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### DLN: 93493320005076

2015

Open to Public

# Return of Organization Exempt From Income Tax

Form **990** 

Department of the Treasury Internal Revenue Service 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 <a href="https://www.irs.gov/foim990">www.irs.gov/foim990</a>

Intern	ial Revenue S	ervice					inspection			
A F	or the <b>201</b> 5	calendar year, or tax year be	eginning 07-01-2015 , and ending (	6-30-2016						
_	eck if applicat	LUTHERAN SERVICES IN AME	ERICA		D Empl	oyer ide	entification number			
_	ddress change	INCORPORATED			36-3	30470	7			
_ I	lame change nitial return	Doing business as								
F	ınal ı/termınated		box if mail is not delivered to street address	Room/suite	E Telep	hone num	nber			
_	nended return				(800	)664-3	3848			
M <sub>A</sub> p	oplication pend	ling City or town, state or province WASHINGTON, DC 20002	ce, country, and ZIP or foreign postal code		<b>G</b> Gross	receipts	\$ 3,183,667			
		F Name and address of p		H(a)	Is this a grou	p returr	n for			
		CHARLOTTE HABERAEC			subordinates	?	☐ Yes 🗸			
		WASHINGTON, DC 200	002	Н(b)	No Are all subord	dinates	□Yes □ No			
	ax-exempt sta	<b>♦</b> 201(c)(3)   201(c) (		527	included? If "No," attac	h a lıst	(see instructions)			
J W	ebsite: ►	WWW LUTHERANSERVICES	ORG	H(c)	Group exemp	otion nu	mber ▶			
<b>K</b> For	m of organiza	tion Corporation Trust	Association Other >	L Yea	ar of formation 1		<b>1</b> State of legal domicile ID			
Pa	Irt I Su	ımmary								
			nission or most significant activities							
	PROVI	DE SERVICE TO OVER 300	LUTHERAN HEALTH & SOCIAL SI	ERVICES AGENO	CIES - SEE PA	ART III	, LINE 1			
nce										
E										
Governance	2 Check	this box ▶ ☐ if the organizat	tion discontinued its operations or d	isposed of more	than 25% of r	s net a	ssets			
	3 Numb	er of voting members of the g	overning body (Part VI, line 1a) .			з	18			
<b>×</b> 0 √.		-	nbers of the governing body (Part VI			4	18			
Αţ		number of individuals employe		5	14					
Activities &	6 Total	number of volunteers (estima	umber of volunteers (estimate if necessary)							
•	<b>7a</b> Total	unrelated business revenue fr	rom Part VIII, column (C), line 12			7a	0			
	<b>b</b> Netun	related business taxable inco	me from Form 990-T, line 34			7b	(			
					Prior Year	$-\!\!\!\!+$	Current Year			
۵i		ntributions and grants (Part V	1,913		2,542,276					
Ravenue		ogram service revenue (Part V		,683	595,602 21,071					
P.S.			column (A), lines 3, 4, and 7d) . nn (A), lines 5, 6d, 8c, 9c, 10c, and			,976	24,718			
		·	igh 11 (must equal Part VIII, colum				·			
	12	,	<u> </u>		2,449	,010	3,183,667			
		·	d (Part IX, column (A), lines 1-3)			0	649,470			
		·	(Part IX, column (A ), line 4) mployee benefits (Part IX, column (A	· · ·		0	(			
£		10)	inprovee benefits (Part 1x, Column (A	1,385	,214	1,477,650				
Expenses	<b>16a</b> Pro	ofessional fundraising fees (Pa	art IX, column (A), line 11e)			0	(			
쯄	<b>b</b> Tota	al fundraising expenses (Part IX, colu	umn (D), line 25) ▶ <mark>175,726</mark>							
		•	n (A), lines 11a-11d, 11f-24e) .		1,068		964,517			
		•	7 (must equal Part IX, column (A), I		2,453		3,091,637			
- g	19 Re	renue less expenses Subtrac	ct line 18 from line 12			,282	92,030			
ance.				Begin	ning of Current	: Year	End of Year			
Net Assets or Fund Balances	<b>20</b> To	cal assets (Part X, line 16) .			1,880		2,533,246			
E E						,427	1,077,965			
			btract line 21 from line 20		1,363	,251	1,455,281			
		gnature Block of perjury. I declare that I ha	ive examined this return, including a	ccompanying sch	nedules and st		 hts. and to the best of			
my k	nowledge a		nd complete Declaration of preparer				•			
		system of officer			2016-11-07 Date					
Sig:			ENT % CEO							
		CHARLOTTE HABERAECKER PRESIDE Type or print name and title	INT & CEU							
	<u>                                      </u>	Print/Type preparer's name	Preparer's signature	Date 2016 11 0	7 Check I if	PTIN	4022			
Pai	d	DAVID TRIMNER	DAVID TRIMNER	2016-11-0	self-employed					
	parer	Firm's name ► CLIFTONLARSON Firm's address ► 1966 GREENSPR			Firm's EIN ► Phone no (41					
Use	Only	THIT S dudiess F 1500 GREENSPR	NIAO DIVIAE DOLLE DOO		Priorie no (41	0-453 رن.	·500			

TIMONIUM, MD 210934161

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

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25b

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Form 990 (2015)

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ΙV	Checklist of Required Schedules	(continued)	ī

Par	t 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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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?

