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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Concordia Lutheran Ministries Foundation

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
134 Marwood Road

City or town, state or province, country, and ZIP or foreign postal code
Cabot, PA 160232299

D Employer identification number
20-5138266

E Telephone number
(724) 352-1571

G Gross receipts $ 31,355,938

F Name and address of principal officer
Keith Frndak CEO
134 Marwood Road
Cabot, PA 16023

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www concordialm org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2006

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Concordia Lutheran Ministries Foundation's primary exempt purpose is to raise and receive funds in furtherance of the mission and purposes of affiliate 501(c)(3) organizations and to provide support for community 501(c)(3) organizations through Angel Tear Ministries
See Part III Line 1 for further explanation

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	111
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,186,633	11,771,989
9	Program service revenue (Part VIII, line 2g)	325,019	606,996
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,154,259	12,312,658
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,073	44,602
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,668,984	24,736,245
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,229,396	15,459,440
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)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶127,482		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,726,382	502,521
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,955,778	15,961,961
19	Revenue less expenses Subtract line 18 from line 12	20,713,206	8,774,284

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	148,056,615	155,424,861
21	Total liabilities (Part X, line 26)	585,625	574,491
22	Net assets or fund balances Subtract line 21 from line 20	147,470,990	154,850,370

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2019-05-14

▶ Michael Falbo CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Concordia Lutheran Ministries Foundation's exempt purpose is to manage the raising, receiving, and expending of funds in furtherance of the mission statement and corporate promises of Concordia Lutheran Health and Human Care (EIN 25-0969458), Concordia Visiting Nurses (EIN 42-1704067), Concordia Lutheran Ministries of Pittsburgh (EIN 27-0209886), Rebecca Residence (EIN 25-0974311), Concordia Tele-Caregivers (EIN 25-1881783), Concordia of Ohio (EIN 61-1682165), Concordia of Monroeville (EIN 25-1475192), Cedars Home Health Services (EIN 25-1875508), Concordia Hospice on Washington (EIN 81-2448411), Concordia Physician Practice (EIN 47-3951584), Good Samaritan Hospice of Pittsburgh (EIN 25-1818793), and Concordia of Florida (EIN 37-1869372) each of which is a registered 501(c)(3) organizations and to provide support for 501(c)(3) organizations through Angel Tear Ministries

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 $ 12,685,900 including grants of $ 0) (Revenue $ 437,879)

See Additional Data

4b (Code) (Expenses $ 2,547,684 including grants of $ 2,208,479) (Revenue $ 91)

See Additional Data

4c (Code) (Expenses $ 225,856 including grants of $ 0) (Revenue $ 169,026)

See Additional Data

(Code) (Expenses $ 26,000 including grants of $ 0) (Revenue $ 0)

The Concordia Lutheran Ministries Foundation Scholars Program assists deserving employees of all affiliates system-wide in reaching their educational goals The employee scholarship program encompasses several different groups of students The Concordia Lutheran Ministries Foundation Scholars Program also has a secondary component that targets schools based on our geographical "footprint" in relation to Concordia facilities This program awards scholarships both on academic achievements and financial need to graduating seniors matriculating at an undergraduate institution to pursue a degree in a healthcare-related field

4d Other program services (Describe in Schedule O)

(Expenses $ 26,000 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses ▶** 15,485,440

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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**	6		
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**		
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**	0		
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**		
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**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**	Yes	
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**		No
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	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
	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▶ PA

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 ▶Michael Falbo CFO 134 Marwood Road Cabot, PA 16023 (724) 352-1571

