAN HOMES SOCIETY, INC IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR YOUTH AND ELDERLY IN NORTHWESTERN OHIO AND SOUTHEASTERN MICHIGAN AS A FAITH-BASED PROVIDER OF SUCH SERVICES, LUTHERAN HOMES SOCIETY CONTINUES TO HONOR ITS MISSION TO EXTEND ITS SERVICES TO THE VULNERABLE OF OUR POPULATION OUR MISSION STATEMENT AS FOLLOWERS OF CHRIST, WE ARE CALLED DO TO WHAT LIES WITHIN OUR POWER TO SHARE BURDENS THAT WEIGH UPON THE YOUNG AND THE OLD AND TO ALLEVIATE SORROW AND MISERY IN HIS NAME YOUTH ARE SERVED THROUGH COMMUNITY-BASED RESIDENTIAL TREATMENT GROUP HOMES, SUPPORTIVE SERVICES FOR YOUTH AND THEIR FAMILIES, AND AN ASPERGER'S PROGRAM CONSISTING OF BOTH RESIDENTIAL AND DAY TREATMENT PROGRAMS THE ELDERLY ARE SERVED IN INDEPENDENT LIVING, ASSISTED LIVING, AND EXTENDED CARE RESIDENTIAL SETTINGS LUTHERAN HOMES SOCIETY ALSO SERVES THE COMMUNITY THROUGH SERVICE COORDINATION, WHICH ASSISTS THE ELDERLY IN ACCESSING NEEDED SERVICES, THEREBY EN

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

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 34,326,809 including grants of \$ 598,869) (Revenue \$ 39,499,721)
	LONG-TERM CARE PROGRAM PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR THE ELDERLY FOR 2013, 2,061 INDIVIDUALS WERE SERVED FOR A TOTAL OF 214,177 RESIDENT CARE DAYS SERVICES PROVIDED THROUGH THE SKILLED NURSING CARE CENTERS INCLUDE 24-HOUR SKILLED NURSING CARE, INTENSIVE PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES, REHABILITATION AND RESTORATIVE PROGRAMMING, SPECIALIZED DIETARY PROGRAMMING, DIABETIC MANAGEMENT, DEMENTIA CARE AND PSYCHOLOGICAL SERVICES, PASTORAL CARE, PLANNED ACTIVITIES, LAUNDRY AND HOUSEKEEPING, HOSPICE AND RESPITE CARE, IN-HOUSE PODIATRY, VISION AND DENTAL SERVICES, PHARMACY SERVICES, SOCIAL SERVICES, AND RESIDENT ADVOCACY ASSISTED LIVING RESIDENTS MAY CHOOSE FROM A WIDE RANGE OF SERVICES AND AMENITIES DEPENDING UPON THEIR SPECIFIC NEEDS (SEE SCHEDULE O) (CONTINUED) SERVICES INCLUDE THREE NUTRITIOUS MEALS EACH DAY, HOUSEKEEPING, LAUNDRY, MEDICATION MANAGEMENT, SPECIAL EVENTS TRANSPORTATION, PLANNED AND SUPERVISED ACTIVIES, ASSISTANCE WITH DAILY TASKS, THERAPY, AND OTHER SERVICES THERE ARE ALSO APARTMENTS TO PROVIDE HOUSING FOR THE ELDERLY WHO DON'T REQUIRE THE SERVICES PROVIDED IN THE SKILLED NURSING OR ASSISTED LIVING SETTINGS