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

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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 . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part	V			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	25			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable <b>1b</b>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vene gaming (gambling) winnings to prize winners?	dors and reportable	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	14			
	If at least one is reported on line 2a, did the organization file all required federal employm <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S	Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account account)?		4a		No
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and (FBAR)	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	nelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		-		
	Does the organization have annual gross receipts that are normally greater than \$100,00 organization solicit any contributions that were not tax deductible as charitable contributi		5c 6a		No
	If "Yes," did the organization include with every solicitation an express statement that su were not tax deductible?	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution an services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ed?	<b>7</b> b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for file Form 8282?		<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a person	nal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	enefit contract?	<b>7</b> f		No
g	If the organization received a contribution of qualified intellectual property, did the organization required?	zation file Form 8899 as	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess busines during the year?	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related p	erson <sup>7</sup>	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
	Section 501(c)(12) organizations. Enter	1			
	<del></del>				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> Sadditional information the organization must report on Schedule O	See the instructions for	<b>13</b> a		
	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 13b				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year		14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation ii	i Scriedule U 🔒 🔒	14b		

Part VI	Governance	, Management,	and	Disclosure
FOIL VA	gover manice	, management,	anu	Disciosui

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 . . .

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a 7b	Yes Yes	
_	or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed  AL,AK,CA,CO,CT,FL,GA,HI,I  MD,MA,MI,MN,MS,NV,NH,NJ,  OR,PA,RI,SC,TN,UT,WA,WV,  NY,AR,MO	NC,N	ID,OH	,ок,
.8	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			

 $\overline{\checkmark}$  O wn website  $\overline{\ }$  A nother's website  $\overline{\ }$  Upon request  $\overline{\ }$  O ther (explain in Schedule O )

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

State the name, address, and telephone number of the person who possesses the organization's books and records ▶BOLA SODEINDE 100 MARYLAND AVENUE NE SUITE 500 WASHINGTON, DC 20002 (800) 664-3848

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related	unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		organization and related organizations
(1) MS BETTY L OLDENKAMP	2 00	l								
DIRECTOR, CHAIR		×		X				0	0	C
(2) MR DAVID FENOGLIETTO DIRECTOR, VICE CHAIR	1 00	х		×				0	0	C
(3) REV PATRICIA A DAVENPORT DIRECTOR, SECRETARY	1 00	х		×				0	0	C
(4) DR BRIAN F HOFLAND DIRECTOR, TREASURER	1 50	x		×				0	0	C
(5) REV DR DONALD FONDOW DIRECTOR	1 00	x						0	0	C
(6) REV MELODY EASTMAN DIRECTOR	1 00	x						0	0	C
(7) MS JODI HARPSTEAD DIRECTOR	1 00	x						0	0	C
(8) MS CHRISTIE HINRICHS DIRECTOR	1 00	x						0	0	C
(9) MS JUNIA JOHN-STRAKER DIRECTOR	1 00	x						0	0	C
(10) DR BRUCE G KINTZ DIRECTOR	1 00	x						0	0	C
(11) REV KURT F KUSSEROW DIRECTOR	1 00	x						0	0	C
(12) MS ARMENA MNATSAKANYAN DIRECTOR	1 00	x						0	0	C
(13) MS JULIE E SWANSON DIRECTOR	1 00	х						0	0	C
(14) MR DAVID SWARTLING DIRECTOR	1 00	х						0	0	C

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle	ore tl ss pe	han ersoi cer tor/t	not one n is and rus			( <b>D</b> ) Reporta compens from t organiza (W- 2/10	ible ation he ition )99-	(E) Reportab compens at from relati organizatic (W- 2/109 MISC)	ion ed ons	(F) Estimated amount of other compensation from the organization and related organizations
(15) MS ANN VAZQUEZ	1 00					<del>-</del>						
DIRECTOR		Х							0		0	0
(16) MS WENDY Z GOLDSTEIN	1 00											
DIRECTOR		Х							0		0	0
(17) REV DR STEPHEN P BOUMAN	1 00											_
DIRECTOR		Х							0		0	0
(18) REV J BART DAY	1 00	.,										
DIRECTOR		Х							0		0	0
(19) REV DR PHYLLIS ANDERSON	1 00	Х							0		0	0
THEOLOGIAN IN RESIDENCE		Α							U		U	U
(20) CHARLOTTE HABERAECKER	40 00			Х					204,027		0	18,946
PRESIDENT/CEO				^					104,027		U	18,940
(21) STANLEY BERMAN	8 00			×					55,438		0	0
CFO				_^					33,430			•
(22) ALESIA FRERICHS	40 00					l x			.20,567		0	15,859
VP MEMBER ENGAGEMENT												10,003
(23) TANIA HERNANDEZ-ANDERSEN	40 00					×		1	.34,627		0	7,164
VP MARKETING AND COMMUNICATIONS												,
(24) DEBORAH HOESLY	40 00					l <sub>x</sub>		1	.15,273		0	5,665
VP DEVELOPMENT												,
1b Sub-Total				<u>▶</u>								
c Total from continuation sheets to Part VI	I, Section A .			▶ [								
d Total (add lines 1b and 1c)				<b>&gt;</b>			6	29,932		0		47,634
2 Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list			-) w	ho red	eiv	ed more th	an			

The second state of the se

### Section B. Independent Contractors

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.

Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

(A)

Νo

5

Form 99								Page <b>9</b>
Part V	/++1	Statement o						_
		Check if Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>	951,660				
Ę, G	c	Fundraising eve	ents <b>1</b> c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
s, G	e	Government grants	s (contributions) <b>1e</b>					
ion I Si	f		ons, gifts, grants, and <b>1f</b>	1,590,616				i
but the	g	similar amounts no	ot included above					-
a do	-	1a-1f \$						
Cont	h	Total. Add lines	s 1a-1f		2,542,276			
Пе		EDUCATIONAL EVE	NTO	Business Code				
N-S-N	2a   b	EDUCATIONAL EVE		541900	382,208	382,208		
ı α <u>¥</u>	c	CONSULTING AND	SUPPORT	541610	213,394	213,394		+
Program Service Revenue	d	_						
<i>3</i> 5	e							1
gran	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	>	595,602			1
	3	Investment inc	ome (including dividen	ds, interest,	21,071			21,071
	4		ar amounts)		21,071			21,071
	5			` · <b>▶</b>	24,698			24,698
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income f events (not inc \$ of contributions						
er Re		See Part IV, lin	ie 18					
o ₽			penses b					
	c 9a		(loss) from fundraising rom gaming activities	events •				1
		See Part IV, lin	ie 19					
	 	Lace direct ex	a penses b					
	1		(loss) from gaming acti	vities				
	102	Cross sales of	inicantary logg	<b>•</b>				+
	10a	Gross sales of returns and allo						
			а					
	1	Less cost of go	oods sold . . <b>b</b> (loss) from sales of inve	entory •				
	_	Miscellaneous		Business Code				
	11a	RESOURCE MA	ATERIALS	541900	20	0		20
	ь							
	С							
	d	All other reven						
	е	Total. Add lines		• • • •	20			
	12	Total revenue.	See Instructions .	•	3,183,667	595,602		0 45,789

### 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)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	649,470	649,470		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	233,568	142,476	79,413	11,679
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	1,067,170	799,241	163,998	103,931
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,792	22,433	4,668	2,691
9	Other employee benefits	54,334	42,469	8,816	3,049
10	Payroll taxes	92,786	67 201	17 941	7.664
11	Fees for services (non-employees)	92,780	67,281	17,841	7,664
a	Management				
b	Legal	21,032	5,130	9,095	6,807
c	Accounting	123,567	25,271	96,908	1,388
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	4,791	4,791		
13	Office expenses	186,237	105,814	72,404	8,019
14	Information technology	22,534	15,205	5,957	1,372
15	Royalties				
16	Occupancy				
17	Travel	116,687	61,928	51,891	2,868
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	269,572	256,522	3,050	10,000
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,499	981	2,440	78
23	Insurance	8,769	3,713	4,649	407
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)				
а	CONSULT & RECRUIT	141,437	121,255	5,891	14,291
b	MEMBERSHIP & REGISTRATI	37,455	15,376	20,834	1,245
c	HOSPITALITY & REPRESENT	24,619	6,849	17,715	55
d	E-COMMERCE SERVICES	4,053	2,757	1,114	182
e	All other expenses	265		265	
25	Total functional expenses. Add lines 1 through 24e	3,091,637	2,348,962	566,949	175,726
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 9		<u> </u>					Page <b>11</b>	
Part	ΕX	Balance Sheet		- D V			_	
		Check if Schedule O contains a response or note to any line	e in this	S Part X		• •		
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash-non-interest-bearing			20,481	1	409,262	
	2	Savings and temporary cash investments			1,722,363	2	2,005,125	
	3	Pledges and grants receivable, net			73,133	3	84,076	
	4	Accounts receivable, net				4		
	5	key employees, and highest compensated employees Co	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruction of Schedule L	(3)(B ection	), and 501(c)(9)		6		
SS	7	Notes and loans receivable, net		7				
Ass	8	Inventories for sale or use				8		
	9				56.204	9	29.784	
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	272,070	30,204	9	29,104	
	b	Less accumulated depreciation	10b	267,071	8,497	<b>10</b> c	4.999	
	11	Investments—publicly traded securities			0, 101	11	1,000	
	12	Investments—publicly traded securities		12				
	13			13				
		Investments—program-related See Part IV, line 11 .						
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			1 000 670	15	2 522 246	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			1,880,678	16	2,533,246	
	17	Accounts payable and accrued expenses			295,476	17	209,910	
	18	Grants payable	100.000	18	687.522			
	19	Deferred revenue	123,030	19	687,522			
	20	Tax-exempt bond liabilities			00.004	20	400 505	
s	21	Escrow or custodial account liability Complete Part IV of			98,921	21	180,525	
	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and dis	qualifie	ed				
Liabilities		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third p				23		
	24	Unsecured notes and loans payable to unrelated third par				24		
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24)  Complete Part X of Schedule D	relate	d third parties,		25		
	26	Total liabilities. Add lines 17 through 25			517,427	26	1,077,965	
	20				011,421	20	1,077,300	
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	e P	y and complete				
lar	27	Unrestricted net assets			1,247,975	27	1,253,609	
Ba	28	Temporarily restricted net assets			115,276	28	201,672	
pu	29	Permanently restricted net assets				29		
Fu		Organizations that do not follow SFAS 117 (ASC 958), che	eck her	e ▶ □ and				
ō		complete lines 30 through 34.		1				
ets	30	Capital stock or trust principal, or current funds				30		
\$\$6	31	Paid-in or capital surplus, or land, building or equipment fo	ınd .			31		
t A	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds		32		
Ne.	33	Total net assets or fund balances			1,363,251	33	1,455,281	