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) Rande Casaday Board Member	1 2	X						0	0	0
(2) Michael Falbo-See Schedule O Board Member	1 44	X						0	100,935	16,888
(3) Rev Jamison Hardy Board Member	1 1	X						0	0	0
(4) Conor Hagey-See Schedule O Board Member	1 44	X						0	80,533	15,562
(5) Brian Hortert-See Schedule O Board Member	1 44	X						0	287,156	52,689
(6) Don Olmstead Board Member	1 1	X						0	0	0
(7) Robert Schmidt Board Member	1 2	X						0	0	0
(8) Tim Temple-See Schedule O Board Member	1 44	X						0	57,044	9,180
(9) Tammy Young-See Schedule O Board Member	1 44	X						0	116,104	16,959
(10) Dave Alsing Board Member	1 3 00	X						0	0	0
(11) Paul Brand-See Schedule O Secretary	1 44	X		X				0	247,166	32,002
(12) Kim Young-See Schedule O Treasurer/CFO	1 44	X		X				0	232,123	49,038
(13) Keith Frndak-See Schedule O President/Chairman	5 45	X		X				0	603,342	73,978

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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	1,724,403	266,296

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI Private Trust Company 1 Freedom Valley Drive PO Box 1100 Oaks, PA 19456	Investment fees	234,764

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 ▶ 1

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	43,083			
	b Membership dues	1b	0			
	c Fundraising events	1c	136,190			
	d Related organizations	1d	11,250,000			
	e Government grants (contributions)	1e	0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	342,716			
	g Noncash contributions included in lines 1a-1f $ 15,747					
	h Total. Add lines 1a-1f		11,771,989			
Program Service Revenue		Business Code				
	2a General Donations	561000	437,879	437,879	0	0
	b Endowment Fund	561000	169,026	169,026	0	0
	c Angel Tear Donations	561000	91	91	0	0
	d					
	e					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a–2f		606,996			
	3 Investment income (including dividends, interest, and other similar amounts)		3,131,903	3,131,903	0	0
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0
	5 Royalties		0	0	0	0
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	15,724,628	0			
	b Less cost or other basis and sales expenses	6,543,873	0			
	c Gain or (loss)	9,180,755	0			
	d Net gain or (loss)			9,180,755	9,180,755	0	0
Other Revenue	8a Gross income from fundraising events (not including $ 136,190 of contributions reported on line 1c) See Part IV, line 18	a	120,422			
	b Less direct expenses	b	75,820			
	c Net income or (loss) from fundraising events			44,602	0	44,602
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		0			
	12 Total revenue. See Instructions		24,736,245	12,919,654	0	44,602

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,459,440	15,459,440		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,000		11,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	255,237		255,237	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	135,406		76,041	59,365
12 Advertising and promotion	6,255		1,222	5,033
13 Office expenses	21,226		313	20,913
14 Information technology	247		147	100
15 Royalties				
16 Occupancy	197		197	
17 Travel	2,679		97	2,582
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,682		303	2,379
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	945		945	
23 Insurance	2,680		2,680	
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 Indirect Fundraising Expenses	26,796	0	0	26,796
b Scholarships	26,000	26,000	0	0
c				
d				
e All other expenses	11,171	0	857	10,314
25 **Total functional expenses.** Add lines 1 through 24e	15,961,961	15,485,440	349,039	127,482
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	43,340	2	589,721
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	52,631	4	102,545
	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	12,000,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	66,708	9	67,654
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 100,114			
	b	Less accumulated depreciation — 10b: 15,847	85,211	10c	84,267
	11	Investments—publicly traded securities	147,808,725	11	142,580,674
	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		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	148,056,615	16	155,424,861
Liabilities	17	Accounts payable and accrued expenses	432,273	17	371,871
	18	Grants payable	54,802	18	60,267
	19	Deferred revenue	98,550	19	142,353
	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		23	
	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	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	585,625	26	574,491
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	140,388,498	27	147,484,912
	28	Temporarily restricted net assets	362,551	28	138,839
	29	Permanently restricted net assets	6,719,941	29	7,226,619
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	147,470,990	33	154,850,370
	34	Total liabilities and net assets/fund balances	148,056,615	34	155,424,861

Part XI Reconcilliation 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	24,736,245
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,961,961
3	Revenue less expenses Subtract line 2 from line 1	3	8,774,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,470,990
5	Net unrealized gains (losses) on investments	5	-886,780
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-508,124
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	154,850,370

