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2015

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

|  |   |            |  |
|--|---|------------|--|
| B Check if applicable                            | C Name of organization<br>LUTHERAN SENIOR SERVICES  |            | D Employer identification number<br>43-0654862 |
| <input type="checkbox"/> Address change          |   |            |  |
| <input type="checkbox"/> Name change             | Doing business as   |            | E Telephone number<br>(314) 968-9313           |
| <input type="checkbox"/> Initial return          |   |            |  |
| <input type="checkbox"/> Final return/terminated | Number and street (or P O box if mail is not delivered to street address)<br>1150 HANLEY INDUSTRIAL COURT | Room/suite |  |
| <input type="checkbox"/> Amended return          |   |            |  |
| <input type="checkbox"/> Application pending     | City or town, state or province, country, and ZIP or foreign postal code<br>ST LOUIS, MO 63144            |            | G Gross receipts \$ 216,140,911                |

|  |  |
|--|--|
| F Name and address of principal officer<br>JOHN KOTOVSKY<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144 | H(a) Is this a group return for subordinates?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | H(b) Are all subordinates included?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|  | If "No," attach a list (see instructions)  |
|  | H(c) Group exemption number ►  |

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW LSSLIVING.ORG

|   |                          |                              |
|---|--------------------------|------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | L Year of formation 1863 | M State of legal domicile MO |
|---|--------------------------|------------------------------|

## Part I Summary

|  |    |       |
|--|----|-------|
| 1 Briefly describe the organization's mission or most significant activities<br>FAITH BASED ORGANIZATION WHICH PROVIDES A NETWORK OF SUPPORTIVE SERVICES FOR OLDER ADULTS SEE BELOW FOR SUMMARY OF LSS CONSOLIDATED OPERATIONS |    |       |
| 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  | 14    |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | 4  | 14    |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .   | 5  | 4,215 |
| 6 Total number of volunteers (estimate if necessary) . . . . .   | 6  | 3,882 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | 7a | 0     |
| b Net unrelated business taxable income from Form 990-T, line 34 . . . . .   | 7b | 0     |

|   |             |              |
|---|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) . . . . .                           | Prior Year  | Current Year |
| 9 Program service revenue (Part VIII, line 2g) . . . . .                            | 1,857,695   | 1,927,513    |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .          | 132,437,938 | 140,357,100  |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 7,841,419   | 7,987,805    |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,817,887   | 2,652,439    |
|   | 144,954,939 | 152,924,857  |

|  |             |             |
|--|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .        | 17,403      | 26,793      |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .           | 0           | 0           |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 72,865,764  | 79,979,310  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .          | 0           | 0           |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 0                      |             |             |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .            | 66,173,218  | 70,066,141  |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 139,056,385 | 150,072,244 |
| 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                     | 5,898,554   | 2,852,613   |

|  |                           |             |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) . . . . .                            | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) . . . . .                       | 471,496,720               | 440,496,214 |
| 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . | 416,908,450               | 392,188,612 |
|  | 54,588,270                | 48,307,602  |

## 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 | *****<br>Signature of officer<br>PAUL OGIER CFO<br>Type or print name and title | 2016-09-06<br>Date |
|-----------|---|--------------------|

|                        |   |                                       |      |   |                   |
|------------------------|---|---------------------------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name<br>AMANDA TINNEY                             | Preparer's signature<br>AMANDA TINNEY | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00028482 |
|                        | Firm's name ► CLIFTONLARSONALLEN LLP                                    |                                       |      | Firm's EIN ► 41-0746749                         |                   |
|                        | Firm's address ► 600 WASHINGTON AVENUE SUITE 1800<br>ST LOUIS, MO 63101 |                                       |      | Phone no (314) 925-4300                         |                   |

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

TO PROVIDE A NETWORK OF SUPPORTIVE SERVICES THAT MEET THE NEEDS OF OLDER ADULTS AT ALL INCOME LEVELS IN ORDER TO LIVE OUT OUR MISSION OF "OLDER ADULTS LIVING LIFE TO THE FULLEST"

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**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

|   |   |
|---|---|
| <b>4a</b>   | (Code ) (Expenses \$ 125,166,159 including grants of \$ 26,793 ) (Revenue \$ 136,503,375 )              |
| OPERATIONS FOR FIVE CONTINUING CARE RETIREMENT COMMUNITIES (CCRC) THAT OFFER A CONTINUUM OF CARE THAT INCLUDES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY CARE, AND SKILLED NURSING, THE MAJORITY OF WHICH ARE MEDICARE/MEDICAID CERTIFIED IN ADDITION, OPERATIONS OF ONE ASSISTED LIVING AND ONE SKILLED NURSING FACILITY NOT ASSOCIATED WITH A CCRC A TOTAL OF 3,275 UNITS ARE OFFERED WITH A SUSTAINED OCCUPANCY RATE EXCEEDING 92% MORE THAN 3,300 CLIENTS ARE SERVED ANNUALLY |   |
| <b>4b</b>   | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 8,860,207 )                                   |
| A VARIETY OF HOME COMMUNITY BASED SERVICES FOR OLDER ADULTS WHO REMAIN IN THEIR OWN HOMES, INCLUDING MEDICARE CERTIFIED HOME HEALTH, PRIVATE DUTY HOME HEALTH SERVICES, HOSPICE SERVICES AND THREE PROGRAMS IN PARTNERSHIP WITH THE UNITED WAY OUTREACH SOCIAL SERVICES, THE GOOD NEIGHBOR PROGRAM, AND VOLUNTEER MONEY MANAGEMENT  |   |
| <b>4c</b>   | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ -5,006,482 )                                  |
| A BENEVOLENT CARE FUND EXISTS TO PROVIDE FINANCIAL ASSISTANCE TO RESIDENTS OR CLIENTS WHO OUTLIVE THEIR ABILITY TO PAY TOTAL BENEVOLENT CARE ASSISTANCE PROVIDED WAS \$5,006,482, OF WHICH, \$5,006,482 IS OFFSETTING PROGRAM SERVICE REVENUE THERE WAS ADDITIONAL BENEVOLENT CARE ASSISTANCE PROVIDED BY OTHER ENTITIES WITHIN THE LUTHERAN SENIOR SERVICES AFFILIATED GROUP BRINGING THE TOTAL TO APPROXIMATELY \$7,200,000   |   |
| <b>4d</b>   | Other program services (Describe in Schedule O )<br>(Expenses \$ including grants of \$ ) (Revenue \$ ) |
| <b>4e</b>   | <b>Total program service expenses ► 125,166,159</b>   |

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

**2** Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

**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

**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

**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

**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

**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

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**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

**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

**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

**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

**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

**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

**e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

**f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

**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

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

**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

**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

**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)

**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

**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

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

|            | Yes | No |
|------------|-----|----|
| <b>1</b>   | Yes |    |
| <b>2</b>   | Yes |    |
| <b>3</b>   |     | No |
| <b>4</b>   | Yes |    |
| <b>5</b>   |     | No |
| <b>6</b>   |     | No |
| <b>7</b>   |     | No |
| <b>8</b>   |     | No |
| <b>9</b>   | Yes |    |
| <b>10</b>  | Yes |    |
| <b>11a</b> | Yes |    |
| <b>11b</b> |     | No |
| <b>11c</b> |     | No |
| <b>11d</b> |     | No |
| <b>11e</b> | Yes |    |
| <b>11f</b> | Yes |    |
| <b>12a</b> |     | No |
| <b>12b</b> | Yes |    |
| <b>13</b>  |     | No |
| <b>14a</b> |     | No |
| <b>14b</b> |     | No |
| <b>15</b>  |     | No |
| <b>16</b>  |     | No |
| <b>17</b>  |     | No |
| <b>18</b>  |     | No |
| <b>19</b>  |     | No |
| <b>20a</b> |     | No |
| <b>20b</b> |     |    |

**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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23  | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II                                 | 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? If "Yes," complete Schedule L, Part III | 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? If "Yes," complete Schedule L, Part IV   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 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? If "Yes," complete Schedule L, Part IV  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | 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? If "Yes," complete Schedule R, Part I  | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | 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)? If "Yes," complete Schedule R, Part V, line 2   | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 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? If "Yes," complete Schedule R, Part VI   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 |
|--|-----------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .  | <b>1a</b> 358   |     |    |
| <b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .   | <b>1b</b> 0     |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .  | <b>1c</b>       |     |    |
| <b>2a</b> 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 . . .  | <b>2a</b> 4,215 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . .          | <b>2b</b> Yes   |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .  | <b>3a</b>       | No  |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .  | <b>3b</b>       |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | <b>4a</b>       | No  |    |
| <b>b</b> If "Yes," enter the name of the foreign country ►<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . .   |                 |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .  | <b>5a</b>       | No  |    |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .  | <b>5b</b>       | No  |    |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .  | <b>5c</b>       |     |    |
| <b>6a</b> 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? . . .                                    | <b>6a</b>       | No  |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .   | <b>6b</b>       |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |                 |     |    |
| <b>a</b> 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? . . .   | <b>7a</b>       | No  |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .   | <b>7b</b>       |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .  | <b>7c</b>       | No  |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .   | <b>7d</b>       |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .   | <b>7e</b>       | No  |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .  | <b>7f</b>       | No  |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .  | <b>7g</b>       |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .  | <b>7h</b>       |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b>   |                 |     |    |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .  | <b>8</b>        |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .   | <b>9a</b>       |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .   | <b>9b</b>       |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter   |                 |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .  | <b>10a</b>      |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .   | <b>10b</b>      |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter  |                 |     |    |
| <b>a</b> Gross income from members or shareholders . . .   | <b>11a</b>      |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .   | <b>11b</b>      |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .  | <b>12a</b>      |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .   | <b>12b</b>      |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |                 |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . .  | <b>13a</b>      |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .   | <b>13b</b>      |     |    |
| <b>c</b> Enter the amount of reserves on hand . . .  | <b>13c</b>      |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .  | <b>14a</b>      | No  |    |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .  | <b>14b</b>      |     |    |