34

Total liabilities and net assets/fund balances .

1,880,678

Prior period adjustments . column (B))

Investment expenses . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Donated services and use of facilities . Other changes in net assets or fund balances (explain in Schedule O) .

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . .

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in

Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

Separate basis

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

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

Consolidated basis

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Both consolidated and separate basis

2b

2a

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

Page 12

3,183,667

3,091,637

1,363,251

1,455,281

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

92,030

### **Additional Data**

(Code

Software ID: Software Version:

EIN: 36-3304707

Name: LUTHERAN SERVICES IN AMERICA

) (Revenue \$

INCORPORATED

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

)(Expenses \$

ADVOCACY AND PUBLIC POLICY - LSA IS THE NATIONAL VOICE OF OUR MEMBERS AS THE ADVOCATES FOR LUTHERAN SOCIAL MINISTRY, LSA GUIDES OUR MEMBERS' EFFORTS TO ADVANCE PUBLIC POLICIES THAT SUPPORT THEIR WORK AND BENEFIT THE PEOPLE THEY SERVE TO THAT END, LSA PROVIDES ACCESS TO FEDERAL LEGISLATORS AND THE ADMINISTRATION, RAISES THE AWARENESS OF KEY POLICY ISSUES, SHARES INFORMATION, CONDUCTS ADVOCACY TRAINING, PROVIDES IN-DEPTH ISSUES ANALYSIS AND IS A SOURCE OF EXPERTISE, RESOURCES AND TOOLS LSA ALSO PROVIDES SPECIFIC ADVOCACY SUPPORT TO OUR MULTIPLE NETWORKS AND CATEGORIES OF MEMBERSHIP, SUCH AS DISABILITY SERVICES

172.509 including grants of \$

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

Employer identification number

36-3304707

Public Char

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

## **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

2015
Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

**INCORPORATED** 

Part I

1

2

3

990EZ)

SCHEDULE A

LUTHERAN SERVICES IN AMERICA

(Form 990 or

<u>www.irs.gov/form990</u>.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	<b>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)						
6	<b>Public support.</b> Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources  Net income from unrelated						
9	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3) organization,
	check this box and <b>stop here</b>				<del></del>	▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	<b>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%	6 or more, check	this box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organization						▶┌
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	20% and 300	▶┌
							• 1

Section A. Public Support Calendar vear

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.)

(or f	iscal year beginning in)	(a)2011	( <b>D)</b> 2012	(c)2013	<b>(a)</b> 2014	(e)2015	<b>(† )</b> i otai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,754,766	1,502,212	1,380,292	1,913,072	2,542,276	9,092,618
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	490,243	421,641	474,579	471,683	595,602	2,453,748
3	Gross receipts from activities that are not an unrelated trade or						
_	business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	2,245,009	1,923,853	1,854,871	2,384,755	3,137,878	11,546,366
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	8,500	10,450	19,300	28,616	30,733	97,599
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	88,870	71,175	155,565	133,254	179,193	628,057
c	Add lines 7a and 7b	97,370	81,625	174,865	161,870	209,926	725,656
8	Public support. (Subtract line 7c from line 6)						10,820,710
_Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
9	iscal year beginning in) ► A mounts from line 6	2,245,009	1,923,853	1,854,871	2,384,755	3,137,878	11,546,366
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,486	57,516	65,937	64,261	45,769	314,969
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					20	20
c	Add lines 10a and 10b	81,486	57,516	65,937	64,261	45,789	314,989
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						

check this box and stop here Section C. Computation of Public Support Percentage

2,326,495

capital assets (Explain in Part

Total support. (Add lines 9, 10c,

VI)

11, and 12)

	•		
15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	91 230 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	89 430 %

1,981,369

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

1,920,808

2,449,016

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	17	2 660 %

18 Investment income percentage from 2014 Schedule A, Part III, line 17 3 560 %

19a 33 1/3% support tests—2015. 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

b 33 1/3% support tests—2014. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