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 20-5138266
Name: Concordia Lutheran Ministries Foundation

Form 990 (2017)

Form 990, Part III, Line 4a:

These expenses are donations to our affiliate organizations in support of the mission and purpose of the organizations by increasing the quality of care and quality of life in a Christian environment for all those we serve Donations of $437,879 were received by Concordia Lutheran Ministries Foundation on behalf of our affiliate organizations

Form 990, Part III, Line 4b:

These expenses are donations and grants given through our Angel Tear program The Angel Ministries Fund was established for the purpose of assisting 501(c)(3) organizations to better serve both domestic and foreign communities through Christ-centered programs that provide food, housing, education, and medical care to underserved and underprivileged children and families These expenses also include travel costs related to the oversight of such programs The Angel Tears Program houses a $100,000 discretionary fund that is used to help local area organizations and families with fundraising and/or hardship situations Donations of $91 were received to the Angel Tear Ministries Fund

Form 990, Part III, Line 4c:

These expenses are the support offered to Concordia Lutheran Health and Human Care (EIN 25-0969458) from the Good Samaritan Endowment Fund, the organization's charitable care fund, to help cover the cost of benevolent care for residents with financial needs $169,026 in donations were received and restricted to the Good Samaritan Endowment Fund

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135014199

TY 2017 Reasonable Cause Explanation

Name: Concordia Lutheran Ministries Foundation

EIN: 20-5138266

Software ID: 17005980

Software Version: v1.00

Explanation: Filed IRS Form 8868 for the automatic six month extension. Additional time was necessary to gather information and complete the Form 990 accurately.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014199

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 12

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 13					4,406,243	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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		No
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		No
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		No
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 12a or 12b in Part I, answer (b) and (c) below*	4a		No
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	Yes	
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	Yes	
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
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 I of Schedule L (Form 990 or 990-EZ)*	8		No
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		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
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		No
b	A family member of a person described in (a) above?	11b		No
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		No

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? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

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)? *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)*	1		No

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1	Concordia Lutheran Ministries Foundation and all supported organizations are subsidiaries of Concordia Lutheran Ministries (EIN 20-5138278) Individual entities are not listed in t he governing documents by name but are mentioned in the governing documents as all subsidi ary entities

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a	Concordia of Florida (EIN 37-1869372) was added to the list of supported organizations

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6	Please refer to Part III Statement of Program Service Accomplishments Line 4a for more information on our Angel Tear Program Also, refer to Schedule I for information on the Angel Tear program policies and details of the individual grants

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section C, Line 1	Concordia Lutheran Ministries (EIN 20-5138278) controls Concordia Lutheran Ministries Foundation and its supported organizations, listed on Part I, by appointing all of the directors to each board

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 20-5138266
Name: Concordia Lutheran Ministries Foundation

Form 990, Sch A, Part I, Line 12g - 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		
(A) Concordia Lutheran Ministries of Pittsburgh	270209886	10		No	3,522,311	0
(A) Rebecca Residence dba Concordia at Rebecca Residence	250974311	10		No	517,933	0
(B) Concordia Lutheran Health and Human Care	250969458	10		No	243,216	0
(C) Good Samaritan Hospice of Pittsburgh	251818793	10		No	103,454	0
(D) Concordia of Ohio	611682165	10		No	11,505	0
(E) Concordia Hospice of Washington	812448411	10		No	4,332	0
(F) Concordia Visiting Nurses	421704067	10		No	1,725	0
(G) Concordia of Monroeville	251475192	10		No	1,309	0
(H) Concordia Tele-Caregivers	251881783	10		No	430	0
(I) Concordia Physician Practice	473951584	10		No	28	0
(J) Cedars Home Health Services	251875508	10		No	0	0
(K) Concordia of Florida	371869372	10		No	0	0
(L) Concordia Visiting Nurses of Ohio	463845269	10		No	0	0