4b	(Code) (Expenses \$ 6,984,838 including grants of \$) (Revenue \$ 8,152,368)
	FAMILY & YOUTH SERVICES PROGRAM PROVIDES RESIDENTIAL CARE AND SUPPORTIVE SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES FOR 2013, 928 INDIVIDUALS WERE SERVED FOR A TOTAL OF 17,468 RESIDENT CARE DAYS FAMILY AND YOUTH SERVICES PROVIDES RESIDENTIAL AND RELATED CARE AND TREATMENT TO CHILDREN, YOUTH AND ADULTS WHOSE CIRCUMSTANCES AND NEEDS NECESSITATE NURTURE AND SPECIAL SERVICES OUTSIDE THEIR HOMES, PROVIDING COMPREHENSIVE SERVICES WHICH EMPOWER YOUNG PEOPLE AND THEIR FAMILIES TO MEET THEIR OWN NEEDS AND TO CARE FOR OTHERS, PROVIDING PREVENTION AND INTERVENTION SERVICE TO CHILDREN, FAMILIES, AND YOUTH WHOSE CIRCUMSTANCES MAY INDICATE THEY ARE AT A RISK FOR OUT OF HOME PLACEMENT FOR SERVICES, AND PROVIDING AFTERCARE SUPPORT AND SERVICES TO CHILDREN AND FAMILIES WHO HAVE (SEE SCHEDULE O) (CONTINUED) BEEN SERVED IN OUT OF HOME PLACEMENT SERVICES SERVICES PROVIDED INCLUDE COMMUNITY-BASED RESIDENTIAL HOMES, ON-GROUND SBH OR SED CLASSROOMS, PARTNERS IN TREATMENT FAMILY WEEKENDS, MENTORING, DIAGNOSTIC ASSESSMENT, INDIVIDUAL AND GROUP COUNSELING, MENTAL HEALTH EDUCATION, CAMPUS-BASED RESIDENTIAL SERVICES, AND RESIDENTIAL AND DAY-TREATMENT PROGRAMS FOR YOUTH DIAGNOSED WITH ASPERGER'S DISORDER FAMILY & YOUTH SERVICES HAS ALWAYS BEEN AN EXEMPLARY PROVIDER OF COMPASSIONATE, QUALITY CARE TO THOSE WE SERVE, BUT WE ARE ALSO COMMITTED TO IMPROVING AND CONTRIBUTING TO THE COMMUNITY IN WHICH WE LIVE AND WORK IN ADDITION TO THE RESIDENTS AND CLIENTS SERVED DIRECTLY, A WIDE VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES CONTRIBUTE TO THE ACCOMPLISHMENT OF OUR TAX- EXEMPT PURPOSE FAMILY & YOUTH SERVICE SENIOR LEADERSHIP ALSO PROVIDED SERVICE TO THE COMMUNITY BY SERVING ON COMMUNITY BOARDS, COMMITTEES, OR TASK FORCES, TO ENHANCE THE GENERAL WELFARE OF THE COMMUNITY

4c	(Code) (Expenses \$ 1,994,360 including grants of \$) (Revenue \$ 2,240,644)
	INDEPENDENT LIVING PROGRAM PROVIDES HOUSING FOR THE ELDERLY FOR 2013, 696 INDIVIDUALS WERE PROVIDED HOUSING FOR A TOTAL OF 230,822 DAYS HOUSING SERVICES HAS DEVELOPED COMMUNITIES THAT OFFER AFFORDABLE HOUSING TO PEOPLE WHO ARE AGE 62 AND OLDER EACH COMMUNITY PROVIDES OPPORTUNITIES FOR RECREATIONAL AND RELIGIOUS PROGRAMS, SOCIAL EVENTS, OUTINGS, AND DAILY PEER CONTACT LHS HOUSING IS COMMITTED TO HELPING RESIDENTS MAINTAIN THEIR INDEPENDENCE AND, AT EACH OF THE COMMUNITIES, A SERVICE COORDINATOR IS ON SITE TO ASSIST RESIDENTS IN PROCURING MEALS, HOME HEALTH CARE, HOUSEKEEPING, ETC , ALL WHICH HELP IN MAINTAINING ONE'S INDEPENDENCE THESE SERVICES INCLUDE ASSISTING IN PROVIDING FOR ELDERLY AND/OR FAMILIES AND PERSONS ON A NONPROFIT BASIS, RENTAL HOUSING AND (SEE SCHEDULE O) (CONTINUED) RELATED FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THE PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS OF THE ELDERLY, AND CONTRIBUTE TO THEIR HEALTH, SECURITY, HAPPINESS AND USEFULNESS AND LONGER LIVING

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 43,306,007
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶LORINDA SCHALK 2021 N MCCORD TOLEDO, OH 43615 (419) 861-4906