3,183,667

11,861,355

▶▽

### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	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  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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? If "Yes," provide detail in <b>Part VI</b> .	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	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? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	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)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

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

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

### DLN: 93493320005076

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

# Political Campaign and Lobbying Activities

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

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

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

• S f the ine	Section 501(c)(3) organizations		under section 50	1(h)) Complete Part II-B Do	o not complete Part II-A				
N a	me of the organization THERAN SERVICES IN AMERICA CORPORATED	g		<b>Employer iden</b> 36-3304707	tification number				
Par	t I-A Complete if the c	organization is exempt under	section 501(c		organization.				
1									
2	Political expenditures	a description of the organization's direct and indirect political campaign activities in Part IV  expenditures							
3	V olunteer hours								
Par	t I-B Complete if the o	organization is exempt under	section 501(c	)(3).					
1		se tax incurred by the organization und		<u>/(=/.</u> ▶	\$				
2	,	se tax incurred by organization manage			\$				
3	•	section 4955 tax, did it file Form 472			Yes No				
4a	Was a correction made?	,	•		Yes No				
b	If "Yes," describe in Part IV				165   110				
	•	rganization is exempt under	section 501(c	), except section 50	1(c)(3).				
1	Enter the amount directly ex	pended by the filing organization for se	ction 527 exempt	function activities 🕨	\$				
2	Enter the amount of the filing exempt function activities	organization's funds contributed to ot	her organizations	for section 527	\$				
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here a	and on Form 1120	POL, line 17b ►	\$				
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No				
5	,   165   160								
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
2									
3									
4									

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page <b>2</b>
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	$\blacktriangleright$	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbying)					
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) 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

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-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?

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 (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the o	rganization is exempt under section 501(c)(3) and has (election under section 501(h)).					age <b>2</b>
For e	ach "Yes" response on lines 1a thro	ugh 1: below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
activ	•	, , ,	<b>V</b>	No	A	moun	ıt
1		ganization attempt to influence foreign, national, state or local of to influence public opinion on a legislative matter or referendum,	Yes				
а	Volunteers?			No			
b	Paid staff or management (inclu	de compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?			No			
d	Mailings to members, legislators	· · · · · ·	Yes				2,90
e	Publications, or published or bro	<b>-</b>	Yes				1,04
f	Grants to other organizations fo	, , ,		No			
g		their staffs, government officials, or a legislative body?	Yes				2,90
h	·	rs, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	•		No			6.05
j	Total Add lines 1c through 1:	a the organization to be not described in section F01/s\/2\\2		No.			6,85
2a b		e the organization to be not described in section 501(c)(3)?  y tax incurred under section 4912		No			
C	•	y tax incurred by organization managers under section 4912					
		d a section 4912 tax, did it file Form 4720 for this year?					
		rganization is exempt under section 501(c)(4), section	501/6	1 (5)	ree	ctio	n
ı Gı	501(c)(6).	Tyumzuton is exempt under section 501(e)(4), section .	,,,,	,,(5,,	, , ,		
				_		Yes	No
1	, ,	nore) dues received nondeductible by members?			1		
2	<u>-</u>	n-house lobbying expenditures of \$2,000 or less?			2		
3		rry over lobbying and political expenditures from the prior year?			3		
	501(c)(6) and if		No" (				
1	Dues, assessments and similar		1				
2	expenses for which the section	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).	2a				
a b	Current year Carryover from last year		2b				
c	Total		2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	== = ,	ount on line 2c exceeds the amount on line 3, what portion of the excess	<u> </u>				
•		arryover to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and	political expenditures (see instructions)	5				
P	art IV Supplemental In	formation					
		Part I-A , line 1 , Part I-B , line 4 , Part I-C , line 5 , Part II-A (affiliated groune 1 Also, complete this part for any additional information	ıp lıst)	, Part II	-A , lı	nes 1	and
	Return Reference	Explanation					
PAR	T II-B, LINE 1	IN FY16, LSA'S PUBLIC POLICY OFFICE WAS STAFFED BY TWO FULTHEY ARE RESPONSIBLE FOR MULTIPLE FUNCTIONS OF GOVERNIMEMBER ENGAGEMENT, ONLY A SMALL PORTION OF THEIR TIME LOBBYING ACTIVITIES LSA LOBBYING ACTIVITY OUTLINED BEL POLICY ISSUES ESTABLISHED BY LSA POLICY STAFF IN CONSULTORGANIZATIONS IN 2015-2016, THESE PUBLIC POLICY ISSUES PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES CHILDREN, YOUTH AND FAMILIES, HEALTH CARE, AFFORDABLE HESECTOR ISSUES, AND FEDERAL BUDGET AND APPROPRIATIONS MONITORED AND ACTED ON OTHER ISSUES THAT LSA MEMBERS ACTIVITIES INCLUDED - SENT 5 TARGETED ACTION ALERTS TO THEM TO TAKE ACTION ON A LEGISLATIVE OR POLICY MATTER LSA MEMBERS TO TAKE ACTION ON LEGISLATION OR POLICY MALSA'S POLICY EMAIL NEWSLETTERS (13 HOURS) - ENGAGED IN 2	MENT WAS D OW FO FATIO INCLU ES, AG IOUSI LSA S' RAISE LSA M (5 HOU TTER!	RELATION OF THE PROPERTY OF TH	ONS DTO ONI LSA ERVIC NPRO EMBE ONC SUR NCO MESU	AND PUBLI MEM CES I ES, FIT RS A ERNS GING URAC JSING	IC BER FOR LSO
		CONGRESSIONAL STAFFERS ON LEGISLATIVE ISSUES OF IMPORT					.s -

