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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUTHERAN SERVICES FLORIDA INC		D Employer identification number 59-2198911
	Doing business as		E Telephone number (813) 875-1408
	Number and street (or P O box if mail is not delivered to street address) 3627-A WEST WATERS AVE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33614		G Gross receipts \$ 206,730,804
	F Name and address of principal officer SAMUEL M SNIPES 3627-A WEST WATERS AVE TAMPA, FL 33614		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a){1} or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ WWW.LSFNET.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
		L Year of formation 1982	M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities LUTHERAN SERVICES FLORIDA IS A LEADER IN THE STATE OF FLORIDA IN PROVIDING HUMAN SERVICES		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,819
6 Total number of volunteers (estimate if necessary)	6	2,260	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	197,252,466	203,554,716
	9 Program service revenue (Part VIII, line 2g)	2,364,952	2,671,048
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,522	-142,633
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,776	76,877
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,755,716	206,160,008
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	99,046,670	106,410,378
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	54,315,340	58,591,013
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶512,181</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,490,743	43,606,216
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	199,852,753	208,607,607
	19 Revenue less expenses Subtract line 18 from line 12	-97,037	-2,447,599
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	39,269,227	39,337,806
	21 Total liabilities (Part X, line 26)	24,184,043	28,098,590
	22 Net assets or fund balances Subtract line 21 from line 20	15,085,184	11,239,216

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

Sign Here	*****			2017-05-04	
	Signature of officer			Date	
	CHRISTOPHER J CARD PRESIDENT & COO				
	Type or print name and title				
Paid Preparer Use Only	Pnnt/Type preparer's name BETTY ISLER CPA		Preparer's signature BETTY ISLER CPA		Date
			Check <input type="checkbox"/> if self-employed		PTIN P00541979
	Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 27-3605969	
	Firm's address ▶ 13577 FEATHER SOUND DR STE 400 CLEARWATER, FL 33762			Phone no (727) 572-1400	

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization’s mission

LUTHERAN SERVICES FLORIDA SERVES TO BRING GOD'S HEALING, HOPE AND HELP TO PEOPLE IN NEED IN THE NAME OF JESUS CHRIST

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 98,941,703 including grants of \$ 98,941,703) (Revenue \$)
MANAGING ENTITY - SUBSTANCE ABUSE MENTAL HEALTH (SAMH) IN A STATE WHERE MENTAL HEALTH CARE SERVICES ARE INCREDIBLY DIFFICULT TO ACCESS, LSF, THROUGH ITS SAMH MANAGING ENTITY, LEADS A VAST, 23-COUNTY PROVIDER NETWORK TO HELP SOME OF FLORIDA'S POOREST AND MOST MARGINALIZED PEOPLE OBTAIN THE MENTAL HEALTH CARE SERVICES THEY NEED WITHOUT LSF'S SAMH PROGRAM, MANY PEOPLE'S MENTAL HEALTH CARE NEEDS WOULD GO UNMET, IN FACT, OVER 350,000 OF A MILLION PEOPLE RECEIVED MENTAL HEALTH SERVICES THIS YEAR BECAUSE OF LSF'S LEADERSHIP AS A MANAGING ENTITY	
4b	(Code) (Expenses \$ 18,188,935 including grants of \$ 233,205) (Revenue \$ 174,235)
YOUTH AND FAMILY SERVICES WHEN FAMILY UNITS DISINTEGRATE DURING TIMES OF CRISIS AND CONFLICT, LSF CASE- AND SOCIAL WORKERS ARE THERE TO NOT ONLY PROTECT CHILDREN, BUT TO HELP PRESERVE FAMILIES WHEN IT'S IN THE BEST INTEREST OF CHILDREN AND TO REUNIFY FAMILIES ONCE THEY HAVE STABILIZED LSF'S FOCUS ON FAMILY PRESERVATION AND REUNIFICATION - WHENEVER POSSIBLE AND WHEN IT'S IN THE BEST OF INTEREST OF THE CHILD - TRANSLATES INTO AN ARRAY OF SERVICES TO HELP FAMILIES COPE AND RECOVER FROM TIMES OF CRISIS IN THIS PAST YEAR, LSF HELPED 33,093 PEOPLE MOVE FROM CRISIS TO STABILITY THROUGH ITS YOUTH AND FAMILY SERVICES (CONTINUED ON SCHEDULE O)AS PART OF THIS WORK, LSF RESIDENTIAL YOUTH SHELTERS PROVIDE A TEMPORARY SAFE HAVEN FOR YOUNG PEOPLE AGES 10-17 COUNSELING SERVICES FOR BOTH CHILDREN AND FAMILIES ALLOW INDIVIDUALS AND FAMILIES TO BEST ADDRESS THE ISSUES CAUSING FAMILY DISCORD AND UPHEAVAL TEEN COURT HELPS YOUTH WHO ARE FIRST-TIME OFFENDERS STAY OUT OF THE JUVENILE JUSTICE SYSTEM CHILD WELFARE CASE MANAGEMENT DELIVERS PROTECTIVE SERVICES FOR CHILDREN WHO ARE ABUSED OR NEGLECTED AS A SAFE PLACE ORGANIZATION, LSF PARTNERS WITH LOCAL BUSINESSES AND SCHOOLS TO HELP YOUTH IN TROUBLE FIND AND ACCESS SAFE REFUGE AND FINALLY, FOR FAMILIES FACING HOMELESSNESS, LSF PROVIDES TEMPORARY AND PERMANENT HOUSING, AND BECAUSE LSF SEEKS TO SERVE PEOPLE WHO FACE PARTICULAR VULNERABILITIES, LSF OFTEN FOCUSES ON FAMILIES WITH YOUNG CHILDREN, PEOPLE WHO ARE AGING OUT OF THE FOSTER CARE SYSTEM, AND PEOPLE LIVING WITH HIV OR AIDS HOUSING SERVICES ALONE SERVED 573 PEOPLE IN 2016	