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYNN OLMAN CHAIR	25	X		X				0	0	0
(2) DALE SCHAEFER VICE CHAIR	25	X		X				0	0	0
(3) JENNIFER FEHNRICh SECRETARY	25	X		X				0	0	0
(4) MICHAEL BOGDAN DIRECTOR	25	X						0	0	0
(5) REV RICHARD HABRECHT DIRECTOR	25	X						0	0	0
(6) DANIEL KUNOS DIRECTOR	25	X						0	0	0
(7) SUSAN MINCH DIRECTOR	25	X						0	0	0
(8) MICHAEL HOLLIE DIRECTOR	25	X						0	0	0
(9) NATALIE JACKSON DIRECTOR	25	X						0	0	0
(10) CHRISTINE SPOHN DIRECTOR	25	X						0	0	0
(11) KATHY MARTIN DIRECTOR	25	X						0	0	0
(12) REV KEITH HUNSINGER DIRECTOR	25	X						0	0	0
(13) PHILIP MEUSER DIRECTOR	25	X						0	0	0
(14) REV RICHARD RENTNER DIRECTOR	25	X						0	0	0
(15) DANIEL WAKEMAN DIRECTOR	25	X						0	0	0
(16) ROBIN BURKETT DIRECTOR	25	X						0	0	0
(17) REV CHRYSANNE TIMM DIRECTOR	25	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROSE THOMSON DIRECTOR	25	X						0	0	0
(19) MARY SHURTS - LHS INC TREASURER/CF	40 00				X			241,264	0	14,414
(20) DAVID I ROBERTS - LHS INC PRESIDENT &	40 00				X			238,192	0	123,524
(21) DONNA KONST VP FOR L/T S	40 00				X			163,012	0	22,406
(22) LORINDA SCHALK VP-YOUTH & H	40 00				X			154,522	0	16,835
(23) STEVE DUMKE SR EXECUTIV	40 00					X		127,592	0	11,931
(24) JEFF SCHULTE VP-HUMAN RES	40 00					X		112,333	0	11,237
(25) JOHN HENRY DIR OF FACI	40 00					X		106,958	0	19,826
(26) ANGIE POWELL	40 00					X		101,618	0	19,686
(27) KENNETH MAUER - LAW OFFICE FORMER CHAIR							X	103,265	575	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,348,756	575	239,859

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▶9

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
ONECARE RX LLC PO BOX 796 LAMERTVILLE MI48144	DRUGS	1,612,755
GORDON FOOD SERVICES INC DEPT CH 10490 PALATINE IL600550490	FOOD	1,491,969
PROFESSIONAL MEDICAL INC PO BOX 1243 BEDFORD PARK IL60499	MEDICAL SUPPLY	622,451
PRELUDE SERVICES 3911 HARTZDALE DRIVE CAMP HILL PA 17011	IT SERVICES	555,374
ECS BILLING & CONSULTING SOUTH INC PO BOX 402 TIFFIN OH 44883	BILLING	347,915
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 ▶10		

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	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	812,068			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,500			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	819,568			
Program Service Revenue	Business Code					
	2a	SERV FEES-MEDICARE & MEDICAID	21,239,414	21,239,414		
	b	SERVICE FEES-PRIVATE PAY	13,089,114	13,089,114		
	c	CHILD CARE PROGRAMS	6,901,710	6,901,710		
	d	SERVICE FEES-MANAGED CARE	4,750,370	4,750,370		
	e	MANAGEMENT FEES	1,355,432	1,355,432		
	f	All other program service revenue	2,556,693	2,556,693		
	g	Total. Add lines 2a-2f	49,892,733			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	73,407			73,407
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	(i) Real (ii) Personal					
	6a	Gross rents	181,355			
	b	Less rental expenses	162,061			
	c	Rental income or (loss)	19,294			
	d	Net rental income or (loss)	19,294	19,294		
	(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory	1,953,936	22,085		
	b	Less cost or other basis and sales expenses	1,794,744	71,281		
	c	Gain or (loss)	159,192	-49,196		
	d	Net gain or (loss)	109,996	109,996		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Business Code					
	11a	MANAGEMENT FEES	519,169	519,169		
	b	MISCELLANEOUS INCOME	136,654	136,654		
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	655,823			
	12	Total revenue. See Instructions	51,570,821	50,677,846		73,407