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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

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	78,500	0		78,500
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	21,614	15,847	5,767
e Other	0	0	0	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				84,267

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 20-5138266
Name: Concordia Lutheran Ministries Foundation

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	The Organization is a not-for-profit corporation and is exempt from income taxes under Sec tion 501(c)(3) of the Internal Revenue Code Accordingly, no provision for income taxes ha s been provided The Organization adopted the standard for accounting for uncertainty in i ncome taxes recognized in an organization's financial statements that prescribes a recogni tion threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met The standard also provides guidance on derecognition, classification, intere st and penalties, accounting in interim periods, and disclosure Management has determined that the adoption of the standard did not have a material effect on the consolidated fina ncial statements The Organization's policy is to recognize interest related to unrecogniz ed tax benefits in interest expense and penalties in operating expenses There were no int erest or penalties recognized on the consolidated statement of operations as a result of t he adoption Generally, tax returns for years ended June 30, 2015, and thereafter remain s ubject to examination by federal and state tax authorities

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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

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? **Yes**	**No**	**(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
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 / Direct Expenses		(a) Event #1 Golf Classic (event type)	(b) Event #2 Purse Gala (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	151,864	57,338	47,410	256,612
	2 Less Contributions	55,448	42,848	37,894	136,190
	3 Gross income (line 1 minus line 2)	96,416	14,490	9,516	120,422
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	6,958	959	560	8,477
	6 Rent/facility costs	23,023	15,751	3,226	42,000
	7 Food and beverages	17,557	0	6,441	23,998
	8 Entertainment	0	200	0	200
	9 Other direct expenses	0	0	1,145	1,145
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				75,820
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				44,602

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 / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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 provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 72

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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**
Schedule I, Part I, Line 2	Angel Tear Ministries' grant making program is guided by an adopted operating policy for Angel Tear Ministries that includes details on the following Gift Solicitation Policy, Gift Acceptance Policy, Asset Management and Investment Guidelines, Grant Making and Distribution Guidelines, and Reporting and Disclosure Guidelines The Mission and Ministry Committee is tasked with the process of reviewing, scoring, and awarding/declining grants to eligible organizations Eligibility is determined by guidelines established in the operating policy Mission and Ministry Committee funding recommendations are then submitted to the Concordia Lutheran Ministries Board of Directors (EIN 20-5138278) Grantees are required to sign a grant agreement policy letter Disbursements are then made in accordance with the signed grant agreement Interim and final reporting as well as intermittent communications from grantees is required Interim and final reporting includes a description of the grant project, the organizations' project outcomes, and financial reporting Any changes to the grant agreement must be submitted in writing to the Mission and Ministry Committee for consideration

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 20-5138266
Name: Concordia Lutheran Ministries Foundation

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
Concordia Lutheran Ministries of Pittsburgh (CLMP) 1300 Bower Hill Road Pittsburgh, PA 15243	27-0209886	501(c)(3)	3,522,311				To facilitate the purchase of Villa Saint Joseph, a skilled nursing facility, in Baden, PA This purchase furthers of the mission and corporate promise of Concordia Lutheran Ministries of Pittsburgh (CLMP), a supported organization of Concordia Lutheran Ministries Foundation (CLMF) Additional amounts were donations made to CLMF on behalf of CLMP
Compassion International 12290 Voyager Parkway Colorado Springs, CO 80921	36-2423707	501(c)(3)	665,283				To provide sponsorship, including educational, basic needs, drought relief and pastoral guidance through sharing the Gospel, to sponsored children in Kenya and Ethiopia

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
Rebecca Residence (RR) 3746 Cedar Ridge Road Cabot, PA 16023	25-0974311	501(c)(3)	517,933				For the construction of Highpointe, the independent living facility of Rebecca Residence Donations were made specifically to cover architectural costs and the building of the chapel
Concordia Lutheran Health and Human Care (CLHHC) 134 Marwood Road Cabot, PA 16023	25-0969458	501(c)(3)	243,216				Distributions from Good Samaritan Endowment Fund to help cover the costs of benevolent care for residents with financial needs The remaining amount is donations received by CLMF on behalf of CLHHC