4c	(Code) (Expenses \$ 65,725,046 including grants of \$ 4,040,492) (Revenue \$)
CHILDREN'S SERVICES HELPING CHILDREN BREAK THE CYCLE OF POVERTY AND REACH THEIR FULL POTENTIAL THROUGH HIGH-QUALITY EDUCATIONAL AND FAMILY-CENTERED PROGRAMS IS THE PRIMARY GOAL OF LSF'S CHILDREN'S SERVICES THIS PAST YEAR, LSF EDUCATED 7,199 AT-RISK CHILDREN AND HELPED THEIR FAMILIES THROUGH LSF'S EARLY HEAD START AND HEAD START CLASSES ALL ACROSS THE STATE OF FLORIDA (CONTINUED ON SCHEDULE O) UNDERSTANDING THAT FOOD SECURITY IS ESSENTIAL FOR FAMILY STABILITY AND FOR LEARNING, LSF MAKES SURE THAT EVERY CHILD UNDER THE AGE OF 13 IN ITS HEAD START AND AFTER SCHOOL PROGRAMS RECEIVE HEALTHY, WELL-BALANCED MEALS EVERY DAY THE FOOD PROGRAM NOT ONLY ALLEVIATES A FINANCIAL BURDEN FOR PARENTS AND ENSURES THAT CHILDREN ARE READY TO LEARN BECAUSE THEY'RE PROPERLY FED, IT ENCOURAGES LIFE-LONG HEALTHY EATING HABITS	
See Additional Data	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 15,773,409 including grants of \$ 3,194,978) (Revenue \$ 2,496,813)	

4e	Total program service expenses ▶ 198,629,093
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	312	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,819	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Financial Accounts (FBAR).			
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 shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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 person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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	1a 10		
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
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		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
LISA GALBRAITH CORPORATE CONTROLLER 3627-A WEST WATERS AVE TAMPA, FL 33614 (813) 875-1408

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM D HAUSEISEN BOARD CHAIR	1 00 0 00	X						0	0	0
(2) LAUREL MARC-CHARLES ESQ VICE CHAIR	1 00 0 00	X						0	0	0
(3) WILLIAM HORNE SECRETARY	1 00 0 00	X						0	0	0
(4) JOHN BAUDER TREASURER	1 00 0 00	X						0	0	0
(5) ZINA HAMILTON DIRECTOR	1 00 0 00	X						0	0	0
(6) LINDA GRAY DIRECTOR	1 00 0 00	X						0	0	0
(7) SCOTT MORRIS DIRECTOR	1 00 0 00	X						0	0	0
(8) REV JAMES ROCKEY DIRECTOR	1 00 0 00	X						0	0	0
(9) VIRGINIA M STACY DIRECTOR	1 00 1 00	X						0	0	0
(10) JON WAREHAM DIRECTOR	1 00 0 00	X						0	0	0
(11) CARMEN SCOMA DIRECTOR	1 00 0 00	X						0	0	0
(12) SAMUEL M SIPES CHIEF EXECUTIVE OFFICER	45 00 0 00			X				325,722	0	58,461
(13) CHRISTOPHER J CARD PRESIDENT & COO	45 00 2 00			X				228,909	0	48,633
(14) ROBERT WYDRA CHIEF FINANCIAL OFFICER	45 00 0 00			X				0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALICE L REZENDES DIR OF EXEC & BOARD AFFAIRS	45 00 0 00			X				67,576	0	1,170
(16) CHRISTINE A CAUFFIELD VP SAMH	45 00 0 00					X		194,949	0	8,165
(17) LOUIS A FINNEY EXECUTIVE VP CHILDREN & HS SERVICES	45 00 0 00					X		170,226	0	8,656
(18) GEORGE H WALLACE EXECUTIVE VP FINANCE	45 00 0 00					X		144,822	0	9,201
(19) LAURIE JEAN CLARK CHIEF FINANCIAL OFFICER	45 00 0 00					X		143,072	0	7,889
(20) MICHAEL SEERAJ VP FINANCE	45 00 0 00					X		135,353	0	13,561

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,410,629	0	155,736

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 14

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCHOOL DISTRICT OF PALM BEACH 2300 FOREST HILL BLVD A-323 WEST PALM BEACH, FL 33406	HEADSTART CHILDCARE	4,208,605
HISPANIC HUMAN RESOURCES 1427 S CONGRESS AVE WEST PALM BEACH, FL 33406	HEADSTART CHILDCARE	2,042,407
CHILDREN'S HOME SOCIETY 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792	HEADSTART CHILDCARE	1,683,423
FLORENCE FULLER CHILD 200 NE 14TH ST BOCA RATON, FL 33432	HEADSTART CHILDCARE	1,460,173
R'CLUB INC 4140 49TH ST N ST PETERSBURG, FL 33709	HEADSTART CHILDCARE	1,384,338

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 51

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	166,729	203,554,716			
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	181,868,346				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,519,641				
	g	Noncash contributions included in lines 1a-1f \$		966,447				
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	CHARTER SCHOOLS	611110	956,292	956,292			
	b	GUARDIANSHIP SERVICES	624120	816,445	816,445			
	c	RESETTLEMENT SERVICES	624190	515,261	515,261			
	d	CHARTER SCHOOLS-MANAGEMENT FEE	611710	208,815	208,815			
	e	YOUTH & FAMILY SERVICES	624110	174,235	174,235			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,671,048			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,818			34,818	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory						
		(i) Real	(ii) Personal					
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
	d	Net gain or (loss)		-177,451			-177,451	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .		49,599			49,599	
		a	72,515					
		b	Less direct expenses					22,916
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances . .						
		a						
b		Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue		27,278			27,278		
e	Total. Add lines 11a-11d			27,278				
12	Total revenue. See Instructions			206,160,008	2,671,048	0	-65,756	