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 governments and organizations in the United States. See Part IV, line 21.	598,869	598,869		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	796,990		796,990	
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.	25,384,123	21,798,534	3,462,226	123,363
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	769,216	605,336	159,873	4,007
9	Other employee benefits.	4,138,877	3,215,045	897,879	25,953
10	Payroll taxes.	1,871,807	1,562,833	299,969	9,005
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	174,699		160,908	13,791
c	Accounting.	82,541		82,541	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,454,708	947,614	505,141	1,953
12	Advertising and promotion.	99,439		82,738	16,701
13	Office expenses.	214,389	43,122	165,798	5,469
14	Information technology.	500,570	43,603	441,003	15,964
15	Royalties.				
16	Occupancy.	1,780,873	1,544,051	235,352	1,470
17	Travel.	236,684	158,265	77,096	1,323
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	141,699	68,605	71,725	1,369
20	Interest.	2,324,206	1,940,295	383,911	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	2,523,457	2,115,125	408,332	
23	Insurance.	609,879	518,153	91,087	639
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	RESIDENT CARE SUPPLIES	2,324,752	2,324,752		
b	DUES, LICENSES & SUBSC	1,865,258	1,723,434	139,322	2,502
c	DIETARY FOOD EXPENSES	1,454,570	1,452,383	2,187	
d	BAD DEBT EXPENSE	992,580	992,580		
e	All other expenses	2,668,293	1,653,408	1,012,741	2,144
25	Total functional expenses. Add lines 1 through 24e.	53,008,479	43,306,007	9,476,819	225,653
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

			(A)		(B)
			Beginning of year		End of year
Assets	1	Cash—non-interest-bearing	3,363,566	1	3,671,323
	2	Savings and temporary cash investments	3,738,938	2	3,278,398
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,559,839	4	6,296,864
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,099,578	7	1,955,492
	8	Inventories for sale or use	27,470	8	13,021
	9	Prepaid expenses and deferred charges	363,807	9	355,550
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	71,168,983		
	b	Less: accumulated depreciation	40,377,050	10c	30,791,933
	11	Investments—publicly traded securities	1,695,646	11	1,569,615
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,059,386	15	9,713,391
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,797,858	16	57,645,587
Liabilities	17	Accounts payable and accrued expenses	4,214,205	17	4,774,816
	18	Grants payable		18	
	19	Deferred revenue	16,068	19	3,006
	20	Tax-exempt bond liabilities	31,540,000	20	31,270,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,463,470	23	3,792,681
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,011,511	25	1,855,099
	26	Total liabilities. Add lines 17 through 25	41,245,254	26	41,695,602
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	17,039,855	27	15,482,918
	28	Temporarily restricted net assets	219,969	28	197,855
	29	Permanently restricted net assets	292,780	29	269,212
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	17,552,604	33	15,949,985
	34	Total liabilities and net assets/fund balances	58,797,858	34	57,645,587

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	51,570,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,008,479
3	Revenue less expenses Subtract line 2 from line 1	3	-1,437,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,552,604
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-164,961
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,949,985

Part XII Financial Statements and Reporting

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

		Yes	No
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 in 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		No
2b	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	Yes	
2c	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 in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization LUTHERAN HOMES SOCIETY INC	Employer identification number 31-1565719
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☒	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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			▶
b 33 1/3% support test—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. 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 IV 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	139,652	46,327	807,798	876,104	819,568	2,689,449
2 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	6,873,528	3,604,374	45,317,627	47,055,872	49,892,733	152,744,134
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,013,180	3,650,701	46,125,425	47,931,976	50,712,301	155,433,583
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						155,433,583

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	7,013,180	3,650,701	46,125,425	47,931,976	50,712,301	155,433,583
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,693	12,938	399,261	370,051	73,407	881,350
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,693	12,938	399,261	370,051	73,407	881,350
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	67,845	39,178	922,850	756,228	655,823	2,441,924
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,106,718	3,702,817	47,447,536	49,058,255	51,441,531	158,756,857
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.910%	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	96.790%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.000%	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.000%	
19a 33 1/3% support tests—2013. 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—2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
PART II, LINE 12	MISCELLANEOUS INCOME 1,007,543 MANAGEMENT INCOME 1,434,381