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
Pittsburgh Area Lutheran Schools 1261 Pennsylvania Avenue Oakmont, PA 15139	25-1716013	501(c)(3)	158,500				To provide scholarships for the PALS schools (three K-8, ten preschools) for those families that cannot afford tuition Providing scholarships to families enables Lutheran schools to reach those in need as God instructed in Matthew 25 40
Lutheran Church Missouri Synod 1333 S Kirkwood Road St Louis, MO 63122	43-0658188	501(c)(3)	156,000				"National Housing Support The Helping Hand Initiative is focused on supporting the critical home repair needs of low-income, disabled, and/or elderly residents near LCMS congregations The grant-funded project would support repairs to homes owned by individuals in close proximity our LCMS altars or outreach areas that do not have the resources to address their needs Naumann Missionary Fund To provide pastoral care for all LCMS missionaries and families serving in Latin America and the Caribbean and through the work of Rev Dr Jonathan and Deaconess Cheryl Naumann Hurricane Harvey Disaster Relief ($100,000) Bethesda International Academy, Chicago, IL ($10,000) Rev Richard Wokoma-African Ministry ($10,000) Christ's Care for Children Assist with funding to help provide a Christ-centered, loving, caring and safe environment as well as food, clothing, healthcare and access to primary school education that otherwise would be out of reach for vulnerable children throughout Kenya "

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
International Lutheran Laymens League 660 Mason Ridge Center Dr St Louis, MO 63141	43-0653365	501(c)(3)	117,500				Offers acts of mercy and love to communities that are at-risk and underserved, Expand Lutheran Hour Ministries' mission outreach around the world, strengthening the opportunities for growth of the Gospel of Jesus Christ - specifically in the Middle East and Egypt
Good Samaritan Hospice of Pittsburgh (GSH) 116 Browns Hill Road Suite 100 Valencia, PA 16059	25-1818793	501(c)(3)	103,454				Donations of net fundraising revenues from the annual Purse Gala, Memorial Walk, and Butterfly Release The remaining amount is donations received by CLMF on behalf of GSH

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
Global Connection International 1408 Horizon Ave Ste 101 Lafayette, CO 80026	84-1537632	501(c)(3)	100,000				To help local church leaders in Cambodia, Ghana, and Tanzania provide comprehensive business training seminars and microloans to victims of human trafficking and disadvantaged women as well as providing encouragement for those working to care for children rescued from sex slavery
St Luke Lutheran Church 330 Hannahstown Road Cabot, PA 16023	25-6009871	501(c)(3)	80,672				To provide financial support of the Voice of Victory program via purchase of medical supplies, operating a medical clinic in constructing a school kitchen at the VOV center in Moshi, Tanzania, support of church school's fundraising golf outing, to facilitate operations of a church roof project, to provide support to assist the church school witness to children at The Lighthouse Foundation

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
Unity Lutheran Community Missions 7825 1/2 Hamilton Avenue Pittsburgh, PA 15208	25-1002942	501(c)(3)	60,750	527	Cost	Security system service	This funding provides labor, capital and material support of the Children's Outreach Ministry which provides meals, tutoring support and spiritual guidance to children in the Homewood neighborhood of Pittsburgh, Pennsylvania
Fuller Center Disaster Rebuilders 10 Arrowhead Road Danvers, MA 01923	26-3704583	501(c)(3)	56,000				To provide labor and material costs for teams to rehab neighborhoods in Louisiana and Texas affected by natural disasters