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	98,941,703	98,941,703		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	7,468,675	7,468,675		
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.	773,176		773,176	
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.	47,994,271	43,461,222	4,237,779	295,270
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	154,042	128,369	25,673	
9	Other employee benefits.	6,087,670	5,649,695	417,059	20,916
10	Payroll taxes.	3,581,854	3,223,100	336,050	22,704
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	191,225	177,027	14,198	
c	Accounting.	196,575	6,450	190,125	
d	Lobbying.	24,088		24,088	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	8,740		8,740	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,178,184	23,546,918	1,570,313	60,953
12	Advertising and promotion.	65,323	4,950	46,181	14,192
13	Office expenses.	7,356,888	6,648,856	656,050	51,982
14	Information technology.	561,030	414,502	139,091	7,437
15	Royalties.				
16	Occupancy.	4,646,973	4,293,607	338,909	14,457
17	Travel.	1,874,964	1,655,737	205,251	13,976
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	694,228	456,559	228,891	8,778
20	Interest.	326,607	282,949	43,658	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,356,307	1,240,515	115,660	132
23	Insurance.	993,215	919,762	72,087	1,366
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BAD DEBT EXPENSE	31,037	28,864	2,173	
b					
c					
d					
e	All other expenses	100,832	79,633	21,181	18
25	Total functional expenses. Add lines 1 through 24e.	208,607,607	198,629,093	9,466,333	512,181
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,017,679	1	965,067
	2	Savings and temporary cash investments		4,264,235	2	3,070,616
	3	Pledges and grants receivable, net		15,722,580	3	18,522,157
	4	Accounts receivable, net		1,052,712	4	942,694
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		620,204	9	648,164
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	14,052,805	10c	8,361,952
	b	Less: accumulated depreciation	10b	5,690,853		
	11	Investments—publicly traded securities		745,812	11	755,865
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		6,533,434	15	6,071,291
	16	Total assets. Add lines 1 through 15 (must equal line 34).		39,269,227	16	39,337,806
Liabilities	17	Accounts payable and accrued expenses		18,022,240	17	21,001,343
	18	Grants payable			18	
	19	Deferred revenue		513,668	19	499,268
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,175,783	23	3,407,178
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		3,472,352	25	3,190,801
	26	Total liabilities. Add lines 17 through 25.		24,184,043	26	28,098,590
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,925,540	27	2,677,444
	28	Temporarily restricted net assets		10,011,118	28	7,735,075
	29	Permanently restricted net assets		148,526	29	826,697
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,085,184	33	11,239,216
	34	Total liabilities and net assets/fund balances		39,269,227	34	39,337,806

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,160,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,607,607
3	Revenue less expenses Subtract line 2 from line 1	3	-2,447,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	15,085,184
5	Net unrealized gains (losses) on investments	5	4,376
6	Donated services and use of facilities	6	-1,453,472
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	50,727
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,239,216

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 59-2198911
Name: LUTHERAN SERVICES FLORIDA INC

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

(Code) (Expenses \$	11,494,211	including grants of \$	2,969,675) (Revenue \$	515,261)
REFUGEE RESETTLEMENT SERVICES WELCOME AND ASSISTANCE FOR NEWCOMERS IS ESSENTIAL TO THE VIBRANCY OF COMMUNITIES ACROSS THE U S AND IS KEY TO EXTENDING LSF'S MISSION OF HOPE AND HELP TO ALL FLORIDIANS LONG-TIMERS AND NEWCOMERS ALIKE EACH YEAR THOUSANDS OF REFUGEES ARRIVE TO FLORIDA HAVING FACED HARROWING ESCAPES, MANY OF ALMOST MYTHIC SCOPE LSF, THROUGH ITS REFUGEE PROGRAM, HELPS THESE NEW NEIGHBORS FIND A HOME, LEARN ENGLISH, SECURE EMPLOYMENT, ENROLL IN SCHOOL AND ADJUST TO A NEW LIFE IN A NEW LAND LSF ASSISTS MANY MORE NEWCOMERS WITH INTEGRATION AND IMMIGRATION LEGAL SERVICES LAST YEAR ALONE, LSF HELPED WELCOME AND SERVE 29,874 REFUGEES AND IMMIGRANTS FROM ACROSS THE GLOBE					
(Code) (Expenses \$	2,907,525	including grants of \$	225,303) (Revenue \$	816,445)
ADULT SERVICES OFTEN, ADULTS IN NEED ARE THE LAST TO BE SERVED, IF THEY HAVE ACCESS TO SERVICES AT ALL, THIS IS ESPECIALLY TRUE FOR SINGLE ADULTS WITH NO FAMILIES THIS IS WHY LSF CONTINUES IN ITS ESSENTIAL WORK WITH HELPING ADULTS IN NEED OF CARE AND ASSISTANCE THROUGHOUT THE STATE OF FLORIDA THROUGH ITS VARIED ADULT PROGRAMS, LSF AIMS TO NOT ONLY ADDRESS CURRENT AND URGENT NEEDS, BUT WORKS TO HELP ADULTS MAINTAIN OR REGAIN AUTONOMY TO WHATEVER DEGREE POSSIBLE AND TO ENSURE THAT THEIR LIVES ARE FULL OF DIGNITY AND HOPE, KNOWING THAT LSF IS THERE TO ACCOMPANY THEM REGARDLESS OF THE PATHS THEIR LIVES HAVE TAKEN ALMOST A THOUSAND ADULT FLORIDIANS RECEIVED HELP FROM LSF THIS PAST YEAR IN PROGRAMS DESIGNED TO ASSIST PEOPLE WITH DISABILITIES, PEOPLE WITH MENTAL IMPAIRMENTS, AND PEOPLE WHO ARE HIV+ AND LIVING WITH AIDS ELDERLY PERSONS AND PEOPLE WITH MENTAL OR PHYSICAL INCAPACITIES WHO CANNOT MANAGE THEIR OWN AFFAIRS ARE HELPED BY LSF'S GUARDIANSHIP PROGRAM THE LSF GUARDIANSHIP PROGRAM FOCUSES ON PEOPLE WHO ARE INDIGENT AND WORKS TO CREATE AND FACILITATE LIVES LIVED TO THEIR FULLEST WITH ADEQUATE HEALTHCARE, ALONG WITH SAFE AND COMFORTABLE HOUSING IN THE SAME MANNER, THE LSF RYAN WHITE PROGRAM SEEKS TO HELP PEOPLE LIVING WITH HIV/AIDS TO NOT ONLY ACCESS HEALTH CARE SERVICES, BUT TO FIND SUPPORT AND SOLACE					