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LUTHERAN HOMES SOCIETY INC	Employer identification number 31-1565719
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		31,813
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			31,813
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	FAIR REIMBURSEMENTS FOR MEDICAID/MEDICARE RESIDENT CARE AND RELATED LONG-TERM SERVICES ISSUES - IN WASHINGTON, WE WERE ABLE TO MEET WITH LEGISLATORS AND/OR THEIR AIDES, INCLUDING THE OFFICES OF SENATOR ROB PORTMAN, CONGRESSMAN BOB LATTA, CONGRESSMAN JIM JORDAN, AND CONGRESSWOMAN MARCY KAPTUR. WE ADDRESSED THE ISSUES OF OPRESERVING CHARITABLE DEDUCTIONS (JOHN'S STORY) OPRESERVING HUD RESIDUAL RECEIPTS OWAIVING THREE DAY HOSPITAL STAY REQUIREMENT OELIMINATING HOSPITAL OBSERVATION DAYS OCOST-REDUCTION ALLOWING CROSSOVER MEDICAID/MEDICARE SERVICES IN HUD HOUSING OOLDER AMERICANS ACT - UPDATE FUNDING OPASSPORT COST ADVANTAGE - WE LOBBIED OUR STATE LEGISLATORS REQUESTING THEIR SUPPORT OF MEDICAID EXPANSION WHICH WILL PROVIDE COVERAGE FOR THOSE WHO FALL "BETWEEN THE CRACKS" BY PROVIDING COVERAGE FOR THOSE UP TO 138% OF POVERTY LEVEL - WE LOBBIED OUR FEDERAL LEGISLATORS, REQUESTING THEIR SUPPORT OF HR 1179, THE IMPROVING ACCESS TO MEDICARE COVERAGE ACT. THIS LEGISLATION FIXES A CRITICAL PROBLEM FOR MEDICARE BENEFICIARIES WHO HAVE BEEN KEPT IN A HOSPITAL UNDER OBSERVATION STATUS FOR EXTENDED PERIODS BUT NEVER ADMITTED AS INPATIENTS. UPON THEIR RELEASE, THEY ARE NOT ELIGIBLE FOR MEDICARE COVERAGE OF POST-ACUTE CARE BECAUSE THEY DO NOT MEET THE THREE-DAY HOSPITALIZATION REQUIREMENT, EVEN THOUGHT HEY WERE IN A HOSPITAL BED FOR THREE DAYS OR LONGER. THESE BENEFICIARIES INCUR SUBSTANTIAL OUT-OF-POCKET COST FOR THEIR POST-ACUTE CARE. THE IMPROVING ACCESS TO MEDICARE COVERAGE ACT PROVIDES THAT OBSERVATION STAYS WILL BE COUNTED TOWARD THE THREE-DAY HOSPITALIZATION REQUIREMENT FOR MEDICARE COVERAGE OF POST-ACRE CARE. THE LEGISLATION WILL ENSURE THAT IF BENEFICIARIES NEED POST-ACUTE CARE UPON THEIR RELEASE FROM THE HOSPITAL, THE COST WILL BE PAID BY MEDICARE. - WE LOBBIED FEDERAL LEGISLATORS TO SUPPORT FUNDING FOR CONSTRUCTION OF NEW UNITS OF AFFORDABLE HOUSING FOR VERY LOW-INCOME SENIORS UNDER THE SECTION 202 HOUSING PROGRAM. SPECIFICALLY SENATE BILL S 1243, THE FY14 APPROPRIATIONS BILL FOR THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). - WE LOBBIED FEDERAL LEGISLATORS TO END THE DRASTIC BUDGET CUTS UNDER THE SEQUESTER AS THIS WILL HARM OUR MOST VULNERABLE SENIORS, DENYING THEM THE SUPPORT THEY NEED TO AVOID HUNGER AND MALNOURISHMENT, PAYING THEIR HEATING BILL, AND AFFORDING DECENT HOUSING. - WE LOBBIED ARE FEDERAL LEGISLATORS TO SUPPORT LOW INCOME HOUSING TAX CREDIT PROGRAM AS THEY WERE REWRITING THE UNITED STATES TAX CODE. AS A PRIMARY SOURCE OF CAPITAL FOR AFFORDABLE SENIOR HOUSING, THE LOW INCOME HOUSING TAX CREDIT IS A BOON TO THE ECONOMY, CREATING JOBS AND INVESTMENTS IN MULTIFAMILY HOUSING AND COMMUNITIES AND MEETS AN IMPORTANT PUBLIC POLICY OBJECTIVE TO PROVIDE AFFORDABLE HOUSING TO THOSE LOW AND MODERATE INCOME SENIORS WHO CRITICALLY NEED AFFORDABLE SUPPORTIVE HOUSING. - WE SIGNED ON TO THE OHIO ASSOCIATION OF NONPROFIT ORGANIZATIONS (OANO) AND THE INDEPENDENT SECTOR'S LETTER THAT ADVOCATED FOR MAINTAINING THE CHARITABLE DEDUCTION WITHIN THE TAX CODE. - WE LOBBIED OUR FEDERAL LEGISLATORS FOR FUNDING FOR SENIOR HOUSING, EXTENDING THE EXCEPTIONS PROCESS FOR THERAPY CAPS, AND FIXING THE OBSERVATION DAYS PROBLEM. - WE WERE ABLE TO SPEAK WITH OUR STATE LEGISLATORS AT THE ANNUAL CHAMBER LEGISLATIVE BREAKFAST, HELPING THEM TO UNDERSTAND THE ISSUES AND DECISIONS THEY MAKE AS THEY AFFECT THE ELDERLY THROUGHOUT OHIO AND SPECIFICALLY THOSE WE SERVE.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs

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" to 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in 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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to 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 | | 1,557,685 | | 1,557,685 |
| b Buildings | | 56,688,924 | 31,371,988 | 25,316,936 |
| c Leasehold improvements | | 2,197,482 | 1,363,140 | 834,342 |
| d Equipment | | 9,827,974 | 7,641,922 | 2,186,052 |
| e Other | | 896,918 | | 896,918 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 30,791,933 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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.

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	FEDERAL INCOME TAXES -ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 31-1565719

Name: LUTHERAN HOMES SOCIETY INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) OTHER A/R & ADVANCES	3,262,112
(2) INTEREST IN LHS FOUNDATION	2,537,707
(3) INTEREST IN LIFE LEASES	1,941,890
(4) FINANCING FEES	1,051,337
(5) INVESTMENT IN HOME HEALTH	400,000
(6) BENEFICIAL INTEREST IN TRUST	353,244
(7) GOODWILL	113,760
(8) DEPOSITS	28,341
(9) OTHER	25,000

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN HOMES SOCIETY INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
31-1565719

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LHS FOUNDATION 2021 N MCCORD RD TOLEDO, OH 43615	34-1678593		300,710				CONTRIBUTION
(2) LUTHERAN HOUSING SERVICES 18 80 S WHEELING OREGON, OH 43616	30-0037439		14,582				OPERATIONAL ASSIST
(3) LUTHERAN HOUSING SERVICES 2519-21 N HOLLAND- SYLVANIA RD TOLEDO, OH 43615	34-1268346		84,290				
(4) LUTHERAN HOUSING SERVICES 3 36 EXECUTIVE DR NORWALK, OH 44857	34-1313007		65,113				
(5) LUTHERAN HOUSING SERVICES 6 2472 LUTHER HILLS CIRCLE OREGON, OH 43616	34-1364623		14,582				
(6) LUTHERAN HOUSING SERVICES 10 1780 WHETSTONE BUCYRUS, OH 44820	31-1515028		119,022				

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in 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	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in 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	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in 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	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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 in 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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARY SHURTS - LHS INC TREASURER/CFO	(i) (ii)	180,000		61,264	7,451	6,963	255,678	19,800
(2)DAVID I ROBERTS - LHS INC PRESIDENT & CEO	(i) (ii)	238,192			116,720	6,804	361,716	
(3)DONNA KONST VP FOR L/T SERVICES	(i) (ii)	163,012			6,869	15,537	185,418	
(4)LORINDA SCHALK VP-YOUTH & HOUSING	(i) (ii)	154,522			6,572	10,263	171,357	
(5)KENNETH MAUER - LAW OFFICE FORMER CHAIR	(i) (ii)			103,265 575			103,265 575	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	MARY SHURTS - LHS, INC 0 61,264 0 DAVID I ROBERTS - LHS, INC 0 107,000 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN HOMES SOCIETY INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

31-1565719

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF LUCAS OHIO	34-6400806	549308BS2	12-09-2010	31,945,000	SEE PART VI		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue											
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds											
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds											
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2012							
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X							
15	Were the bonds issued as part of an advance refunding issue?				X							
16	Has the final allocation of proceeds been made?				X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X							

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	COUNTY OF LUCAS, OHIO (1) FUND CAPITAL PROJECTS, (2) RETIRE PRIOR INDEBTEDNESS, (3) FUND THE DEBT SERVICE RESERVE, (4) PAY FOR BOND ISSUANCE COSTS, AND (5) FINANCE TERMINATION PAYMENTS RELATING TO INTEREST RATE SWAPS