**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  |
|-----------|---|-----|-----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   | 1a  | 14  |
|           | 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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  | 1b  | 14  |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | No  |
| <b>3</b>  | 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  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5   | No  |
| <b>6</b>  | Did the organization have members or stockholders?  | 6   | No  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a  | Yes |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b  | No  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |     |
| <b>8a</b> | The governing body?   | 8a  | Yes |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | 8b  | Yes |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

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

|            |  | Yes | No  |
|------------|--|-----|-----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | 10a | No  |
| <b>b</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 |     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | Yes |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a | Yes |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |
| <b>c</b>   | 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 |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | 13  | Yes |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | 14  | Yes |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | 15a | Yes |
| <b>b</b>   | Other officers or key employees of the organization  | 15b | No  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a | No  |
| <b>b</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**

|           |   |
|-----------|---|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed  |
| <b>18</b> | 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 |
|           | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)                             |
| <b>19</b> | 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                    |
| <b>20</b> | State the name, address, and telephone number of the person who possesses the organization's books and records<br>PAUL OGIER 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 (314) 968-9313                         |

## **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 VI

**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.

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

**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 ► 36

|  | Yes | No  |
|--|-----|-----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | 3   | No  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | 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? If "Yes," complete Schedule J for such person . . . . .                       | 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   |
|--|---------------------------|-------------------------|-------------------------|-----------|--|
| ALLIANCE REHAB   |                           | THERAPY SERVICES        |                         | 7,142,179 |  |
| 1520 KENSINGTON RD SUITE 110   |                           |                         |                         |           |  |
| OAK BROOK, IL 60523  |                           |                         |                         |           |  |
| MUCCIGROSSO CONSTRUCTION INC   |                           | CONSTRUCTION CONTRACTOR |                         | 2,389,032 |  |
| 6633 OLIVE BLVD  |                           |                         |                         |           |  |
| ST LOUIS, MO 63130   |                           |                         |                         |           |  |
| PERKINS EASTMAN ARCHITECTS PC  |                           | ARCHITECT               |                         | 1,070,428 |  |
| 351 WEST HUBBARD STREET SUITE 708  |                           |                         |                         |           |  |
| CHICAGO, IL 60654  |                           |                         |                         |           |  |
| HEALTHCARE SERVICES MANAGEMENT INC   |                           | SOFTWARE PROVIDER       |                         | 581,294   |  |
| 1 BATTERY MARCH PARK SUITE 311   |                           |                         |                         |           |  |
| QUINCY, MA 02169   |                           |                         |                         |           |  |
| METEORIX LLC   |                           | IT PROVIDER             |                         | 559,527   |  |
| 260 FRANKLIN ST  |                           |                         |                         |           |  |
| BOSTON, MA 02110   |                           |                         |                         |           |  |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than |                           |                         |                         | 1,102,226 | from the agency for the period of January 1, 2018 through December 31, 2018. |

**Part VIII Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

|           |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------|---|----------------------|--|---|---|
| <b>1a</b> | Federated campaigns . . .   | <b>1a</b>            |  |   |   |
| <b>b</b>  | Membership dues . . .   | <b>1b</b>            |  |   |   |
| <b>c</b>  | Fundraising events . . .  | <b>1c</b>            |  |   |   |
| <b>d</b>  | Related organizations . . .   | <b>1d</b>            | 1,542,821  |   |   |
| <b>e</b>  | Government grants (contributions)   | <b>1e</b>            |  |   |   |
| <b>f</b>  | All other contributions, gifts, grants, and<br>similar amounts not included above | <b>1f</b>            | 384,692  |   |   |
| <b>g</b>  | Noncash contributions included in lines<br>1a-1f \$                               |                      |  |   |   |
| <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . .   |                      |  | <b>1,927,513</b>                        |   |

**Program Service Revenue**

|           |                                      | Business Code |             |                    |  |
|-----------|--------------------------------------|---------------|-------------|--------------------|--|
| <b>2a</b> | CONTINUING CARE RETIREMENT<br>COMMUN | 623000        | 120,668,148 | 120,668,148        |  |
| <b>b</b>  | MANAGEMENT FEES                      | 623000        | 13,072,776  | 13,072,776         |  |
| <b>c</b>  | HCBS REVENUE                         | 623000        | 8,860,207   | 8,860,207          |  |
| <b>d</b>  | AMORTIZATION OF ENTRANCE FEES        | 623000        | 2,762,451   | 2,762,451          |  |
| <b>e</b>  | BENEVOLENT CARE EXPENSES             | 623000        | -5,006,482  | -5,006,482         |  |
| <b>f</b>  | All other program service revenue    |               |             |                    |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . .  |               |             | <b>140,357,100</b> |  |

**Other Revenue**

|            |  | Business Code |             |             |              |
|------------|--|---------------|-------------|-------------|--------------|
| <b>3</b>   | Investment income (including dividends, interest,<br>and other similar amounts) . . .  |               | 2,664,062   |             | 2,664,062    |
| <b>4</b>   | Income from investment of tax-exempt bond proceeds . . .   |               | 421,236     |             | 421,236      |
| <b>5</b>   | Royalties . . . . .  |               |             |             |              |
|            | (I) Real   | (II) Personal |             |             |              |
| <b>6a</b>  | Gross rents  | 202,495       |             |             |              |
| <b>b</b>   | Less rental expenses   | 25,000        |             |             |              |
| <b>c</b>   | Rental income or (loss)  | 177,495       |             |             |              |
| <b>d</b>   | Net rental income or (loss) . . . . .  |               | 177,495     |             | 177,495      |
|            | (I) Securities   | (II) Other    |             |             |              |
| <b>7a</b>  | Gross amount from sales of assets other than inventory   | 55,331,599    | 12,761,962  |             |              |
| <b>b</b>   | Less cost or other basis and sales expenses  | 53,435,992    | 9,755,062   |             |              |
| <b>c</b>   | Gain or (loss)   | 1,895,607     | 3,006,900   |             |              |
| <b>d</b>   | Net gain or (loss) . . . . .   |               | 4,902,507   |             | 4,902,507    |
| <b>8a</b>  | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . |               |             |             |              |
| <b>a</b>   |  |               |             |             |              |
| <b>b</b>   | Less direct expenses . . .   | <b>b</b>      |             |             |              |
| <b>c</b>   | Net income or (loss) from fundraising events . . .   |               |             |             |              |
| <b>9a</b>  | Gross income from gaming activities<br>See Part IV, line 19 . . .  |               |             |             |              |
| <b>a</b>   |  |               |             |             |              |
| <b>b</b>   | Less direct expenses . . .   | <b>b</b>      |             |             |              |
| <b>c</b>   | Net income or (loss) from gaming activities . . .  |               |             |             |              |
| <b>10a</b> | Gross sales of inventory, less<br>returns and allowances . . .   |               |             |             |              |
| <b>a</b>   |  |               |             |             |              |
| <b>b</b>   | Less cost of goods sold . . .  | <b>b</b>      |             |             |              |
| <b>c</b>   | Net income or (loss) from sales of inventory . . .   |               |             |             |              |
|            | Miscellaneous Revenue  | Business Code |             |             |              |
| <b>11a</b> | LAUNDRY  | 623000        | 821,062     |             | 821,062      |
| <b>b</b>   | BARBER AND BEAUTY  | 623000        | 609,712     |             | 609,712      |
| <b>c</b>   | MEAL INCOME  | 623000        | 577,123     |             | 577,123      |
| <b>d</b>   | All other revenue . . . . .  |               | 467,047     |             | 467,047      |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . .  |               | 2,474,944   |             |              |
| <b>12</b>  | <b>Total revenue.</b> See Instructions . . . . .   |               | 152,924,857 | 140,357,100 | 0 10,640,244 |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .  | 26,793                | 26,793                          |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 2,572,216             |                                 | 2,572,216                              |                             |
| 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 . . . . .  | 61,612,885            | 49,649,546                      | 11,963,339                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 1,347,684             | 1,086,005                       | 261,679                                |                             |
| 9 Other employee benefits . . . . .   | 9,859,668             | 7,945,222                       | 1,914,446                              |                             |
| 10 Payroll taxes . . . . .  | 4,586,857             | 3,696,230                       | 890,627                                |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management . . . . .  | 8,759,953             | 8,759,953                       |  |                             |
| b Legal . . . . .   | 595,395               |                                 | 595,395                                |                             |
| c Accounting . . . . .  | 170,315               |                                 | 170,315                                |                             |
| d Lobbying . . . . .  | 45,600                |                                 | 45,600                                 |                             |
| e Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees . . . . .  | 7,683                 |                                 | 7,683                                  |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 12,592,844            | 12,199,222                      | 393,622                                |                             |
| 12 Advertising and promotion . . . . .  | 640,927               |                                 | 640,927                                |                             |
| 13 Office expenses . . . . .  | 4,067,595             | 3,428,096                       | 639,499                                |                             |
| 14 Information technology . . . . .   | 704,771               |                                 | 704,771                                |                             |
| 15 Royalties . . . . .  |                       |                                 |  |                             |
| 16 Occupancy . . . . .  | 4,945,673             | 4,590,895                       | 354,778                                |                             |
| 17 Travel . . . . .   | 618,810               | 376,731                         | 242,079                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 81,864                |                                 | 81,864                                 |                             |
| 20 Interest . . . . .   | 8,986,712             | 8,342,050                       | 644,662                                |                             |
| 21 Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 16,316,523            | 15,146,057                      | 1,170,466                              |                             |
| 23 Insurance . . . . .  | 1,168,989             |                                 | 1,168,989                              |                             |
| 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 DIETARY   | 5,634,492             | 5,634,492                       |  |                             |
| b PHARMACY EXPENSES   | 2,503,334             | 2,503,334                       |  |                             |
| c NURSING / THERAPY SUPPL   | 1,627,266             | 1,627,266                       |  |                             |
| d BAD DEBT EXPENSE  | 346,870               |                                 | 346,870                                |                             |
| e All other expenses  | 250,525               | 154,267                         | 96,258                                 |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 150,072,244           | 125,166,159                     | 24,906,085                             | 0                           |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation<br>Check here <input type="checkbox"/> 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 