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

(Code)	(Expenses \$ 1,371,673	including grants of \$)	(Revenue \$ 1,165,107)
CHARTER SCHOOLS AS WITH LSF'S HEAD START PROGRAMS, THE FOCUS OF LSF'S CHARTER SCHOOLS IS TO HELP CHILDREN CYCLE OUT OF POVERTY THROUGH HIGH-QUALITY EDUCATIONAL OPPORTUNITIES LSF FOCUSES ITS CHARTER SCHOOL EDUCATIONAL SERVICES IN UNDERSERVED AREAS AND WITH AT-RISK STUDENTS FOCUSED IN FOUR DISTINCT GEOGRAPHIC AREAS ACROSS THE STATE, LSF WORKS IN STRONG PARTNERSHIP WITH LOCAL SCHOOL BOARDS AND THE STATE OF FLORIDA TO PROVIDE THE HIGHEST QUALITY EDUCATIONAL SERVICES TO EACH AND EVERY STUDENT SERVED INSPIRED BY ITS MISSION TO PROVIDE HEALING AND HOPE, BUT DEDICATED TO THE PRESERVATION OF CHURCH-STATE SEPARATION, AS WITH ALL OF ITS PROGRAMS, LSF MAINTAINS THE HIGHEST EDUCATIONAL PROGRAMMING WHICH PROHIBITS DISCRIMINATION IN ADMISSION TO OR ACCESS TO, OR EMPLOYMENT IN ITS PROGRAMS AND ACTIVITIES, ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX OR SEXUAL ORIENTATION, MARITAL STATUS, AGE, RELIGION, DISABILITY, GENETIC INFORMATION, GENDER IDENTITY OR EXPRESSION, OR ANY OTHER CHARACTERISTICS PROHIBITED BY LAW THAT CHARTER SCHOOLS ARE FREE TO THE PUBLIC AND REQUIRE NO TUITION FEE FURTHERS THE LSF MISSION TO PROVIDE EASILY ACCESSIBLE SERVICES WITH A FOCUS OF TRANSFORMING LIVES FOR ANYONE AND EVERYONE LSF CAN REACH A FOCUS ON SMALL CLASSROOM SIZE, INDIVIDUALIZED LEARNING, AND ALTERNATIVE SETTINGS FOR CHILDREN WHOSE LEARNING STYLES WORK BEST IN A MORE NON-TRADITIONAL SETTING, ARE ALL PART OF THE LSF APPROACH TO ENSURING THAT EACH CHILD IS GIVEN THE OPPORTUNITY TO REACH HER OR HIS POTENTIAL			
(Code)	(Expenses \$	including grants of \$)	(Revenue \$)
DISASTER RESPONSE WHEN NATURAL DISASTER STRIKES, LSF IS THERE FOR THE LONG HAUL, NOT ONLY PROVIDING NECESSARY IMMEDIATE ASSISTANCE, BUT, IN PARTNERSHIP WITH NATIONAL LUTHERAN ENTITIES, HELPING PEOPLE RESTORE AND REGAIN THEIR LIVES, NO MATTER HOW LONG THAT RESTORATION TAKES AFTER FLOODS, HURRICANES, AND EVEN TORNADOES, LSF HAS HELPED AND CONTINUES TO HELP PEOPLE RECOVER FROM NATURAL DISASTERS			

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SERVICES FLORIDA INC

Employer identification number
59-2198911

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

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

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	38,330,090	125,650,870	149,240,810	197,252,466	203,554,716	714,028,952
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	38,330,090	125,650,870	149,240,810	197,252,466	203,554,716	714,028,952
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						714,028,952

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	38,330,090	125,650,870	149,240,810	197,252,466	203,554,716	714,028,952
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,090	30,908	51,559	37,737	34,818	183,112
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	80,523	31,530	30,488	31,682	27,278	201,501
11 Total support. Add lines 7 through 10						714,413,565

12 Gross receipts from related activities, etc (see instructions)

129,563,657

13 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, check this box and **stop here**

☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

1499.950%

15 Public support percentage for 2014 Schedule A, Part II, line 14

1599.930%

16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☒

b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

☐

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

☐

18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

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

b 33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c	
4a 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? 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.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 Part VI .	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 <i>Schedule L (Form 990)</i> .	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 <i>Schedule L (Form 990)</i> .	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	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 Part VI .	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 Part VI .	9c	
10a 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.	10a	
b Did the organization have any excess business holdings in the tax year? (Use <i>Schedule C, Form 4720</i> , to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV

Supporting Organizations (continued)

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

☐

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

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

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

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

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

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 required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
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 \$			
a Applied to underdistributions of prior years			
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)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization LUTHERAN SERVICES FLORIDA INC	Employer identification number 59-2198911
---	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	24,088													
c	Total lobbying expenditures (add lines 1a and 1b)	24,088													
d	Other exempt purpose expenditures	208,583,519													
e	Total exempt purpose expenditures (add lines 1c and 1d)	208,607,607													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures			23,805	24,088	47,893
d Grassroots nontaxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation	
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization LUTHERAN SERVICES FLORIDA INC	Employer identification number 59-2198911
---	--

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

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

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

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes

☐ No

b

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

	Amount
c Beginning balance	29,247,790
d Additions during the year	
e Distributions during the year	1,223,086
f Ending balance	28,024,704

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

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

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,277,593	7,442,975	1,960,233	1,811,174	1,828,666
b Contributions	991,954	6,242,011	6,452,640	227,947	117,646
c Net investment earnings, gains, and losses	47,149	13,585	103,879	42,306	15,516
d Grants or scholarships					
e Other expenditures for facilities and programs	2,553,190	2,420,978	1,073,777	121,194	150,654
f Administrative expenses					
g End of year balance	9,763,506	11,277,593	7,442,975	1,960,233	1,811,174

2

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

a Board designated or quasi-endowment 12 310 %

b Permanent endowment 8 470 %

c Temporarily restricted endowment 79 220 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
b		

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		1,735,899		1,735,899
b Buildings		3,503,795	2,134,332	1,369,463
c Leasehold improvements		5,230,166	1,192,898	4,037,268
d Equipment		1,713,188	1,024,389	688,799
e Other		1,869,757	1,339,234	530,523
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,361,952

Part XI

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

1	Total revenue, gains, and other support per audited financial statements	1	212,069,480
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1,842,213
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,954,058
e	Add lines 2a through 2d	2e	5,796,271
3	Subtract line 2e from line 1	3	206,273,209
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,740
b	Other (Describe in Part XIII)	4b	-121,941
c	Add lines 4a and 4b	4c	-113,201
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	206,160,008

Part XII

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

1	Total expenses and losses per audited financial statements	1	216,790,252
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,295,685
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	4,951,210
e	Add lines 2a through 2d	2e	8,246,895
3	Subtract line 2e from line 1	3	208,543,357
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,740
b	Other (Describe in Part XIII)	4b	55,510
c	Add lines 4a and 4b	4c	64,250
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	208,607,607