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARSHALL & MELHORN LLC	FORMER CHAIR	103,740	LEGAL FEES PAID		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 2, PART III, LINE 4A	(CONTINUED) SERVICES INCLUDE THREE NUTRITIOUS MEALS EACH DAY, HOUSEKEEPING, LAUNDRY, MEDICATION MANAGEMENT, SPECIAL EVENTS TRANSPORTATION, PLANNED AND SUPERVISED ACTIVITIES, ASSISTANCE WITH DAILY TASKS, THERAPY, AND OTHER SERVICES. THERE ARE ALSO APARTMENTS TO PROVIDE HOUSING FOR THE ELDERLY WHO DON'T REQUIRE THE SERVICES PROVIDED IN THE SKILLED NURSING OR ASSISTED LIVING SETTINGS.
FORM 990, PAGE 2, PART III, LINE 4B	(CONTINUED) BEEN SERVED IN OUT OF HOME PLACEMENT SERVICES. SERVICES PROVIDED INCLUDE COMMUNITY-BASED RESIDENTIAL HOMES, ON-GROUND SBH OR SED CLASSROOMS, PARTNERS IN TREATMENT FAMILY WEEKENDS, MENTORING, DIAGNOSTIC ASSESSMENT, INDIVIDUAL AND GROUP COUNSELING, MENTAL HEALTH EDUCATION, CAMPUS-BASED RESIDENTIAL SERVICES, AND RESIDENTIAL AND DAY-TREATMENT PROGRAMS FOR YOUTH DIAGNOSED WITH ASPERGER'S DISORDER. FAMILY & YOUTH SERVICES HAS ALWAYS BEEN AN EXEMPLARY PROVIDER OF COMPASSIONATE, QUALITY CARE TO THOSE WE SERVE, BUT WE ARE ALSO COMMITTED TO IMPROVING AND CONTRIBUTING TO THE COMMUNITY IN WHICH WE LIVE AND WORK. IN ADDITION TO THE RESIDENTS AND CLIENTS SERVED DIRECTLY, A WIDE VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES CONTRIBUTE TO THE ACCOMPLISHMENT OF OUR TAX-EXEMPT PURPOSE. FAMILY & YOUTH SERVICE SENIOR LEADERSHIP ALSO PROVIDED SERVICE TO THE COMMUNITY BY SERVING ON COMMUNITY BOARDS, COMMITTEES, OR TASK FORCES, TO ENHANCE THE GENERAL WELFARE OF THE COMMUNITY.
FORM 990, PAGE 2, PART III, LINE 4C	(CONTINUED) RELATED FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THE PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS OF THE ELDERLY, AND CONTRIBUTE TO THEIR HEALTH, SECURITY, HAPPINESS AND USEFULNESS AND LONGER LIVING.
FORM 990, PAGE 6, PART VI, LINE 2	DAVID ROBERTS LYNN OLMAN DIRECTOR CHAIR PERSONAL AUTO INS. PURCHASE DAVID ROBERTS LYNN OLMAN DIRECTOR CHAIR MONEY MARKET ACCOUNT.
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD IS ELECTED BY REPRESENTATIVES OF THE 168 MEMBER CONGREGATIONS.
FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBER CONGREGATIONS APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE TREASURER OF THE BOARD DOES A THOROUGH REVIEW OF THE 990S. DUE TO THE EXCESSIVE NUMBER (18) OF 990S FILED AND PREPARED BY LUTHERAN HOMES SOCIETY AS A PARENT ORGANIZATION, THEY ARE POSTED TO AN INTERNAL WEBSITE UPON COMPLETION FOR REVIEW BY BOARD MEMBERS. AFTER A ONE WEEK REVIEW AND COMMENT PERIOD, THEY ARE FILED WITH THE IRS.
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICTS OF INTEREST POLICY IS ENFORCED THRU THE ACCOUNTS PAYABLE PROCESS AS WELL AS OUR INTERNAL AUDIT PROGRAM.
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CEO IS APPROVED BY THE BOARD. THE COMPENSATION IS DETERMINED USING WAGE INFORMATION OF COMPARATIVE INDUSTRIES.
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION OF THE CFO AND OTHER KEY EMPLOYEES IS APPROVED BY THE BOARD. THE COMPENSATION FOR POSITIONS ARE DETERMINED USING WAGE INFORMATION OF COMPARATIVE INDUSTRIES.
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE ALL MADE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN LHS FOUNDATION - 164,961

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. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LUTHERAN HOMES SOCIETY INC

Employer identification number
31-1565719

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

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
See Additional Data Table							

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	

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

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

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

No

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
See Additional Data Table			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1565719