|                                    |   | <b>(A)</b><br>Beginning of year | <b>(B)</b><br>End of year |
|------------------------------------|---|---------------------------------|---------------------------|
| <b>Assets</b>                      | <b>1</b> Cash—non-interest-bearing  | 196,566                         | <b>1</b> 455,868          |
|                                    | <b>2</b> Savings and temporary cash investments   | 13,325,814                      | <b>2</b> 12,370,916       |
|                                    | <b>3</b> Pledges and grants receivable, net   | <b>3</b>                        |                           |
|                                    | <b>4</b> Accounts receivable, net   | 6,087,130                       | <b>4</b> 7,656,540        |
|                                    | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |                                 |                           |
|                                    |   | <b>5</b>                        |                           |
|                                    | <b>6</b> 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 |                                 |                           |
|                                    |   | <b>6</b>                        |                           |
|                                    | <b>7</b> Notes and loans receivable, net  | 5,560,334                       | <b>7</b> 4,650,900        |
|                                    | <b>8</b> Inventories for sale or use  | 313,383                         | <b>8</b> 339,805          |
|                                    | <b>9</b> Prepaid expenses and deferred charges  | 964,111                         | <b>9</b> 1,619,280        |
|                                    | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 392,042,423          |                           |
|                                    | <b>b</b> Less accumulated depreciation  | <b>10b</b> 140,911,336          | <b>10c</b> 251,131,087    |
|                                    | <b>11</b> Investments—publicly traded securities  | 179,808,341                     | <b>11</b> 156,034,462     |
|                                    | <b>12</b> Investments—other securities See Part IV, line 11   | <b>12</b>                       |                           |
|                                    | <b>13</b> Investments—program-related See Part IV, line 11  | 466,481                         | <b>13</b> 493,050         |
|                                    | <b>14</b> Intangible assets   | 4,879,950                       | <b>14</b> 4,785,166       |
|                                    | <b>15</b> Other assets See Part IV, line 11   | 1,168,578                       | <b>15</b> 959,140         |
|                                    | <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 471,496,720                     | <b>16</b> 440,496,214     |
| <b>Liabilities</b>                 | <b>17</b> Accounts payable and accrued expenses   | 21,793,934                      | <b>17</b> 23,824,643      |
|                                    | <b>18</b> Grants payable  | <b>18</b>                       |                           |
|                                    | <b>19</b> Deferred revenue  | 10,367,075                      | <b>19</b> 11,317,911      |
|                                    | <b>20</b> Tax-exempt bond liabilities   | 228,071,120                     | <b>20</b> 221,760,329     |
|                                    | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  | 7,293                           | <b>21</b> 24,339          |
|                                    | <b>22</b> 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   |                                 |                           |
|                                    |   | <b>22</b>                       |                           |
|                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties  |                                 |                           |
|                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties  |                                 |                           |
|                                    | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  |                                 |                           |
|                                    |   | 156,669,028                     | <b>25</b> 135,261,390     |
|                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25   | 416,908,450                     | <b>26</b> 392,188,612     |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                                 |                           |
|                                    | <b>27</b> Unrestricted net assets   | 54,221,239                      | <b>27</b> 47,980,865      |
|                                    | <b>28</b> Temporarily restricted net assets   | 367,031                         | <b>28</b> 326,737         |
|                                    | <b>29</b> Permanently restricted net assets   | <b>29</b>                       |                           |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                                 |                           |
|                                    | <b>30</b> Capital stock or trust principal, or current funds  | <b>30</b>                       |                           |
|                                    | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund   | <b>31</b>                       |                           |
|                                    | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  | <b>32</b>                       |                           |
|                                    | <b>33</b> Total net assets or fund balances   | 54,588,270                      | <b>33</b> 48,307,602      |
|                                    | <b>34</b> Total liabilities and net assets/fund balances  | 471,496,720                     | <b>34</b> 440,496,214     |

**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  | 152,924,857 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | 2  | 150,072,244 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | 3  | 2,852,613   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 54,588,270  |
| 5  | Net unrealized gains (losses) on investments . . . . .  | 5  | -5,814,975  |
| 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  | -3,318,306  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 48,307,602  |

**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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | 2c  | 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?   | 3a  | 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   | 3b  |     |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 43-0654862  
**Name:** LUTHERAN SENIOR SERVICES

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title   | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---|---|--|-----------------------|---------|--------------|---------------------------------|---|--|---|
|   |   | Individual trustee<br>Or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee |   |  |   |
| REV WILLIAM T SIMMONS<br>.....<br>CHAIRPERSON                   | 0 20<br>.....<br>2 00   |  | X                     | X       |              |                                 | 0   | 0  | 0   |
| LEE H BODENDIECK<br>.....<br>SECRETARY                          | 0 20<br>.....<br>2 00   |  | X                     | X       |              |                                 | 0   | 0  | 0   |
| SCOTT M HARTWIG<br>.....<br>ASSISTANT SECRETARY                 | 0 20<br>.....<br>2 00   |  | X                     | X       |              |                                 | 0   | 0  | 0   |
| RICHARD J BAGY JR<br>.....<br>BOARD MEMBER                      | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| NORMA J BARR<br>.....<br>BOARD MEMBER                           | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| KARL A DUNAJCIK<br>.....<br>BOARD MEMBER                        | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| JEFFREY L DUNN<br>.....<br>BOARD MEMBER                         | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| KATHLEEN T MUELLER<br>.....<br>VICE CHAIRPERSON                 | 0 20<br>.....<br>2 00   |  | X                     | X       |              |                                 | 0   | 0  | 0   |
| DR F MATT KUHLMANN<br>.....<br>BOARD MEMBER                     | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| WILLIAM F ROTH<br>.....<br>BOARD MEMBER                         | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| REV DR SCOTT K SEIDLER<br>.....<br>BOARD MEMBER                 | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| JOHN A KOMLOS<br>.....<br>BOARD MEMBER                          | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| SHERRI C STRAND<br>.....<br>BOARD MEMBER                        | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| DIANE R DROLLINGER<br>.....<br>BOARD MEMBER                     | 0 20<br>.....<br>2 00   |  | X                     |         |              |                                 | 0   | 0  | 0   |
| JOHN KOTOVSKY<br>.....<br>PRESIDENT AND CEO                     | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 450,477   | 0  | 40,569  |
| PAUL J OGIER<br>.....<br>CHIEF FINANCIAL OFFICER/TREASURER      | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 313,081   | 0  | 70,959  |
| DONALD BELL<br>.....<br>CHIEF OPERATING OFFICER                 | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 239,137   | 0  | 40,833  |
| DALE KREIENKAMP<br>.....<br>VP OF HUMAN RESOURCES               | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 216,292   | 0  | 25,400  |
| MARK W SCHOEDEL<br>.....<br>VP OF CONSTRUCTION AND IT           | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 221,022   | 0  | 39,230  |
| MIKE RASO<br>.....<br>REGIONAL VICE PRESIDENT                   | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 186,388   | 0  | 12,789  |
| CARLA BAUM<br>.....<br>REGIONAL VICE PRESIDENT                  | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 179,498   | 0  | 7,852   |
| ILLA DAVID<br>.....<br>CHIEF INFORMATION OFFICER                | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 168,268   | 0  | 2,312   |
| GARY ANDERSON<br>.....<br>VICE PRESIDENT CLINICAL EFFECTIVENESS | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 164,800   | 0  | 5,997   |
| MARY LAZARE<br>.....<br>VICE PRESIDENT OF HCBS                  | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 145,234   | 0  | 6,509   |
| DAVE NEWTON<br>.....<br>VICE PRESIDENT BUILDING & DINING SFR    | 40 00<br>.....<br>5 00  |  |                       | X       |              |                                 | 35,532  | 0  | 35  |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| Compensated Employees, and Independent Contractors |  |   |                       |         |  |   |   |        |
|--|--|---|-----------------------|---------|--|---|---|--------|
| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |        |
|  |  | Individual trustee<br>or director   | Institutional Trustee | Officer | Key employee<br>Highest compensated employee                         | Former  |   |        |
| TERRY ETLING<br>.....<br>EXECUTIVE DIRECTOR        | 40 00<br>.....<br>5 00   |   |                       |         | X  | 156,499   | 0   | 11,795 |
| VALERIE COOPER<br>.....<br>EXECUTIVE DIRECTOR      | 40 00<br>.....<br>5 00   |   |                       |         | X  | 147,477   | 0   | 12,536 |
| WILLIAM KIRKWOOD<br>.....<br>EXECUTIVE DIRECTOR    | 40 00<br>.....<br>5 00   |   |                       |         | X  | 144,273   | 0   | 15,372 |
| RITA VICARY<br>.....<br>ADMIN OF MARKETING & SALES | 40 00<br>.....<br>5 00   |   |                       |         | X  | 142,274   | 0   | 13,534 |
| DAVID LUETHY<br>.....<br>SCN EXECUTIVE DIRECTOR    | 40 00<br>.....<br>5 00   |   |                       |         | X  | 142,382   | 0   | 7,889  |