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
Philadelphia Lutheran Ministries PO Box 297 Broomall, PA 19008	23-2959256	501(c)(3)	52,200				To assist with the launch of a freestanding LCMS church to serve the worship needs and mission works in the Northeast and Center City neighborhoods of Philadelphia and reach out to colleges and connect with need youth in the area
Lutheran Social Services of the South Inc 8305 Cross Park Drive Austin, TX 78754	71-4409745	501(c)(3)	48,750				To provide general support of Upbring's BeREAL program, which helps foster youth successfully transition to self-sufficiency and independence by providing support, education planning and mentorship as well as Supervised Independent Living (SIL) as they age out of care Additionally provide emergency disaster response support for Hurricane Harvey relief

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
Pioneer Camp & Retreat Center Inc 9324 Lake Shore Road Angola, NY 14006	16-1379995	501(c)(3)	47,820				To support the Campership Assistance program which allows eligible student campers from the surrounding region the opportunity to experience Confirmand Camp at this lakeside retreat camp
Concordia Lutheran Church 16801 Huebner Rd San Antonio, TX 78258	74-1193453	501(c)(3)	45,000				To provide support for emergency disaster relief in Texas Funds used to purchase building materials and supplies to rebuild homes in the southern gulf coast and golden triangle regions of Texas and construct and equip mobile supply trailers for deployment to various gulf coast disaster regions

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
Iglesia Cristiana Hispana Lutheran 2970 West 30th Street Cleveland, OH 44113	34-1573208	501(c)(3)	45,000				To provide support of the Redeemer Crisis Center by improving the spiritual, nutritional and fitness growth of financially impoverished residents in the west side of Cleveland, Ohio via food provisions, medical assistance, wellness support and summer programming
Lighthouse Foundation 1302 E Cruikshank Road Butler, PA 16002	25-1547324	501(c)(3)	44,900				To provide support of a housing transition program that provides assistance to those in need of housing, to provide support of a food cupboard ministry accessible to those in need Also includes sponsorship of the Lighthouse Foundation Annual Fundraising Events

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
Hosanna Industries 109 Rinard Lane Rochester, PA 15074	25-1626784	501(c)(3)	43,850				To provide material support for the labor construction program consisting of home rehabilitation and repair for needy residents of southwestern Pennsylvania, to underwrite creative programs for children
Community Health Clinic of Butler County 103 Bonnie Drive Butler, PA 16002	20-4852135	501(c)(3)	43,742				To provide quality, accessible medical and dental care to income-eligible Butler County and surrounding community residents

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
Royal Redeemer Lutheran Church 11680 Royalton Rd North Royalton, OH 44133	23-7090636	501(c)(3)	37,500				To support mission work with Premiere Lutheran Church in Cap-Haitien, Haiti by significantly improving the working conditions of our Pastors and teachers, transforming the lives of the people of our community through the Word and outreach actions include education, health and well-being through self sustainability
First Trinity Evangelical Lutheran Church 535 North Neville Street Pittsburgh, PA 15213	25-1041254	501(c)(3)	33,000				To provide material resources and counseling support services, including Christian outreach, for a targeted homeless population of Pittsburgh, Pennsylvania, as well as to provide support of the Operation Christ on Campus program of the downtown Pittsburgh area by expanding Gospel outreach programs to college/university students in a defined urban center

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
Life Choices 13633 State Route 422 Kittanning, PA 16201	25-1482633	501(c)(3)	27,445				To provide support for a health clinic that meets the physical, emotional and spiritual needs of young men, women, and families facing unplanned pregnancies
Catholic Charities of the Diocese of Pittsburgh Inc 72 West New Castle Street Butler, PA 16001	25-1326213	501(c)(3)	25,500				To provide expectant and new parents with free pregnancy testing and baby care items and to serve families with children up to the age of two by easing the struggles that many low-income parents experience

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
Faith Lutheran Church 810 Cedar St Clewiston, FL 33440	65-0155169	501(c)(3)	25,000				Funds to be used for Puerto Rico disaster relief efforts
LAMP Ministry Inc PO Box 480167 New Haven, MI 48048	43-2009311	501(c)(3)	25,000				For assistance in ministering to remote communities in Canada Provides support to recruit, train and send 400 volunteer missionaries to share the gospel year-round at First Nations villages in northern Canada