ENGAGED IN APPROXIMATELY 40 NON-LOBBYING INFORMATIONAL OR EDUCATIONAL MEETINGS WITH CONGRESSIONAL STAFF AND FEDERAL GOVERNMENT OFFICIALS AND/OR STAFF - SENT 15 LETTERS TO LEGISLATORS AND GOVERNMENT OFFICIALS - SIGNED ONTO

77 LETTERS CONCERNING ISSUES OF IMPORTANCE TO LSA MEMBERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

### DLN: 93493320005076

# OMB No 1545-0047

Open to Public

**SCHEDULE D** (Form 990)

Internal Revenue Service

Treasury

Department of the

▶ 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.

**Supplemental Financial Statements** 

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection

LUT	me of the organization HERAN SERVICES IN AMERICA			Employer id	lentification number	
	ORPORATED			36-330470		
Pa	Organizations Maintaining Dono Complete if the organization answer			nds or Acc	counts.	
		(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 funds are the organization's property, subject to			radvised	□ Yes □	No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		-			No
Pai	rt III Conservation Easements. Compl	ete if the organization a	answered "Yes" on	Form 990,		
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e g , reci	eation or				
	education)		Preservation of an		•	
	Protection of natural habitat		Preservation of a c	ertified histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservati	ion contribution in th	e form of a co	onservation	
	casement on the last day of the tax year		Γ	Hel	ld at the End of the Yea	ar
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easem	ents		2b		
c	Number of conservation easements on a certified	d historic structure include	ed in (a)	2c		
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17/06,	and not on a	2d		
3	Number of conservation easements modified, tra	nsferred, released, extingu	ııshed, or termınated	by the organ	nization during the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is loca	ted <b>▶</b>	_		
5	Does the organization have a written policy rega violations, and enforcement of the conservation		ng, inspection, handl	ing of	□Yes □ No	
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vio	lations, and enforcing	g conservati	on easements during th	ne
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violatio	ns, and enforcing cor	nservation ea	asements during the ye	ar
8	Does each conservation easement reported on Ii	ne 2(d) ahove satisfy the	requirements of secti	on 170/h)/4	)	
	(B)(ı) and section 170(h)(4)(B)(ıı)?	,	•	( )(	Yes No	
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex- the organization's accounting for conservation ea	t of the footnote to the orga				
Par	<b>t IIII</b> Organizations Maintaining Collection  Complete if the organization answer			r Other Si	milar Assets.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public ext	nibition, education, oi	r research in		
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exh	•			
(	(i) Revenue included on Form 990, Part VIII, line	1	,	► \$		
(i	ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, following amounts required to be reported under:		er sımılar assets for			
а	Revenue included on Form 990, Part VIII, line 1	•		▶\$_		_
b	Assets included in Form 990, Part X			<b>&gt;</b> \$ _		

Pai	t IIII	Organizations Maintaining (continued)	Collections of A	rt, His	storic	al T	reasu	res, or (	Othe	Similar A	sse	ts	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords,ch	nec <b>k</b> a	ny of	the foll	owing that	are a	sıgnıfıcant us	e of ı	ts	
а		Public exhibition		d		Loa	n or exc	hange pro	grams				
b		Scholarly research		e	Г	Oth	er						
C		Preservation for future generations											
4	Provi Part 2	de a description of the organization's KIII	s collections and exp	olain ho	w they	furth	er the c	organizatioi	n's ex	empt purpose	ın		
5		g the year, did the organization solic is to be sold to raise funds rather tha								lar <b>🗆 Ye</b>	s	┌ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, line	e 9, or re	porte	d an amour	nt on	Forn	າ 990,
<b>1</b> a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediary	forco	ntrıb	utions (	or other ass	sets n	ot <b>r</b> Ye	s	√ No	
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	e the fol	llowing	tabl	e			Am	ount		
c		ginning balance	,		-			10					
d		ditions during the year						1d					
e		tributions during the year						1e					
f		ding balance						1f					
<b>2</b> a		ne organization include an amount oi	n Form 990, Part X, I	ıne 21,	for es	crow	or cust	odial accou	ınt lıal	oility? <b>√ Ye</b>	s	┌ No	
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if t	he expl	anatıo	n has	been p	rovided in	Part X	III			<b>✓</b>
Pa	rt V	Endowment Funds. Comple											
			(a)Current year	<b>(b)</b> Pr	or year		<b>b (c)</b> Two	years back	<b>(d)</b> Th	ree years back	(e)	our ye	ars back
<b>1</b> a	Begii	nning of year balance											
b	C ont	ributions · · · · · · · ·											
c	Net i losse	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
е		r expenditures for facilities programs											
f	A dm	nistrative expenses											
g		of year balance											
2	Provi	de the estimated percentage of the o	Lurrent year end bala	nce (lir	ne 1a,	colur	mn (a)) l	neld as			l		
a		I designated or quasi-endowment <b>&gt;</b>			5/		(//						
		anent endowment											
b													
С	The p	orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	·										
3a		nere endowment funds not in the pos iization by	session of the organ	ızatıon	that a	re he	ld and a	dministere	d for t	he	Г	Yes	No
	_	related organizations								38	a(i)		
	(ii) re	elated organizations								3a	(ii)		
b	If"Ye	es" on 3a(II), are the related organiza	ations listed as requi	red on s	Sched	ule R	<sup>?</sup>				3b		
4		ribe in Part XIII the intended uses o		endowm	ent fu	nds							
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		Form Q	۵0 D	ort I	\/ line	112 500	Form	000 Dart V	/ lin	o 10	
		Description of property	miswered res to i	(a)	Cost c		r basıs	(b) ost or other b		Accumulate (c)depreciation	d		ok value
	Land							(other)	+		_		
	Land			·  -			-+		+		$\dashv$		
	Buildir	-		· · ·			-+		+		$\dashv$		
		nold improvements		. ⊢				373	070	267	071		4.000
	Other	nent		.  -				272,	.070	267,	U/1		4,999