**SCHEDULE A**  
(Form 990 or 990EZ)**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Employer identification number**

43-0654862

**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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? | (v)<br>Amount of monetary support<br>(see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|---|--|
|                                       |         |   |  | Yes   | No   |
|                                       |         |   |  |   |  |
|                                       |         |   |  |   |  |
| <b>Total</b>                          |         |   |  |   |  |

**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<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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   |         |         |         |         |         |          |
| <b>4 Total.</b> 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) |         |         |         |         |         |          |
| <b>6 Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 VI )  |         |         |         |         |         |          |
| <b>11 Total support.</b> Add lines 7 through 10  |         |         |         |         |         |          |
| 12 Gross receipts from related activities, etc (see instructions)  |         |         |         |         | 12      |          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► |         |         |         |         |         |          |

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

|   |    |  |
|---|----|--|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))   | 14 |  |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14  | 15 |  |
| <b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►   |    |  |
| <b>b 33 1/3% support test—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►  |    |  |
| <b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►      |    |  |
| <b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► |    |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►  |    |  |

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

(Complete only if you checked the box on line 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<br>(or fiscal year beginning in) ►   | (a) 2011    | (b) 2012    | (c) 2013    | (d) 2014    | (e) 2015    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 407,295     | 1,841,541   | 1,892,923   | 1,989,444   | 1,927,513   | 8,058,716   |
| 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 | 108,838,559 | 113,233,286 | 123,541,647 | 132,378,822 | 140,357,100 | 618,349,414 |
| 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  |             |             |             |             |             |             |
| <b>6 Total.</b> Add lines 1 through 5  | 109,245,854 | 115,074,827 | 125,434,570 | 134,368,266 | 142,284,613 | 626,408,130 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |             |             |             |             |             | 0           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |             |             |             | 130,914     | 62,347      | 193,261     |
| <b>c</b> Add lines 7a and 7b   |             |             |             | 130,914     | 62,347      | 193,261     |
| <b>8 Public support.</b> (Subtract line 7c from line 6 )   |             |             |             |             |             | 626,214,869 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2011    | (b) 2012    | (c) 2013    | (d) 2014    | (e) 2015    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6  | 109,245,854 | 115,074,827 | 125,434,570 | 134,368,266 | 142,284,613 | 626,408,130 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 3,495,604   | 4,112,265   | 2,819,393   | 4,112,741   | 3,287,793   | 17,827,796  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |             |             |             |             |             |             |
| <b>c</b> Add lines 10a and 10b   | 3,495,604   | 4,112,265   | 2,819,393   | 4,112,741   | 3,287,793   | 17,827,796  |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |             |             |             |             |             |             |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )   |             |             |             | 2,626,987   | 2,474,944   | 5,101,931   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )   | 112,741,458 | 119,187,092 | 128,253,963 | 141,107,994 | 148,047,350 | 649,337,857 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |             |             |             |             |             |             |

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

|   |    |          |
|---|----|----------|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 96 440 % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15                      | 16 | 96 620 % |

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

|   |    |         |
|---|----|---------|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  | 17 | 2 750 % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17   | 18 | 2 920 % |
| <b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization        |    |         |
| <b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization |    |         |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  |    |         |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes        | No |
|--|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   | <b>3a</b>  |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  | <b>4b</b>  |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>   | <b>8</b>   |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>   | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>   | <b>10b</b> |    |
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11c</b> |    |

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

|   | Yes | No |
|---|-----|----|
| 1 |     |    |

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

**2 Activities Test Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3 Parent of Supported Organizations Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

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

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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

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

**Section A - Adjusted Net Income**

**1** Net short-term capital gain  
**2** Recoveries of prior-year distributions  
**3** Other gross income (see instructions)  
**4** Add lines 1 through 3  
**5** Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
**6** Other expenses (see instructions)  
**7** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

|          | (A) Prior Year | (B) Current Year<br>(optional) |
|----------|----------------|--------------------------------|
| <b>1</b> |                |                                |
| <b>2</b> |                |                                |
| <b>3</b> |                |                                |
| <b>4</b> |                |                                |
| <b>5</b> |                |                                |
| <b>6</b> |                |                                |
| <b>7</b> |                |                                |
| <b>8</b> |                |                                |

**Section B - Minimum Asset Amount**

**1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
**a** Average monthly value of securities  
**b** Average monthly cash balances  
**c** Fair market value of other non-exempt-use assets  
**d** **Total** (add lines 1a, 1b, and 1c)  
**e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
**2** Acquisition indebtedness applicable to non-exempt use assets  
**3** Subtract line 2 from line 1d  
**4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
**5** Net value of non-exempt-use assets (subtract line 4 from line 3)  
**6** Multiply line 5 by 035  
**7** Recoveries of prior-year distributions  
**8** **Minimum Asset Amount** (add line 7 to line 6)

|           | (A) Prior Year | (B) Current Year<br>(optional) |
|-----------|----------------|--------------------------------|
| <b>1</b>  |                |                                |
| <b>1a</b> |                |                                |
| <b>1b</b> |                |                                |
| <b>1c</b> |                |                                |
| <b>1d</b> |                |                                |
| <b>2</b>  |                |                                |
| <b>3</b>  |                |                                |
| <b>4</b>  |                |                                |
| <b>5</b>  |                |                                |
| <b>6</b>  |                |                                |
| <b>7</b>  |                |                                |
| <b>8</b>  |                |                                |

**Section C - Distributable Amount**

**1** Adjusted net income for prior year (from Section A, line 8, Column A)  
**2** Enter 85% of line 1  
**3** Minimum asset amount for prior year (from Section B, line 8, Column A)  
**4** Enter greater of line 2 or line 3  
**5** Income tax imposed in prior year  
**6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
**7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

|          | Current Year |
|----------|--------------|
| <b>1</b> |              |
| <b>2</b> |              |
| <b>3</b> |              |
| <b>4</b> |              |
| <b>5</b> |              |
| <b>6</b> |              |

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

| <b>Section D - Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b>                         | Other distributions (describe in Part VI) See instructions   |                     |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6   |                     |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b>                         | Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b>                        | Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i) Excess Distributions</b> | <b>(ii) Underdistributions Pre-2015</b> | <b>(iii) Distributable Amount for 2015</b> |
|--|---------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                 |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                                 |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015   |                                 |   |  |
| <b>d</b> From 2013. . . . .  |                                 |   |  |
| <b>e</b> From 2014. . . . .  |                                 |   |  |
| <b>f Total</b> of lines 3a through e   |                                 |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                 |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                 |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                 |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                 |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7<br>\$ _____   |                                 |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                 |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                 |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                 |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                 |   |  |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                 |   |  |
| <b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c  |                                 |   |  |
| <b>8</b> Breakdown of line 7   |                                 |   |  |
| <b>c</b> Excess from 2013. . . . .   |                                 |   |  |
| <b>d</b> From 2014. . . . .  |                                 |   |  |
| <b>e</b> From 2015. . . . .  |                                 |   |  |

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

| Return Reference   | Explanation  |
|--|--|
| SCHEDULE A, PART III, LINE 12,<br>EXPLANATION OF OTHER<br>INCOME | MEAL INCOME - 2014 AMOUNT \$ 534,556 2015 AMOUNT \$ 577,123 TRANSPORTATION -<br>2014 AMOUNT \$ 90,651 2015 AMOUNT \$ 91,858 TELEPHONE - 2014 AMOUNT \$ 12,547<br>2015 AMOUNT \$ 10,688 MISCELLANEOUS - 2014 AMOUNT \$ 148,485 2015 AMOUNT \$<br>126,698 GIFT SHOP - 2014 AMOUNT \$ 21,461 2015 AMOUNT \$ 20,949 MAINTENANCE -<br>2014 AMOUNT \$ 13,299 2015 AMOUNT \$ 20,383 LAUNDRY - 2014 AMOUNT \$ 745,869<br>2015 AMOUNT \$ 821,062 HOUSEKEEPING - 2014 AMOUNT \$ 17,728 2015 AMOUNT \$<br>11,339 GUEST ROOM - 2014 AMOUNT \$ 65,516 2015 AMOUNT \$ 78,678 GARAGE FEES -<br>2014 AMOUNT \$ 61,950 2015 AMOUNT \$ 55,955 DEVELOPMENT FEES - 2014 AMOUNT \$<br>241,597 CHAPEL - 2014 AMOUNT \$ 23,584 2015 AMOUNT \$ 24,289 BARBER AND BEAUTY<br>- 2014 AMOUNT \$ 625,076 2015 AMOUNT \$ 609,712 ACTIVITIES - 2014 AMOUNT \$<br>24,668 2015 AMOUNT \$ 26,210 |

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2015****Open to Public  
Inspection****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.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

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

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

|  |  |
|--|--|
| Name of the organization<br>LUTHERAN SENIOR SERVICES | Employer identification number<br>43-0654862 |
|--|--|

**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- |
|----------|-------------|---------|---|--|
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**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.)

|  | <b>(a) Filing organization's totals</b> | <b>(b) Affiliated group totals</b> |
|--|---|------------------------------------|
|--|---|------------------------------------|

**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

| 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 1ff 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 separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | <b>(a) 2012</b> | <b>(b) 2013</b> | <b>(c) 2014</b> | <b>(d) 2015</b> | <b>(e) Total</b> |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
|---|-----------------|-----------------|-----------------|-----------------|------------------|

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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?

b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c Media advertisements?

d Mailings to members, legislators, or the public?

e Publications, or published or broadcast statements?

f Grants to other organizations for lobbying purposes?

g Direct contact with legislators, their staffs, government officials, or a legislative body?