Name: LUTHERAN HOMES SOCIETY INC

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
(1) LHS FOUNDATION INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1678593	FUND CORP	OH	501C3	11	NO		No
(1) LHS MANAGEMENT SERVICES INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1930333	MGMT SERV	OH	501C3	9	NO		No
(2) LUTHERAN DEVELOPMENT CORPORATION 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 31-1275380	SR LIVING	OH	501C3	9	NO		No
(3) LUTHERAN HOUSING SERVICES INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1268346	SR LIVING	OH	501C3	9	NO		No
(4) LUTHERAN HOUSING SERVICES 1 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313004	SR LIVING	OH	501C3	9	NO		No
(5) LUTHERAN HOUSING SERVICES 2 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313006	SR LIVING	OH	501C3	9	NO		No
(6) LUTHERAN HOUSING SERVICES 3 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313007	SR LIVING	OH	501C3	9	NO		No
(7) LUTHERAN HOUSING SERVICES 5 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1313009	SR LIVING	OH	501C3	9	NO		No
(8) LUTHERAN HOUSING SERVICES 6 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1364623	SR LIVING	OH	501C3	9	NO		No
(9) LUTHERAN HOUSING SERVICES 7 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1364624	SR LIVING	OH	501C3	9	NO		No
(10) LUTHERAN HOUSING SERVICES 8 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1752591	SR LIVING	OH	501C3	9	NO		No
(11) LUTHERAN HOUSING SERVICES 9 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1801635	SR LIVING	OH	501C3	9	NO		No
(12) LUTHERAN HOUSING SERVICES 10 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 31-1515028	SR LIVING	OH	501C3	9	NO		No
(13) LUTHERAN HOUSING SERVICES 12 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 31-1515034	SR LIVING	OH	501C3	9	NO		No
(14) LUTHERAN HOUSING SERVICES 13 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1889735	SR LIVING	OH	501C3	9	NO		No
(15) LUTHERAN HOUSING SERVICES 18 INC 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 30-0037439	SR LIVING	OH	501C3	9	NO		No
(16) CREEKSIDE CONDO OWNER'S ASSOCIATION 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1878025	SR LIVING	OH	501C6		NO		No
(17) BAVARIAN VILLAGE CONDO OWNER'S ASSO 2021 NORTH MCCORD ROAD TOLEDO, OH 43615 34-1671358	SR LIVING	OH	501C6		NO		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CREEKSIDE CONDO OWNERS ASSOCIATION	O	114,053	
CREEKSIDE CONDO OWNERS ASSOCIATION	Q	96,730	
CREEKSIDE CONDO OWNERS ASSOCIATION	R	140,096	
LHS FOUNDATION INC	C	812,068	
LHS FOUNDATION INC	B	300,710	
LHS FOUNDATION INC	L	425,927	
LHS FOUNDATION INC	E	1,416,515	
LUTHERAN HOUSING SERVICES 1 INC	L	179,963	
LUTHERAN HOUSING SERVICES 1 INC	Q	56,066	
LUTHERAN HOUSING SERVICES 10 INC	L	70,025	
LUTHERAN HOUSING SERVICES 10 INC	B	119,022	
LUTHERAN HOUSING SERVICES 12 INC	L	57,654	
LUTHERAN HOUSING SERVICES 18 INC	L	68,034	
LUTHERAN HOUSING SERVICES 18 INC	O	52,682	
LUTHERAN HOUSING SERVICES 2 INC	L	136,653	
LUTHERAN HOUSING SERVICES 3 INC	L	90,978	
LUTHERAN HOUSING SERVICES 3 INC	B	65,113	
LUTHERAN HOUSING SERVICES 5 INC	L	87,204	
LUTHERAN HOUSING SERVICES 6 INC	D	793,302	
LUTHERAN HOUSING SERVICES 6 INC	L	120,586	
LUTHERAN HOUSING SERVICES 7 INC	D	1,162,190	
LUTHERAN HOUSING SERVICES 7 INC	L	80,511	
LUTHERAN HOUSING SERVICES 8 INC	L	138,283	
LUTHERAN HOUSING SERVICES 8 INC	S	300,710	
LUTHERAN HOUSING SERVICES 9 INC	R	250,000	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LUTHERAN HOUSING SERVICES INC	L	149,673	
LUTHERAN HOUSING SERVICES INC	B	84,290	