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1B	IN CONNECTION WITH THE ORGANIZATION'S GUARDIANSHIP PROGRAM, THE ORGANIZATION HOLDS ASSETS IN TRUST FOR INDIVIDUALS WHO HAVE BEEN DECLARED INCAPACITATED. THE ORGANIZATION IS A COURT-APPOINTED LEGAL GUARDIAN FOR THESE INDIVIDUALS. ASSETS HELD IN TRUST FOR THESE INDIVIDUALS INCLUDE TANGIBLE PERSONAL PROPERTY AND REAL PROPERTY VALUED AT THEIR FAIR VALUE ON THE DATE THE ORGANIZATION WAS APPOINTED GUARDIAN. CASH AND INVESTMENTS ARE VALUED AT THEIR CURRENT MARKET VALUE. INCOME EARNED ON ASSETS HELD IN TRUST ARE APPLIED TO EACH INDIVIDUAL'S ACCOUNT BALANCE. THE ASSETS THAT ARE HELD IN TRUST BY THE ORGANIZATION ARE NOT INCLUDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX EXEMPT STATUS. THE ORGANIZATION HAS ADOPTED FASB GUIDANCE REGARDING UNCERTAINTY IN INCOME TAXES AS CODIFIED IN FASB ASC 740-10. AT JUNE 30, 2016, MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. THE ORGANIZATION'S INCOME TAX FILINGS FOR THE PERIODS AFTER THE FISCAL YEAR ENDED JUNE 30, 2012 REMAIN SUBJECT TO EXAMINATION.
PART XI, LINE 2D - OTHER ADJUSTMENTS	PIVOT EDUCATION, INC. REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 3,903,331. CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 50,727.
PART XI, LINE 4B - OTHER ADJUSTMENTS	REALIZED LOSS ON INVESTMENTS -41,957. LOSS ON DISPOSAL OF EQUIPMENT -135,494. PROGRAM EXPENSES INCLUDED WITH EVENT EXPENSES IN FINANCIALS 55,510.
PART XII, LINE 2D - OTHER ADJUSTMENTS	PIVOT EDUCATION, INC. EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 4,951,210.
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROGRAM EXPENSES INCLUDED WITH EVENT EXPENSES IN FINANCIALS 55,510.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LUTHERAN SERVICES FLORIDA INC

Employer identification number
59-2198911

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

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

Revenue		(a)Event #1 GUARDIANSHIP SILENT AUCTION (event type)	(b)Event #2 GOOD SAMARITAN DINNER (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	63,894	6,617		70,511
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	63,894	6,617		70,511
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,000			2,000
	7 Food and beverages	5,134	5,222		10,356
	8 Entertainment	2,650			2,650
	9 Other direct expenses	3,127	1,895		5,022
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				20,028
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				50,483

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

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

Return Reference	Explanation
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2015

Open to Public Inspection

59-2198911

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FOOD, CLOTHING, AND SHELTER FOR INDIGENTS	27560	3,950,313	966,447	FAIR MARKET VALUE	FOOD, CLOTHING & HOUSEHOLD ITEMS
DIRECT CASH ASSISTANCE, RENT, UTILITIES, TRANSPORTATION, (2) EDUCATION	27900	2,551,915	0	N/A	N/A

Part IV

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

Return Reference	Explanation
PART I, LINE 2	IT'S THE POLICY OF LSF TO MAINTAIN ACCURATE BOOKS AND TO PUBLISH AND DISTRIBUTE A COMPLETE SET OF CURRENT MONTH AND YEAR TO DATE FINANCIAL STATEMENTS TO CONTRACT MANAGERS REFLECTING THE ACCURACY AND TIMELY PUBLICATION OF THEIR GRANTS AND CONTRACTS FUNDING ALL INDIVIDUALS RECEIVING CASH AND/OR NONCASH ASSISTANCE ARE ELIGIBLE TO RECEIVE SUCH ASSISTANCE IN ACCORDANCE WITH LSF'S CONTRACTS WITH THE FUNDING SOURCES LSF'S CONTRACT COMPLIANCE IS ROUTINELY MONITORED BY THE VARIOUS FUNDERS