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i Other activities?

j Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

| Yes | No | (a) | (b)    |
|-----|----|-----|--------|
|     |    |     | Amount |
|     | No |     |        |
| Yes |    |     | 45,600 |
|     | No |     |        |
|     | No |     |        |
|     |    |     | 45,600 |
|     | No |     |        |
|     |    |     |        |
|     |    |     |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

| 1 | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 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

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

b Carryover from last year

c Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5 Taxable amount of lobbying and political expenditures (see instructions)

|    |  |
|----|--|
| 1  |  |
| 2a |  |
| 2b |  |
| 2c |  |
| 3  |  |
| 4  |  |
| 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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

| Return Reference  | Explanation  |
|-------------------|--|
| PART II-B, LINE 1 | THE ORGANIZATION UTILIZES THE SERVICES OF A LOBBYIST TO KEEP THE ORGANIZATION ABREAST OF LEGISLATIVE ACTS PERTAINING TO THE ORGANIZATION'S INDUSTRY AND OCCASIONALLY HAVE EMPLOYEES ATTEND HEARINGS TO SPEAK ABOUT INDUSTRY ISSUES |

2015

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**  
LUTHERAN SENIOR SERVICES**Employer identification number**

43-0654862

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year                       |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year                    |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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" on 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 |
|----|-----------------------------|
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 2d |                             |

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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      **d**  Loan or exchange programs  
**b**  Scholarly research      **e**  Other  
**c**  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|---|------------------|----------------|----------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 87,532,584       | 83,574,389     | 78,528,152           | 64,593,854           | 75,909,651          |
| <b>b</b> Contributions . . . . .                                  |                  |                |                      | 8,191,477            |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | -1,959,622       | 3,958,195      | 5,046,237            | 5,742,821            | 3,258,624           |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                      |                      | 14,574,421          |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                      |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 16,213           |                |                      |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 85,556,749       | 87,532,584     | 83,574,389           | 78,528,152           | 64,593,854          |

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

**a** Board designated or quasi-endowment  100 000 %

**b** Permanent endowment

**c** Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  | Yes |    |
| <b>3a(ii)</b> |     | No |
| <b>3b</b>     |     |    |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

|   | Description of property | (a)<br>Cost or other basis<br>(investment) | (b)<br>Cost or other basis<br>(other) | Accumulated<br>(c) depreciation | (d) Book value |
|---|-------------------------|--|---------------------------------------|---------------------------------|----------------|
| <b>1a</b> Land . . . . .                  |                         | 16,051,991                                 |                                       |                                 | 16,051,991     |
| <b>b</b> Buildings . . . . .              |                         | 322,591,296                                | 113,880,781                           |                                 | 208,710,515    |
| <b>c</b> Leasehold improvements . . . . . |                         | 16,523,964                                 | 8,724,735                             |                                 | 7,799,229      |
| <b>d</b> Equipment . . . . .              |                         | 30,249,949                                 | 18,305,820                            |                                 | 11,944,129     |
| <b>e</b> Other . . . . .                  |                         | 6,625,223                                  |                                       |                                 | 6,625,223      |

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .  251,131,087

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12)

**Part VIII Investments—Program Related**

**Investments—Program Related.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13)

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Total (Column (b)) must equal Form 202, Part X, col (B) line 15.)**

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

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )** **135,261,39**

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |    |  |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements      | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |  |
| a | Net unrealized gains (losses) 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' on 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  |
|------------------|--|
| PART IV, LINE 2B | RESIDENT FUNDS ARE HELD BY THE ORGANIZATION FOR THE BENEFIT OF THE RESIDENT  |
| PART V, LINE 4   | THE FUND'S PRIMARY PURPOSE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE SERVICES AND ACTIVITIES OF LUTHERAN SENIOR SERVICES IN ITS WORK OF CARING FOR THE AGED AND INFIRMED PERSONS THROUGH THE BENEVOLENT CARE PROGRAM IT ALSO FUNDS CLINICAL PASTORAL EDUCATION  |
| PART X, LINE 2   | THE ORGANIZATION, EXCEPT FOR THE WHOLLY OWNED SUBSIDIARY, PROVIDENT GROUP, INC , AND THE WHOLLY OWNED LIMITED LIABILITY COMPANIES, MACKENZIE PLACE HTC MASTER TENANT, L P , AND MACKENZIE PLACE LIHTC, L P , QUALIFIES AS TAX-EXEMPT CORPORATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, THE ORGANIZATION IS NOT SUBJECT TO FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE THE ORGANIZATION IS CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION UNDER THE CODE, AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION FOR THE CONTRIBUTOR PROVIDENT GROUP IS ORGANIZED AS A TAXABLE NON-PROFIT FOR FEDERAL AND STATE INCOME TAX PURPOSES MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS |
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**Part XIII** **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
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**Schedule I  
(Form 990)**

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

**Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).**

## Open to Public Inspection

Department of the  
Treasury  
Internal Revenue Service

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Name of the organization

## LUTHERAN SENIOR SERVICES

**Employer identification number**

43-0654862

## 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? . . . . .

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

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) NURSING SCHOLARSHIP         | 6                        | 26,793                   |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**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  |
|------------------|--|
| PART I, LINE 2   | THE ORGANIZATION HAS SET CRITERIA THAT EMPLOYEES MUST MEET IN ORDER TO QUALIFY FOR ASSISTANCE ONCE THE CRITERIA HAS BEEN MET, THE EMPLOYEE'S SUPERVISOR MUST RECOMMEND THEM THEN THE DIRECTOR OF NURSING RECOMMENDS THEM AND THE CC ADMINISTRATOR APPROVES ALONG WITH THE EXECUTIVE DIRECTOR'S APPROVAL AND THE VP OF HR'S APPROVAL AFTER ALL OF THE APPROVALS, THE ORGANIZATION TAKES A LOOK AT THE EXPENSES THE INDIVIDUAL SUBMITTED AND ISSUES THE APPROPRIATE AMOUNT OF ASSISTANCE |

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2015****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
LUTHERAN SENIOR SERVICES

Employer identification number

43-0654862

**Part I Questions Regarding Compensation**

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

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

**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?

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

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

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

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**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

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

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

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> |     | No |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  | Yes |    |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                           | Base compensation                                  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |  |

**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  |
|--------------------|--|
| PART I, LINE 1A    | JOHN R KOTOVSKY HAS A HOUSING ALLOWANCE RELATED TO HIS PASTORAL DUTIES THAT IS INCLUDED IN HIS OTHER REPORTABLE COMPENSATION   |
| PART I, LINE 4B    | JOHN KOTOVSKY SEC 457(F) PLAN \$20,000 PAUL OGIER SEC 457(F) PLAN \$20,000 MARK SCHOEDEL SEC 457(F) PLAN \$20,000 DALE KREIENKAMP SEC 457(F) PLAN \$20,000 DONALD BELL SEC 457(F) PLAN \$20,000  |
| PART I, LINE 7     | THE ORGANIZATION PROVIDES INCENTIVE PAYMENTS TO EMPLOYEES IF CERTAIN WELLNESS CRITERIA ARE MET   |
| SCHEDULE J PART II | LUTHERAN SENIOR SERVICES IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 19 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S (WHICH ARE FILED BY 16 OF THE 19 LSS ENTITIES), SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS RELATED ONLY TO THAT PARTICULAR ENTITY. HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE ORGANIZATION TO HELP MAKE THIS INFORMATION MORE MEANINGFUL. THE FOLLOWING PARAGRAPH PROVIDES A SUMMARY OF THE OVERALL OPERATIONS OF LSS. LUTHERAN SENIOR SERVICES IS A NOT FOR PROFIT ORGANIZATION OWNED BY 104 LUTHERAN CHURCHES AND WAS INITIALLY FOUNDED IN 1858. LUTHERAN SENIOR SERVICES OPERATES 10 SENIOR LIVING COMMUNITIES SERVING OVER 3,000 OLDER ADULTS, NINE AFFORDABLE HOUSING COMMUNITIES SERVING OVER 570 OLDER ADULTS AND A VARIETY OF IN HOME SERVICES PROGRAMS SERVING OVER 5,000 OLDER ADULTS. IN 2015, LSS HAD TOTAL ASSETS OF \$723,211,100, PROVIDED APPROXIMATELY \$7,200,000 IN BENEVOLENT CARE, HAD OVER 75,000 VOLUNTEER HOURS, AND EMPLOYED 18 CHAPLAINS |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-0654862  
**Name:** LUTHERAN SENIOR SERVICES