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

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
<b>1)</b> Financia	al derivatives			Cost of end-of-year market valu
<b>2)</b> Closely-	-held equity interests			
<b>3)</b> O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	}		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				, , , , , , , , , , , , , , , , , , , ,
otal. (Colum	mn (b) must equal Form 990. Part X, col (B) line 13 )	) <b>&gt;</b>		
	onn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organiz	· -	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	· -	ı Form 990, Part IV , line	11d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) Do	ration answered 'Yes' or		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the o	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do	ne 15 )		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) Do (a) D	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) Do (a) D	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
Part IX  Otal. (Colu  Part X	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organiz  (a) Description of liability  ome taxes	ne 15 )		(b) Book value
otal. (Colum	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 )	ed 'Yes' on Form 990,	(b) Book value

Schedule D (Form 990) 2015

1

2

а b

d

3

b

3,183,667

3,183,667

0

3,091,637

2e

3

4c

4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	3,183,667
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	Return.
1	Total expenses and losses per audited financial statements	1	3,091,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,091,637
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		

2a

2b

**2**c

2d

4b

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

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . .

Recoveries of prior year grants . .

Other (Describe in Part XIII) .

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

# Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

### Part XIII **Supplemental Information**

Other (Describe in Part XIII ) .

Add lines 4a and 4b .

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 THE ORGANIZATION FACILITATES COLLABORATION AMONG ITS MEMBERS FOR THE PURPOSE OF ADVANCING THE MINISTRIES OF THE MEMBERS THE COLLABORATIVE

PART IV, LINE 2B GROUPS ARE CALLED NETWORKS THE ORGANIZATION PROVIDES FISCAL AGENT SERVICES FOR SOME OF THESE NETWORKS. WHICH ARE REFERRED TO AS MANAGED NETWORKS IN THE FINANCIAL STATEMENTS CASH HELD FOR MANAGED NETWORKS AND THE RELATED DEPOSIT LIABILITY WAS \$180,525 AND \$98,921 AT JUNE 30, 2016 AND 2015, RESPECTIVELY Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	Page <b>5</b>					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

LUTHERAN SERVICES IN AMERICA

# **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.

OMB No 1545-0047

Employer identification number

2015

DLN: 93493320005076

Open to Public Inspection

Schedule I (Form 990) 2015

NCORPORATED						36-3304707	
Part I General Information	n on Grants an	d Assistance					
<ul> <li>Does the organization maintain r</li> <li>the selection criteria used to awa</li> <li>Describe in Part IV the organiza</li> </ul>	ard the grants or as	ssistance?				tance, and	∏Yes 🔽 No
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							
						_	_
<ul><li>Enter total number of section 50</li><li>Enter total number of other organ</li></ul>							0

Cat No 50055P

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

APPROVE ALL DISBURSEMENTS

1 FUNDS FROM EACH GRANT ARE SEGREGATED WITHIN THE ACCOUNTING SYSTEM BY A UNIQUE FUND CODE THAT IS USED TO TRACK

SCH I, PART I, LINE 2 ALL TRANSACTIONS 2 ESTIMATES OF TIME SPENT ON A GRANT BY EACH EMPLOYEE ARE MAINTAINED 3 GRANT MANAGER MUST

### **Additional Data**

2485 COMO AVENUE

ST PAUL, MN 55108

LUTHERAN SOCIAL

DAKOTA

SOUTH

SERVICES OF NORTH

3911 20TH AVENUE

FARGO, ND 58107

45-0226421

Software ID: Software Version:

**EIN:** 36-3304707

Name: LUTHERAN SERVICES IN AMERICA

INCORPORATED

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation organization if applicable grant cash (book, FMV, appraisal, or government assistance other)

501(C)(3) LUTHERAN SOCIAL 41-0872993 192,842 SERVICE OF MINNESOTA

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Description of (h) Purpose of grant non-cash assistance or assistance

454,128

MACF GRANT FOR

THE GREAT PLAINS

SENIOR SERVICES

COLLABORATIVE

MACF GRANT FOR THE GREAT PLAINS

SENIOR SERVICES

COLLABORATIVE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

**Compensation Information** 

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.