Additional Data

Software ID:
Software Version:
EIN: 59-2198911
Name: LUTHERAN SERVICES FLORIDA INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY HOUSING INC 76 S LAURA ST STE 303 JACKSONVILLE,FL 32202	59-3087085	501(C)(3)	14,801	0	N/A	N/A	DSF SAMH PROVIDER
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS 4201 SW 21ST PL GAINESVILLE,FL 32607	59-6000501	501(C)(3)	366,391	0	N/A	N/A	DSF SAMH PROVIDER
BAYCARE BEHAVIORAL HEALTH INC PO BOX 428 NEW PORT RICHEY,FL 346560428	59-1371752	501(C)(3)	2,985,609	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMELOT COMMUNITY CARE INC 4910-D CREEKSIDE DR CLEARWATER, FL 33760	31-1659302	501(C)(3)	414,073	0	N/A	N/A	DSF SAMH PROVIDER
CATHEDRAL FOUNDATION OF JACKSONVILLE INC 4250 LAKESIDE DR STE 300 JACKSONVILLE, FL 32210	59-6161532	501(C)(3)	792,722	0	N/A	N/A	DSF SAMH PROVIDER
CDS FAMILY AND BEHAVIORAL HEALTH SERVICES INC 1218 NW 6TH ST GAINESVILLE, FL 32601	59-1435252	501(C)(3)	624,033	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD GUIDANCE CENTER INC 5776 ST AUGUSTINE RD JACKSONVILLE, FL 32207	59-0704727	501(C)(3)	811,054	0	N/A	N/A	DSF SAMH PROVIDER
CLAY BEHAVIORAL HEALTH CENTER INC 1726 KINGSLEY AVE STE 2 ORANGE PARK, FL 32073	59-2219317	501(C)(3)	2,656,644	0	N/A	N/A	DSF SAMH PROVIDER
COMMUNITY COALITION ALLIANCE INC 435 CITRONA DR FERNANDINA BEACH, FL 32034	26-4026115	501(C)(3)	1,210,722	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY REHABILITATION CENTER INC 623 BEECHWOOD ST JACKSONVILLE, FL 32206	59-3198739	501(C)(3)	240,548	0	N/A	N/A	DSF SAMH PROVIDER
DANIEL MEMORIAL INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	59-3067752	501(C)(3)	458,570	0	N/A	N/A	DSF SAMH PROVIDER
DAYSPRING VILLAGE INC PO BOX 1080 HILLIARD, FL 32046	59-2920469		342,047	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELORES BARR WEAVER POLICY CENTER (DBWPC INC) 40 E ADAMS ST STE 130 JACKSONVILLE, FL 32202	46-0938295	501(C)(3)	96,281	0	N/A	N/A	DSF SAMH PROVIDER
THE DEVEREUX FOUNDATION INC 2012 RENESSANCE BLVD KING OF PRUSSIA, PA 19406	23-1390618	501(C)(3)	119,139	0	N/A	N/A	DSF SAMH PROVIDER
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 33765	59-2551416	501(C)(3)	735,785	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPIC COMMUNITY SERVICES INC 1400 OLD DIXIE HWY STE A ST AUGUSTINE, FL 32084	59-1502582	501(C)(3)	1,508,245	0	N/A	N/A	DSF SAMH PROVIDER
FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	431,944	0	N/A	N/A	DSF SAMH PROVIDER
FLORIDA PSYCHOLOGICAL AND ASSOCIATED HEALTHCARE INC 2382 SADLER RD STE 1 FERNANDINA BEACH, FL 32034	47-5258009	501(C)(3)	270,930	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESH MINISTRIES INC 1131 N LAURA ST JACKSONVILLE, FL 32206	59-2967898	501(C)(3)	466,825	0	N/A	N/A	DSF SAMH PROVIDER
GAINESVILLE OPPORTUNITY CENTER INC 2772 NW 43RD ST STE B-1 GAINESVILLE, FL 32606	20-8823721	501(C)(3)	134,916	0	N/A	N/A	DSF SAMH PROVIDER
GATEWAY COMMUNITY SERVICES 555 STOCKTON ST JACKSONVILLE, FL 32204	59-1881828	501(C)(3)	7,493,114	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES 14041 ICOT BLVD CLEARWATER, FL 33760	59-1229354	501(C)(3)	317,192	0	N/A	N/A	DSF SAMH PROVIDER
HALIFAX HOSPITAL MEDICAL CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	59-6001217	501(C)(3)	893,745	0	N/A	N/A	DSF SAMH PROVIDER
HANLEY CENER FOUNDATION INC 900 54TH ST WEST PALM BEACH, FL 33407	20-2871945	501(C)(3)	368,736	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY START COALITION OF FLAGLER AND VOLUSIA COUNTIES INC 109 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114	59-3163742	501(C)(3)	28,750	0	N/A	N/A	DSF SAMH PROVIDER
IM SULZBACHER CENTER FOR THE HOMELESS INC 611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	157,028	0	N/A	N/A	DSF SAMH PROVIDER
LIFESTREAM BEHAVIORAL CENTER INC 2020 TALLY RD LEESBURG, FL 34749	59-1561501	501(C)(3)	9,651,242	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARLYN ENTERPRISES OF JACKSONVILLE INC 11265 ALUMNI WAY JACKSONVILLE, FL 32246	59-3433089	501(C)(3)	345,459	0	N/A	N/A	DSF SAMH PROVIDER
MENTAL HEALTH AMERICA OF EAST CENTRAL FLORIDA INC 531 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114	59-6044669	501(C)(3)	236,995	0	N/A	N/A	DSF SAMH PROVIDER
MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA INC 8280 PRINCETON SQUARE BLVD W STE 10 10 JACKSONVILLE, FL 32256	59-0721416	501(C)(3)	79,765	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH RESOURCE CENTER INC 10550 DEERWOOD PARK BLVD STE 600 JACKSONVILLE, FL 32256	59-1905344	501(C)(3)	11,336,374	0	N/A	N/A	DSF SAMH PROVIDER
MERIDIAN BEHAVIORAL HEALTHCARE INC 4300 SW 13TH ST GAINESVILLE, FL 32608	59-1906214	501(C)(3)	13,289,198	0	N/A	N/A	DSF SAMH PROVIDER
NATIONAL ALCOHOL CRIME DRUG ABATEMENT COALITION INC 435 CITRONA DR FERNANDINA BEACH, FL 32034	54-2076506	501(C)(3)	283,700	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST BEHAVIORAL HEALTH SERVICES INC PO BOX 9373A JACKSONVILLE, FL 32208	59-3128476	501(C)(3)	970,562	0	N/A	N/A	DSF SAMH PROVIDER
OPERATION NEW HOPE INC 1830 N MAIN ST JACKSONVILLE, FL 32206	59-3590360	501(C)(3)	41,520	0	N/A	N/A	DSF SAMH PROVIDER
PARTNERSHIP FOR STRONG FAMILIES INC 5950 NW 1ST PL STE A GAINESVILLE, FL 32607	03-0423150	501(C)(3)	23,888	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER REGION HUMAN SERVICES INC 2055 REYKO RD STE 101 JACKSONVILLE, FL 32207	59-1952727	501(C)(3)	5,148,978	0	N/A	N/A	DSF SAMH PROVIDER
SCHOOL DISTRICT OF CLAY COUNTY - SEDNET 2306 KINGSLEY AVE ORANGE PARK, FL 32073	59-3474751	501(C)(3)	226,940	0	N/A	N/A	DSF SAMH PROVIDER
SMA BEHAVIORAL HEALTH SERVICES INC 1220 WILLIS AVE BOX 60 DAYTONA BEACH, FL 321142810	59-0976866	501(C)(3)	20,372,855	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AUGUSTINE YOUTH SERVICES INC 201 SIMONE WAY ST AUGUSTINE, FL 32086	59-2925271	501(C)(3)	339,190	0	N/A	N/A	DSF SAMH PROVIDER
ST JOHNS COUNTY SHERIFF'S OFFICE 4015 LEWIS SPEEDWAY ST AUGUSTINE, FL 32084		501(C)(3)	208,433	0	N/A	N/A	DSF SAMH PROVIDER
STARTING POINT BEHAVIORAL HEALTHCARE INC 461342 SR 200 YULEE, FL 32097	59-3029469	501(C)(3)	1,465,855	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTERS INC 5664 SW 60TH AVE BLDG 1 OCALA, FL 34474	51-0177273	501(C)(3)	9,834,154	0	N/A	N/A	DSF SAMH PROVIDER
THE HOUSE NEXT DOOR INC 804 N WOODLAND BLVD DELAND, FL 327203429	59-1675284	501(C)(3)	609,156	0	N/A	N/A	DSF SAMH PROVIDER
THE VINES HOSPITAL 3130 SW 27TH AVE OCALA, FL 34471	32-0235544	501(C)(3)	50,280	0	N/A	N/A	DSF SAMH PROVIDER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY BEHAVIORAL CENTER 2500 DISCOVERY DR ORLANDO, FL 32826			21,150	0	N/A	N/A	DSF SAMH PROVIDER
URBAN JACKSONVILLE INC 4250 LAKESIDE DR STE 300 JACKSONVILLE, FL 32210	23-7024899	501(C)(3)	197,490	0	N/A	N/A	DSF SAMH PROVIDER
VOLUNTEERS OF AMERICA OF FLORIDA INC 1205 E 8TH AVE JACKSONVILLE, FL 33605	58-1856992	501(C)(3)	266,003	0	N/A	N/A	DSF SAMH PROVIDER