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1 JOHN KOTOVSKY</b><br>PRESIDENT AND CEO                     | (i) 315,000  | 0                                   | 135,477                             | 20,677   | 19,892                  | 491,046                         | 26,913  |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>1 PAUL J OGIER</b><br>CHIEF FINANCIAL OFFICER/TREASURER      | (i) 286,525  | 0                                   | 26,556                              | 51,428   | 19,531                  | 384,040                         | 25,545  |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>2 DONALD BELL</b><br>CHIEF OPERATING OFFICER                 | (i) 235,562  | 3,331                               | 244                                 | 31,330   | 9,503                   | 279,970                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>3 DALE KREIENKAMP</b><br>VP OF HUMAN RESOURCES               | (i) 186,344  | 2,436                               | 27,512                              | 18,807   | 6,593                   | 241,692                         | 26,869  |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>4 MARK W SCHOEDEL</b><br>VP OF CONSTRUCTION AND IT           | (i) 188,381  | 2,436                               | 30,205                              | 32,635   | 6,595                   | 260,252                         | 29,237  |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>5 MIKE RASO</b><br>REGIONAL VICE PRESIDENT                   | (i) 172,615  | 1,244                               | 12,529                              | 8,308  | 4,481                   | 199,177                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>6 CARLA BAUM</b><br>REGIONAL VICE PRESIDENT                  | (i) 168,447  | 1,244                               | 9,807                               | 3,375  | 4,477                   | 187,350                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>7 ILLA DAVID</b><br>CHIEF INFORMATION OFFICER                | (i) 166,904  | 0                                   | 1,364                               | 2,011  | 301                     | 170,580                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>8 GARY ANDERSON</b><br>VICE PRESIDENT CLINICAL EFFECTIVENESS | (i) 161,846  | 2,436                               | 518                                 | 0  | 5,997                   | 170,797                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>9 MARY LAZARE</b><br>VICE PRESIDENT OF HCBS                  | (i) 142,153  | 2,436                               | 645                                 | 0  | 6,509                   | 151,743                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>10 TERRY ETLING</b><br>EXECUTIVE DIRECTOR                    | (i) 146,180  | 1,244                               | 9,075                               | 7,353  | 4,442                   | 168,294                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>11 VALERIE COOPER</b><br>EXECUTIVE DIRECTOR                  | (i) 136,702  | 2,138                               | 8,637                               | 6,348  | 6,188                   | 160,013                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>12 WILLIAM KIRKWOOD</b><br>EXECUTIVE DIRECTOR                | (i) 132,970  | 3,331                               | 7,972                               | 6,063  | 9,309                   | 159,645                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>13 RITA VICARY</b><br>ADMIN OF MARKETING & SALES             | (i) 129,709  | 487                                 | 12,078                              | 7,060  | 6,474                   | 155,808                         | 0   |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |
| <b>14 DAVID LUETHY</b><br>SCN EXECUTIVE DIRECTOR                | (i) 121,843  | 0                                   | 20,539                              | 7,108  | 781                     | 150,271                         | 19,272  |
|   | (ii) -   | -                                   | -                                   | -  | -                       | -                               | 0   |

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2015**

► 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.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

LUTHERAN SENIOR SERVICES

Employer identification number

43-0654862

**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 |
| <b>A</b> | HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI | 43-1178966     | 60635HC49   | 02-08-2007      | 61,166,776      | REFUNDING OF 1997 BONDS AND CAPITAL IMPROVEMENTS TO MERIDIAN VILLAGE       |              | X  |                         | X  |                    | X  |
| <b>B</b> | HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI | 43-1178966     | 60635HZA0   | 11-03-2005      | 22,311,871      | REFUNDING PRIOR BOND ISSUANCE FROM SERIES 1996A, FUND DEBT SERVICE RESERVE |              | X  |                         | X  |                    | X  |
| <b>C</b> | HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI | 43-1178966     | 60635HK40   | 10-14-2010      | 38,277,316      | CAP IMPROVEMENTS TO LSS, HEISINGER LUTHERAN HOME, LRCA AND MVIII           |              | X  |                         | X  |                    | X  |
| <b>D</b> | HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI | 43-1178966     | 60635HM55   | 09-29-2011      | 47,187,481      | CAPITAL IMPROVEMENTS TO LUTHERAN SENIOR SERVICES                           |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|           |  | A          | B          | C          | D          |
|-----------|--|------------|------------|------------|------------|
| <b>1</b>  | Amount of bonds retired . . . . .                    | 12,240,000 | 4,120,000  | 260,000    | 870,000    |
| <b>2</b>  | Amount of bonds legally defeased . . . . .           |            |            |            |            |
| <b>3</b>  | Total proceeds of issue . . . . .                    | 61,395,133 | 22,311,871 | 38,434,289 | 47,452,221 |
| <b>4</b>  | Gross proceeds in reserve funds . . . . .            | 4,300,454  | 1,730,009  | 3,777,233  | 871,285    |
| <b>5</b>  | Capitalized interest from proceeds . . . . .         |            |            | 915,404    |            |
| <b>6</b>  | Proceeds in refunding escrows . . . . .              |            |            |            |            |
| <b>7</b>  | Issuance costs from proceeds . . . . .               | 829,916    | 300,327    | 631,973    | 751,862    |
| <b>8</b>  | Credit enhancement from proceeds . . . . .           |            |            |            |            |
| <b>9</b>  | Working capital expenditures from proceeds . . . . . | 151,835    | 18,321     | 2,054,508  | 5,541,743  |
| <b>10</b> | Capital expenditures from proceeds . . . . .         | 9,724,889  |            | 31,055,171 | 40,287,331 |
| <b>11</b> | Other spent proceeds . . . . .                       | 46,388,039 | 20,263,214 |            |            |
| <b>12</b> | Other unspent proceeds . . . . .                     |            |            |            |            |
| <b>13</b> | Year of substantial completion . . . . .             | 2007       | 2007       | 2011       | 2013       |

|           | Yes | No | Yes | No | Yes | No | Yes | No |
|-----------|-----|----|-----|----|-----|----|-----|----|
| <b>14</b> | X   |    | X   |    |     | X  |     | X  |
| <b>15</b> | X   |    |     | X  |     | X  |     | X  |
| <b>16</b> | X   |    | X   |    | X   |    | X   |    |
| <b>17</b> | X   |    | X   |    | X   |    | X   |    |

**Part III Private Business Use**

|          | A   | B  | C   | D  |
|----------|-----|----|-----|----|
|          | Yes | No | Yes | No |
| <b>1</b> |     | X  | X   | X  |
| <b>2</b> | X   |    | X   | X  |

**Part III Private Business Use (Continued)**

|   | A   |    | B   |    | C   |    | D   |     |
|---|-----|----|-----|----|-----|----|-----|-----|
|   | Yes | No | Yes | No | Yes | No | Yes | No  |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  | X   |    | X   |    | X   |    | X   |     |
| <b>b</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? . . . . .   | X   |    | X   |    | X   |    | X   |     |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     | X  |     | X  |     | X   |
| <b>d</b> 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? . . . . .   |     |    |     |    |     |    |     |     |
| <b>4</b> 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 . . . ►  |     |    | 0 % |    | 0 % |    | 0 % | 0 % |
| <b>5</b> 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 . . . . . ► |     |    | 0 % |    | 0 % |    | 0 % | 0 % |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     |    | 0 % |    | 0 % |    | 0 % | 0 % |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | X  |     | X  |     | X  |     | X   |
| <b>8a</b> 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  |     | X  |     | X  |     | X   |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of  |     |    |     |    |     |    |     |     |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .  |     |    |     |    |     |    |     |     |
| <b>9</b> 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   |    | X   |    | X   |    | X   |     |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .    | X   |    |     | X  |     | X  |     | X  |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .   |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .   |     |    |     | X  |     | X  |     | X  |
| <b>b</b> Exception to rebate? . . . . .  |     |    |     | X  |     | X  |     | X  |
| <b>c</b> No rebate due? . . . . .  |     |    | X   |    | X   |    |     | X  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                    |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .  |     | X  |     | X  |     | X  |     | X  |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . . |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> Name of provider . . . . .  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .  |     |    |     |    |     |    |     |    |
| <b>e</b> 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  | X   |    |     | X  |     | X  |
| b Name of provider . . . . .  | JPMORGAN<br>(ORIGINALLY TMG) |    |     |    |     |    |     |    |
| c Term of GIC . . . . .   | 3030 0000000000 %            |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |                              |    | X   |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period?                                    |                              | X  |     | X  |     | X  |     | X  |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . . . | X                            |    | X   |    | X   |    | 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? | X   |    | X   |    | X   |    | X   |    |

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

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI DATE THE REBATE COMPUTATION WAS PERFORMED 02/02/2015 |

**Return Reference****Explanation**

SCHEDULE K, ENTITY 1, PAGE  
1, PART I, LINE (B), COLUMN  
(F)