DLN: 93493320005076 OMB No 1545-0047

2015

					en t Insp			
Na	me of the organiz				Employer identification	on nur	nber	
	HERAN SERVICES IN ORPORATED	AMERICA			36-3304707			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		opiate box(es) if the organization prov Section A, line 1a Complete Part III i						
	First-clas	s or charter travel		Housing allowance or residence for	r personal use			
	Travel for	companions		Payments for business use of pers	onal residence			
	Tax idemr	nification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, chai	ıffeur, chef)		 	ļ
b		xes in line 1a are checked, did the org or provision of all of the expenses des				1b		
2		ation require substantiation prior to re ees, officers, including the CEO/Exect				2		
				, 3				
3	organization's (	. If any, of the following the filing organi CEO/Executive Director Check all tha ed organization to establish compensa	t apply	y Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	<b>√</b>	Written employment contract				
	✓ Independe	ent compensation consultant	V	Compensation survey or study	İ		j	Ì
	Form 990	of other organizations	<b>√</b>	Approval by the board or compens	ation committee		į	į
4	During the year or a related org	r, did any person listed on Form 990, P anization	art VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control p	aymen	t?		4a		No
b	Participate in, o	or receive payment from, a supplement	tal non	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-bas	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizati	ons mi	ust complete lines 5-9.				
5		ted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				5a	<u> </u>	Νo
b	Any related org	janization?				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				<b>6</b> a		Νo
b	Any related org	janization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A , lescribed in lines 5 and 6? If "Yes," de			n-fixed	7		No
В	,	nts reported on Form 990, Part VII, p nitial contract exception described in		•				NI -
9		8, did the organization also follow the	rebutt	able presumption procedure describe	ed in Regulations	8		No

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	( <b>B</b> ) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	· ·	(E) Total of columns	· · ·
_	Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

204.027 6,646 12,300 222.973 CHARLOTTE HABERAECKER

Schedule J (Form 990) 2015

PRESIDENT/CEO

Return Reference	Explanation						
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							
Part III Supplemental Information							
Page <b>3</b>							

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 2015 (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasurv www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number LUTHERAN SERVICES IN AMERICA **INCORPORATED** 

DLN: 93493320005076

36-3304707

990 Schedule O, Supplemental Information

Return Reference **Explanation** FORM 990, PART VI, SECTION A, LINE LSA HAS CLASS A MEMBERS THAT ARE EACH INDEPENDENT LUTHERAN SOCIAL MINISTRY **ORGANIZATIONS** 6 FORM 990, PART VI, SECTION A. LINE THE BOARD OF DIRECTORS SHALL BE COMPOSED OF NINE DIRECTORS ELECTED BY THE CLASS A 7A MEMBERS OF THE CORPORATION AND NINE DIRECTORS APPOINTED BY THE CLASS B MEMBERS OF THE CORPORATION AND TWO DIRECTORS ELECTED BY THE CLASS A AND CLASS B MEMBERS OF THE BOARD OF DIRECTORS

Return Reference Explanation

FORM 990, PART VI, SECTION A. LINE 7B SUPERMAJORITY OF AT LEAST 80%. THE BOARD OF DIRECTORS RECOMMENDS THE BUDGET FOR APPROVAL BY

990 Schedule O. Supplemental Information

SECTION B. LINE 11

,	THE MEMBERS ATTENDING THE ANNUAL MEETING
FORM 990, PART VI,	FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY MADE

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING

990 Schedule O, Supplemental Information

CONSULTA

FMPLOYFES

APPROVE

Explanation EVERY DIRECTOR AND EVERY EMPLOYEE COMPLETES THE CONFLICT OF INTEREST QUESTIONNAIRE

SECTION B. LINE 15

Return Reference

FORM 990, PART VI.

SECTION B. LINE 12C

FORM 990. PART VI.

ANNUALLY POTENTIAL CONFLICTS ARE EVALUATED AND RESOLVED THE CEO'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE OF THE INDEPENDENT BOARD. OF DIRECTORS AND APPROVED BY THE FULL BOARD IN 2015. AN INDEPENDENT COMPENSATION NT COMPLETED A REVIEW OF THE CEO'S COMPENSATION PACKAGE COMPENSATION FOR OTHER IS DETERMINED AND/OR APPROVED BY THE CEO WITHIN THE CONFINES OF A PERSONNEL BUDGET D BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI,
SECTION C, LINE 19

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST FINANCIAL STATEMENTS AND
WHISTLEBLOWER POLICY ARE POSTED ON THE WEBSITE, WWW LUTHERANSERVICES ORG