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LUTHERAN SERVICES FLORIDA INC

Employer identification number
59-2198911

Part I Questions Regarding Compensation

	Yes	No
<div>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div>a Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div>a The organization?</div>	5a	No
<div>b Any related organization?</div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	5b	No
<div>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div>a The organization?</div>	6a	No
<div>b Any related organization?</div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	6b	No
<div>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SAMUEL M SIPES CHIEF EXECUTIVE OFFICER	(i)	305,722	20,000	0	50,000	8,461	384,183	0
	(ii)	0	0	0	0	0	0	0
2 CHRISTOPHER J CARD PRESIDENT & COO	(i)	228,909	0	0	30,000	18,633	277,542	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTINE A CAUFFIELD VP SAMH	(i)	174,949	20,000	0	0	8,165	203,114	0
	(ii)	0	0	0	0	0	0	0
4 LOUIS A FINNEY EXECUTIVE VP CHILDREN & HS SERVICES	(i)	170,226	0	0	0	8,656	178,882	0
	(ii)	0	0	0	0	0	0	0
5 GEORGE H WALLACE EXECUTIVE VP FINANCE	(i)	144,822	0	0	1,865	7,336	154,023	0
	(ii)	0	0	0	0	0	0	0
6 LAURIE JEAN CLARK CHIEF FINANCIAL OFFICER	(i)	123,072	20,000	0	0	7,889	150,961	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	EFFECTIVE JULY 1, 2010, THE ORGANIZATION ADOPTED A 457(F) EMPLOYEE BENEFIT PLAN OR SERP, WHICH PROVIDES KEY EXECUTIVES (THE PARTICIPANTS) DEFERRED COMPENSATION BENEFITS. BENEFITS UNDER THE SERP ACCUMULATE FROM ANNUAL CONTRIBUTIONS AND EARNINGS THEREON. THE PARTICIPANTS VEST AT VARIOUS TIME INTERVALS IN THE FUTURE. FOR THE YEAR ENDED JUNE 30, 2016, THE ORGANIZATION INCURRED EXPENSES UNDER THE SERP OF \$84,981 (SAMUEL SIPES \$54,263, CHRISTOPHER CARD \$30,718, ROBERT WYDRA \$0). MICHAEL SAREEJ, VICE PRESIDENT OF FINANCE, RECEIVED A SEVERANCE OF \$44,614 UPON SEPARATION IN JANUARY 2016.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization
LUTHERAN SERVICES FLORIDA INC

Employer identification number
59-2198911

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		966,447	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

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

30a

No

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

No

b If "Yes," describe in Part II

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
LUTHERAN SERVICES FLORIDA INC

Employer identification number

59-2198911

Return Reference

Explanation

FORM 990, PART
VI, SECTION B, LINE
11

FORM 990 IS INITALLY REVIEWED INTERNALLY BY THE PRESIDENT, COO, AND CFO OF THE ORGANIZATION
SUBSEQUENT TO THIS REVIEW THE 990 IS FORWARDED TO THE BOARD OF DIRECTORS FOR COMMENTS AND
QUESTIONS PRIOR TO FILING THE CFO SIGNS THE RETURN AFTER COSIDERING ALL OF THE BOARD OF DIRECTORS
COMMENTS AND QUESTIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE PURPOSE OF THE LSF CONFLICT OF INTEREST POLICY IS TO PROTECT THE AGENCY'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE AGENCY. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS. TO ENSURE COMPLIANCE WITH THIS CONFLICT OF INTEREST POLICY AS IT APPLIES TO THE BOARD, LUTHERAN SERVICES FLORIDA PROHIBITS MEMBERS OF THE GOVERNING BOARD FROM ALSO BEING AGENCY PERSONNEL. THE AGENCY ENSURES THAT THE GOVERNING BOARD MEMBERS WHO ARE RELATIVES OF PERSONNEL RECUSE THEMSELVES ON MATTERS WHERE OBJECTIVITY WOULD BE COMPROMISED. TO FURTHER AVOID ANY APPEARANCE OF CONFLICT OF INTEREST, NO GOVERNING BOARD MEMBER, EMPLOYEE, AGENT OR PRINCIPAL SHALL PARTICIPATE IN THE SELECTION, AWARD, OR ADMINISTRATION OF A PURCHASE OR CONTRACT WITH A VENDOR WHERE, TO HIS/HER KNOWLEDGE, ANY INDIVIDUAL, FAMILY MEMBER, PARTNER, OR POTENTIAL EMPLOYER HAS FINANCIAL INTEREST IN THE PURCHASE OR CONTRACT. IN ADDITION EACH MEMBER OF THE BOARD SIGNS A STATEMENT INDICATING THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND UNDERSTAND SAID POLICY. LSF ALSO HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO PERSONNEL WHICH IS FOUND IN THE SUPERVISORS PERSONNEL POLICY MANUAL. THIS POLICY STATES THAT NO LSF EMPLOYEE MAY ENGAGE IN ANY ACTIVITY THAT MIGHT BENEFIT HIM/HER PERSONALLY AT THE EXPENSE OF, OR THAT MIGHT BE HARMFUL TO THE AGENCY. IF THERE IS ANY QUESTION REGARDING THIS ISSUE, THE MATTER SHOULD BE SUBMITTED IN WRITING TO THE CHIEF EXECUTIVE OFFICER. EMPLOYEES MAY ENGAGE IN ACTIVITIES, INCLUDING ADDITIONAL EMPLOYMENT, OUTSIDE OF WORKING-TIME AND AWAY FROM LSF PREMISES, OF THEIR OWN CHOOSING, PROVIDED THAT SUCH DO NOT CONFLICT OR INTERFERE WITH LSF'S OBJECTIVES OR PURPOSES AND THE EMPLOYEE'S PERFORMANCE OR THE ABILITY TO MEET LSF REQUIREMENTS. LSF RESOURCES OR WORKING TIME SHOULD NOT BE USED IN FURTHERANCE OF OUTSIDE EMPLOYMENT.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES AN INDEPENDENT COMPENSATION REVIEW, REVIEW OF SIMILAR ORGANIZATIONS' FORM 990, AND CONSULTING WITH LUTHERAN SERVICES OF AMERICA'S SALARY LISTING OF SIMILAR POSITIONS AROUND THE COUNTRY. THE BOARD ANALYZES AND COMPARES THE INFORMATION TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION. FOR OTHER OFFICERS OF THE ORGANIZATION SALARY SURVEYS ARE USED AND COMPARED. ALL PROCESSES USED TO DETERMINE COMPENSATION ARE DOCUMENTED.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST REQUESTS CAN BE DIRECTED TO THE CORPORATE CONTROLLER AT (813)676-9480