THE CAPITAL IMPROVEMENTS BENEFITTED LUTHERAN SENIOR SERVICES, HEISINGER LUTHERAN HOME,  
LUTHERAN RETIREMENT CENTER ASSOCIATION, AND MERIDIAN VILLAGE ASSOCIATION III

| <b>Return Reference</b>                                     | <b>Explanation</b>  |
|---|---|
| SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE (A), COLUMN (A) | THE 2007 SERIES A BONDS FUNDED PROJECTS AT THE FOLLOWING FACILITIES MERIDIAN VILLAGE RETIREMENT COMMUNITY IN GLEN CARBON, IL, ST JOSEPH'S HOME IN JEFFERSON CITY, MO, LUTHERAN CONVALESCENT HOME IN WEBSTER GROVES, MO, BREEZE PARK RETIREMENT COMMUNITY IN ST CHARLES, MO, LENOIR WOODS IN COLUMBIA, MO, AND HIDDEN LAKE RETIREMENT COMMUNITY IN SPANISH LAKE, MO THE 2007 SERIES B BONDS FUNDED PROJECTS AT MERIDIAN VILLAGE ASSOCIATION IN GLEN CARBON, IL THE 2007 SERIES C BONDS FUNDED PROJECTS AT MERIDIAN VILLAGE ASSOCIATION II IN GLEN CARBON, IL |

| <b>Return Reference</b>                                 | <b>Explanation</b>   |
|---|--|
| SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN A | PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/15 OF \$228,357 |

| <b>Return Reference</b>        | <b>Explanation</b>  |
|--------------------------------|---|
| SCHEDULE K SERIES 2005 A BONDS | THE SERIES 2005A BONDS WERE REDEEMED IN FEBRUARY 2015 WITH THE PROCEEDS FROM THE SERIES 2014C BONDS AS A RESULT, THESE BONDS WERE REMOVED FROM SCHEDULE K |

| <b>Return Reference</b>                                 | <b>Explanation</b>   |
|---|--|
| SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN C | PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/14 OF \$156,973 |

| <b>Return Reference</b>                                 | <b>Explanation</b>   |
|---|--|
| SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN D | PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/15 OF \$264,740 |

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (C) - RESERVE FUNDS | THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/15 EQUALS \$3,842,665 THIS AMOUNT IS REDUCED BY \$65,432, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT |

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (A)-RESERVE FUNDS | THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/15 EQUALS \$4,625,255 THIS AMOUNT IS DECREASED BY \$324,801, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT |

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (D) - RESERVE FUNDS | THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/15 EQUALS \$3,617,317 THIS AMOUNT IS REDUCED BY \$96,032, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT AND \$2,650,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION |

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| SCHEDULE K, ENTITY 2, PAGE 1, PART II, LINE 4, COLUMN (A) - RESERVE FUNDS | THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/15 EQUALS \$5,622,834 THIS AMOUNT IS REDUCED BY \$1,581,704, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT |

**Return Reference****Explanation**

SCHEDULE K, PAGE 1, ENTITY 1 PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 2, PART II, LINE 3, COLUMN A 12/31/15 OF \$305,256

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2015**Department of the Treasury  
Internal Revenue Service

► 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.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**Name of the organization  
LUTHERAN SENIOR SERVICESEmployer identification number  
43-0654862**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 |
| <b>A</b> | HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014A | 43-1178966     | 60635HS26   | 06-04-2014      | 84,146,040      | REFUNDING OF 2004 BONDS AND CAPITAL IMPROVEMENTS |              | X  |                         | X  |                    | X  |
| <b>B</b> | HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014B | 43-1178966     |             | 06-04-2014      | 50,000,000      | REFUNDING OF 2008 BONDS                          |              | X  |                         | X  |                    | X  |
| <b>C</b> | HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014C | 43-1178966     |             | 02-02-2015      | 28,755,000      | REFUNDING OF SERIES 2005A BONDS                  |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|           |  | A          | B          | C          | D  |
|-----------|--|------------|------------|------------|----|
|           |  |            |            |            |    |
| <b>1</b>  | Amount of bonds retired . . . . .  | 390,000    |            |            |    |
| <b>2</b>  | Amount of bonds legally defeased . . . . .   |            |            |            |    |
| <b>3</b>  | Total proceeds of issue . . . . .  | 84,451,297 | 50,000,000 | 28,755,000 |    |
| <b>4</b>  | Gross proceeds in reserve funds . . . . .  | 4,041,130  |            |            |    |
| <b>5</b>  | Capitalized interest from proceeds . . . . .   | 1,104,310  |            |            |    |
| <b>6</b>  | Proceeds in refunding escrows . . . . .  |            |            |            |    |
| <b>7</b>  | Issuance costs from proceeds . . . . .   | 284,416    |            | 336,434    |    |
| <b>8</b>  | Credit enhancement from proceeds . . . . .   |            |            |            |    |
| <b>9</b>  | Working capital expenditures from proceeds . . . . .   | 552,085    |            |            |    |
| <b>10</b> | Capital expenditures from proceeds . . . . .   | 54,739,476 |            |            |    |
| <b>11</b> | Other spent proceeds . . . . .   | 19,384,946 | 50,000,000 | 28,418,566 |    |
| <b>12</b> | Other unspent proceeds . . . . .   | 4,344,934  |            |            |    |
| <b>13</b> | Year of substantial completion . . . . .   | 2016       | 2015       | 2015       |    |
|           |  | Yes        | No         | Yes        | No |
| <b>14</b> | Were the bonds issued as part of a current refunding issue? . . . . .  | X          |            | X          |    |
| <b>15</b> | Were the bonds issued as part of an advance refunding issue? . . . . .   |            | X          |            | X  |
| <b>16</b> | Has the final allocation of proceeds been made? . . . . .  |            | X          | X          |    |
| <b>17</b> | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X          |            | X          |    |

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

|   | A   |     | B   |     | C   |     | D   |    |
|---|-----|-----|-----|-----|-----|-----|-----|----|
|   | Yes | No  | Yes | No  | Yes | No  | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  | X   |     | X   |     | X   |     |     |    |
| <b>b</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? . . . . .   | X   |     | X   |     | X   |     |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X   |     | X   |     | X   |     |    |
| <b>d</b> 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? . . . . .   |     |     |     |     |     |     |     |    |
| <b>4</b> 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 . . . ►  |     | 0 % |     | 0 % |     | 0 % |     |    |
| <b>5</b> 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 . . . . . ► |     | 0 % |     | 0 % |     | 0 % |     |    |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     | 0 % |     | 0 % |     | 0 % |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | X   |     | X   |     | X   |     |    |
| <b>8a</b> 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   |     | X   |     | X   |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of  |     |     |     |     |     |     |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .  |     |     |     |     |     |     |     |    |
| <b>9</b> 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   |     | X   |     | X   |     |     |    |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .    |     | X  |     | X  |     | X  |     |    |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .   |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .   | X   |    | X   |    | X   |    |     |    |
| <b>b</b> Exception to rebate? . . . . .  |     | X  |     | X  |     | X  |     |    |
| <b>c</b> No rebate due? . . . . .  |     | X  |     | X  |     | X  |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                    |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .  |     | X  |     | X  |     | X  |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . . |     | X  |     | X  |     | X  |     |    |
| <b>b</b> Name of provider . . . . .  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .  |     |    |     |    |     |    |     |    |
| <b>e</b> 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  |     | X  |     | 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  |     | X  |     | X  |     |    |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . | X   |    | X   |    | 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? | X   |    | X   |    | X   |    |     |    |

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ****2015**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****Open to Public  
Inspection**Name of the organization  
LUTHERAN SENIOR SERVICES**Employer identification number**

43-0654862

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990, PAGE<br>1, PART I<br>CONTINUATION | LUTHERAN SENIOR SERVICES IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 19 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S (WHICH ARE FILED BY 16 OF THE 19 LSS ENTITIES), SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS RELATED ONLY TO THAT PARTICULAR ENTITY. HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE ORGANIZATION. TO HELP MAKE THIS INFORMATION MORE MEANINGFUL, THE FOLLOWING PARAGRAPH PROVIDES A SUMMARY OF THE OVERALL OPERATIONS OF LSS. LUTHERAN SENIOR SERVICES IS A NOT FOR PROFIT ORGANIZATION OWNED BY 104 LUTHERAN CHURCHES AND WAS INITIALLY FOUNDED IN 1858. LUTHERAN SENIOR SERVICES OPERATES NINE SENIOR LIVING COMMUNITIES SERVING OVER 3,000 OLDER ADULTS, NINE AFFORDABLE HOUSING COMMUNITIES SERVING OVER 570 OLDER ADULTS AND A VARIETY OF IN HOME SERVICES PROGRAMS SERVING OVER 5,000 OLDER ADULTS. IN 2015, LSS HAD TOTAL OPERATING INCOME OF APPROXIMATELY \$187,000,000, PROVIDED APPROXIMATELY \$7,200,000 IN BENEVOLENT CARE, HAD OVER 75,000 VOLUNTEER HOURS, AND EMPLOYED 18 CHAPLAINS |

| Return Reference | Explanation   |
|------------------|---|
| FORM 990         | IN AUGUST 2015, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH MERCY HOSPITAL TO PURCHASE THE ASSETS (INCLUDING THE LICENSE FOR 120 SNF BEDS) AND ASSUME THE OPERATION OF AN EXISTING 120-BED CARE CENTER LOCATED ON THE MERCY HOSPITAL CAMPUS IN WEST ST. LOUIS COUNTY. THE ORGANIZATION NOW OPERATES THE MERCY FACILITY UNDER THE NAME "REACH WEST COUNTY" |