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>SAMH PROVIDERS PROGRAM SERVICE EXPENSES 5,687,179 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,687,179 ADMINISTRATIVE SERVICES PROGRAM SERVICE EXPENSES 47,013 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 47,013 CONSULTING FEES PROGRAM SERVICE EXPENSES 139,902 MANAGEMENT AND GENERAL EXPENSES 208,149 FUNDRAISING EXPENSES 56,444 TOTAL EXPENSES 404,495 CONTRACT SERVICES PROGRAM SERVICE EXPENSES 16,938,713 MANAGEMENT AND GENERAL EXPENSES 196,612 FUNDRAISING EXPENSES 386 TOTAL EXPENSES 17,135,711 DATA PROCESSING SERVICE PROGRAM SERVICE EXPENSES 13,606 MANAGEMENT AND GENERAL EXPENSES -56 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 13,550 PAYROLL SERVICES PROGRAM SERVICE EXPENSES 4,532 MANAGEMENT AND GENERAL EXPENSES 319,959 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 324,491 TEMPORARY STAFFING PROGRAM SERVICE EXPENSES 555,290 MANAGEMENT AND GENERAL EXPENSES 147,993 FUNDRAISING EXPENSES 3,974 TOTAL EXPENSES 707,257 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 160,683 MANAGEMENT AND GENERAL EXPENSES 697,656 FUNDRAISING EXPENSES 149 TOTAL EXPENSES 858,488</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 50,727

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. THE AUDIT COMMITTEE INTERVIEWS AND RECOMMENDS TO THE BOARD THE AUDIT FIRM FOR THE ORGANIZATION AND OVERSEES THE INTEGRITY OF THE ORGANIZATION'S FINANCIAL ACCOUNTING PROCESS AND SYSTEM OF INTERNAL CONTROLS REGARDING THE FINANCIAL ACCOUNTING AND USE OF ASSETS. THE COMMITTEE PROVIDES AN AVENUE OF COMMUNICATION AMONG THE INDEPENDENT AUDITORS, MANAGEMENT STAFF, AND BOARD OF DIRECTORS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SERVICES FLORIDA INC

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

59-2198911

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) LUTHERAN NON-PROFIT MANAGEMENT SERVICES LLC 3627-A W WATERS AVE TAMPA, FL 33614 27-3246724	GOVERN & ADVISE LSF'S MANAGING ENTITY CONTRACT	FL	0	0	LUTHERAN SERVICES FLORIDA INC		
(2) LSF CHARTER SCHOOLS LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2224868	CHARTER SCHOOL	FL	1,095,531	523,437	LUTHERAN SERVICES FLORIDA INC		
(3) LSF CHARTER SCHOOLS - HILLSBOROUGH COUNTY LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2353518	CHARTER SCHOOL	FL	0	0	LUTHERAN SERVICES FLORIDA INC		
(4) LSF CHARTER SCHOOLS - PINELLAS COUNTY LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2342340	CHARTER SCHOOL	FL	0	0	LUTHERAN SERVICES FLORIDA INC		
(5) LSF COMMUNITY BASED CARE LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2801389	INACTIVE	FL	0	0	LUTHERAN SERVICES FLORIDA INC		
(6) LSF GUARDIANSHIP SERVICES LLC 3627-A W WATERS AVE TAMPA, FL 33614 52-2198911	INACTIVE	FL	0	0	LUTHERAN SERVICES FLORIDA INC		
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)PIVOT EDUCATION INC 3627-A W WATERS AVE TAMPA, FL 33614 27-1680083	CHARTER SCHOOLS	FL	501(C)(3)	LINE 2	LUTHERAN SERVICES FLORIDA INC	Yes	
(2)SUNCOAST COMMUNITY SERVICES CORPORATION 3627-A W WATERS AVE TAMPA, FL 33614 20-2481676	INACTIVE	FL	501(C)(3)	LINE 7	LUTHERAN SERVICES FLORIDA INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHARLES A ZERBST (1)CHARITABLE TRUST C/O THE NORTHERN TRUST COMPANYTRUST FT LAUDERDALE, FL 33301	CHARITABLE TRUST	FL	N/A	T					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 59-2198911
Name: LUTHERAN SERVICES FLORIDA INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) LUTHERAN NON-PROFIT MANAGEMENT SERVICES LLC 3627-A W WATERS AVE TAMPA, FL 33614 27-3246724	GOVERN & ADVISE LSF'S MANAGING ENTITY CONTRACT	FL	0	0	LUTHERAN SERVICES FLORIDA INC
(1) LSF CHARTER SCHOOLS LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2224868	CHARTER SCHOOL	FL	1,095,531	523,437	LUTHERAN SERVICES FLORIDA INC
(2) LSF CHARTER SCHOOLS - HILLSBOROUGH COUNTY LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2353518	CHARTER SCHOOL	FL	0	0	LUTHERAN SERVICES FLORIDA INC
(3) LSF CHARTER SCHOOLS - PINELLAS COUNTY LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2342340	CHARTER SCHOOL	FL	0	0	LUTHERAN SERVICES FLORIDA INC
(4) LSF COMMUNITY BASED CARE LLC 3627-A W WATERS AVE TAMPA, FL 33614 46-2801389	INACTIVE	FL	0	0	LUTHERAN SERVICES FLORIDA INC
(5) LSF GUARDIANSHIP SERVICES LLC 3627-A W WATERS AVE TAMPA, FL 33614 52-2198911	INACTIVE	FL	0	0	LUTHERAN SERVICES FLORIDA INC