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | THE GOVERNING BOARD MEMBERS ARE ELECTED BY ASSOCIATED CHURCHES |

| Return Reference                         | Explanation   |
|--|---|
| FORM 990, PART VI,<br>SECTION B, LINE 11 | THE GOVERNING BODY IS PROVIDED A COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING APPROVAL OF THE FORM 990 IS DELEGATED TO THE AUDIT COMMITTEE OF THE GOVERNING BODY PRIOR TO FILING |

| Return Reference                                | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | ALL DIRECTORS AND EMPLOYEES WILL DISCLOSE A CONFLICT OF INTEREST ON THE "CONFLICT OF INTEREST FORM" IN THE FOLLOWING SITUATIONS AND IN OTHER CIRCUMSTANCES WHICH HE/SHE THINKS MIGHT CAUSE A CONFLICT BETWEEN HIS/HER PERSONAL INTERESTS AND HIS/HER FIDUCIARY DUTY FINANCIAL INTERESTS, INSIDE INFORMATION, CONFLICTING INTEREST OTHER THAN FINANCIAL, GIFTS AND FAVORS THE FOLLOWING LSS EMPLOYEES ARE REQUIRED TO SIGN A "CONFLICT OF INTEREST FORM" ANNUALLY PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER/TREASURER, VICE PRESIDENT OF CONSTRUCTION AND IT, VICE PRESIDENT OF HUMAN RESOURCES, ALL DIRECTORS, ADMINISTRATORS AND ASSISTANT ADMINISTRATORS THE CORPORATE COMPLIANCE OFFICER FOLLOWS UP WITH ANY CONFLICTS OF INTERESTS AND DOCUMENTS THE RESOLUTIONS OF THE CONFLICTS THESE FORMS ARE KEPT BY THE CORPORATE COMPLIANCE OFFICE |

| Return Reference                                | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A | THE BOARD OF DIRECTORS ESTABLISHED A SEPARATE COMPENSATION COMMITTEE CHARGED WITH PERFORMING AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND REVIEWING THE CEO'S COMPENSATION PACKAGE. THE COMPENSATION COMMITTEE ENGAGED A THIRD-PARTY GLOBAL HUMAN CAPITAL CONSULTING FIRM TO (1) DEVELOP AN ANNUAL CEO PERFORMANCE REVIEW PROCESS, INCLUDING A NEW EVALUATION FORM, AND (2) DEVELOP A COMPENSATION PACKAGE BASED ON ITS KNOWLEDGE OF SIMILARLY SIZED NON-PROFIT ORGANIZATIONS IN ORDER TO ENSURE THAT THE COMPENSATION PAID TO THE CEO IS REASONABLE. ALL MEMBERS OF THE BOARD COMPLETE AN ANNUAL EVALUATION, WHICH THE COMPENSATION COMMITTEE SUMMARIZES AND REVIEWS. THE COMPENSATION COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR ANY COMPENSATION ADJUSTMENTS |

| Return Reference                         | Explanation  |
|--|--|
| FORM 990, PART VI,<br>SECTION C, LINE 19 | ALTHOUGH NOT A REQUIREMENT, THE ORGANIZATION PROVIDES PHOTOCOPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND OTHER DOCUMENTS TO ALL WHO REQUEST ONE OR MORE OF THE ITEMS |

| Return<br>Reference       | Explanation   |
|---------------------------|---|
| FORM 990, PART XI, LINE 9 | NET PERIODIC PENSION COST -231,503 CHANGE IN VALUE OF INTEREST RATE SWAP -641,323 OTHER CHANGES IN PLAN ASSETS AND BENEFIT OBLIGATIONS -2,433,511 EQUITY TRANSFER -380,434 GAIN/LOSS ON REFINANCING 368,465 |

| Return Reference               | Explanation   |
|--------------------------------|---|
| FORM 990, PART XII,<br>LINE 2C | THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT. THIS PROCESS IS CONSISTENT WITH PRIOR YEARS |

| Return Reference   | Explanation  |
|--|--|
| FORM 990, PAGE 12,<br>PART XI LINE 9 -<br>DISCONTINUED<br>OPERATIONS | ON JULY 10, 2015, LUTHERAN SENIOR SERVICES ENTERED INTO AN AGREEMENT FOR THE SALE OF HIDDEN LAKE'S ASSETS AND TRANSFER OF ITS OPERATIONS FOR \$12,758,872. THIS SALE CLOSED ON JULY 31, 2015. THE SALE PRICE EXCEEDED THE CARRYING VALUE OF THE ASSETS SOLD BY \$3,006,790, WHICH IS INCLUDED IN THE INCOME FROM DISCONTINUED OPERATIONS. THIS SALE ACCOUNTED FOR LESS THAN 25% OF THE ORGANIZATION'S NET ASSETS AND AS A RESULT, SCHEDULE N HAS NOT BEEN COMPLETED. |

| Return Reference                        | Explanation  |
|---|--|
| FORM 990, PAGE 10,<br>PART IX, LINE 11A | THE MANAGEMENT FEE EXPENSE REPRESENTS ONLY INTERCOMPANY CHARGES THAT ARE OFFSET BY<br>MANAGEMENT FEE REVENUES INCLUDED IN PROGRAM SERVICE REVENUES ON PAGE 9 |

| Return Reference                   | Explanation  |
|------------------------------------|--|
| 8594 HL PROPERTY LLC<br>ALLOCATION | CLASS III ASSETS ARE REFUNDABLE ENTRANCE FEES THAT MAY OR MAY NOT HAVE TO BE REMITTED TO CURRENT RESIDENTS DUE TO THE OFFSETTING LIABILITY, IT IS DETERMINED THE CLASS III ASSET DOES NOT HAVE A FMV |

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990.** ► **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Name of the organization  
LUTHERAN SENIOR SERVICES

**Employer identification number**

43-065486

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                    | (b)<br>Primary activity                              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|--|--|---------------------|---------------------------|----------------------------------|
| (1) MACKENZIE PLACE LIHTC GP LLC<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144 | DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES | MO   | -18                 | 617                       | LUTHERAN SENIOR SERVICES         |
|  |  |  |                     |                           |                                  |
|  |  |  |                     |                           |                                  |
|  |  |  |                     |                           |                                  |
|  |  |  |                     |                           |                                  |
|  |  |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)<br>(13) controlled<br>entity? |
|---|-------------------------|---|----------------------------|--|-------------------------------------|---|
|   |                         |   |                            |  |                                     |   |
| See Additional Data Table                             |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
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|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |
|   |                         |   |                            |  |                                     |   |

**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.

**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.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

|    | Yes | No |
|----|-----|----|
| 1a |     | No |
| 1b |     | No |
| 1c | Yes |    |
| 1d |     | No |
| 1e |     | No |
| 1f |     | No |
| 1g |     | No |
| 1h |     | No |
| 1i |     | No |
| 1j |     | No |
| 1k |     | No |
| 1l | Yes |    |
| 1m |     | No |
| 1n | Yes |    |
| 1o | Yes |    |
| 1p |     | No |
| 1q | Yes |    |
| 1r |     | No |
| 1s |     | No |

**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) . . . . .

**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)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1)LUTHERAN SENIOR SERVICES ENDOWMENT FUND | C                             | 1,542,821              | G/L DETAIL                                   |
|  |                               |                        |  |
|  |                               |                        |  |
|  |                               |                        |  |
|  |                               |                        |  |
|  |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

**Part VII Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule R (Form 990) 2015

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-0654862  
**Name:** LUTHERAN SENIOR SERVICES

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
|   |                         |  |                               |   |                                     | Yes  | No |
| LUTHERAN SENIOR SERVICES ENDOWMENT FUND<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>43-1818832 | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 11A, I   | LUTHERAN SENIOR SERVICES            | Yes  |    |
| HALLS FERRY MANOR<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>43-1660879                       | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| DUNN ROAD MANOR INC<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>43-1874215                     | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| ROSE HILL HOUSE INC<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>43-1736720                     | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| ROSE HILL HOUSE II INC<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>20-1889216                  | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| HILLTOP MANOR ASSOCIATION INC<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>02-0667342           | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| WESTFIELD MANOR ASSOCIATION<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>02-0568032             | SENIOR LIVING           | IL   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| MERIDIAN VILLAGE ASSOCIATION<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>37-1415588            | SENIOR LIVING           | IL   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| COLE COUNTY LUTHERAN HOME ASSOCIATION<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>43-1147326   | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| HEISINGER HOPE FOUNDATION<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>43-1905378               | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 11A, I   | N/A                                 |  | No |
| LUTHERAN RETIREMENT CENTER ASSOCIATION<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>37-1199021  | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| LUTHERAN HILLSIDE VILLAGE INC<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>37-0818454           | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| LUTHERAN HILLSIDE VILLAGE FOUNDATION<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>37-1371314    | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 7  | N/A                                 |  | No |
| MACKENZIE PLACE 202 - II - 45-4000626<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>45-4000626   | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |
| MACKENZIE PLACE 202 - 27-3777863<br>1150 HANLEY INDUSTRIAL COURT<br>ST LOUIS, MO 63144<br>27-3777863        | SENIOR LIVING           | MO   | 501(C)(3)                     | LINE 9  | N/A                                 |  | No |