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
Martin Luther Chapel & Christian School 4100 Terrace Avenue Pennsauken, NJ 08109	21-6006190	501(c)(3)	25,000				To provide scholarships to Lutheran day school students in order to expand enrollment and ensure academically worthy students facing financial hardship can continue to access Christian-based education
Faith Aid and Development PO Box 4326 Ashburn, VA 20148	46-3260343	501(c)(3)	22,500				To support the Under Five program that provides medicine and health care for children under the age of five in Kenya by expanding its physical presence where children are at most risk and provide basic medical care and sanitation

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
Lutherlyn PO Box 355 Prospect, PA 16052	25-0984609	501(c)(3)	22,500				To provide scholarships for summer campers at this Christian-based summer camp
English District of the LCMS 33100 Freedom Road Farmington, MI 48336	38-1675740	501(c)(3)	20,000				"Partial designated for The Bethesda International Academy, Chicago, IL ($10,000) Additional funds designated for a sustainable solar power system installation in the Dominican Republic ($10,000) "

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
Pine Valley Camp 504 Chapel Dr Ellwood City, PA 16117	25-1270330	501(c)(3)	17,500				Funding for a unique camp that assists inner-city organizations and churches in providing alternatives for underprivileged youth to begin healthy and productive lives
Christ the King Lutheran Church 3803 W Lake Houston Parkway Kingwood, TX 77339	74-2252216	501(c)(3)	15,000				To provide support for emergency disaster relief in Texas Assisting flooded family homes in need of assistance through manpower, supplies and food

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
Global Links 700 Trumbull Drive Pittsburgh, PA 15205	52-1629060	501(c)(3)	15,000				Global Links is a medical relief and development organization dedicated to supporting health improvement initiatives in resource-poor communities and promoting environmental stewardship in the US healthcare system These funds support their Maternal and Infant Health and Nutrition program in Nicaragua
Jubilee Christian School 255 Washington Rd Pittsburgh, PA 15216	25-1558725	501(c)(3)	15,000				To help families afford Christian education at Jubilee through the Expanding Tuition Assistance project

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
Lutheran World Relief 700 Light Street Baltimore, MD 21230	13-2574963	501(c)(3)	15,000				Provided funding to cover the shipping costs of sending material resources, such as quilts, personal care kits and fabric kits, to people in need in impoverish areas of Asia and Africa
Pittsburgh Urban Christian School 809 Center Street Pittsburgh, PA 15221	25-1405301	501(c)(3)	15,000				To provide scholarship assistance for financially challenged yet academically capable students attending this Christian-intensive private school in the inner city of Pittsburgh, Pennsylvania

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
South Butler Community Library PO Box 454 240 West Main Street Saxonburg, PA 16056	25-1342910	501(c)(3)	15,000				Funds to assist in securing an endowment for the library that provides books, dvds, e-resources, speakers, workshops and children's programming to the residents of South Butler County, Pennsylvania
Trinity Lutheran Church 2400 5th St Port Arthur, TX 77640	74-6001886	501(c)(3)	15,000				To provide support for emergency disaster relief in Texas This project supports teams coming from out of town/state to be housed in our facilities which include a gym, school kitchen, and showers The infrastructure will receive extensive usage at a time when it has not been used, the two-van garage will receive heavy usage and electrical upgrades need to be made to accommodate workers' needs over the long haul

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

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All Saints Lutheran Church 351 South Main St Slippery Rock, PA 16057	25-1348654	501(c)(3)	12,500				To support the campus ministry programs between the church, Slippery Rock University and Grove City College by providing general support and funding improvements to the student center
Light of Life Rescue Mission 913 Western Ave Pittsburgh, PA 15233	25-1056389	501(c)(3)	12,500				The organization's mission is to provide a home for the homeless and food for the hungry, and will build disciples for the Kingdom of God among the poor, addicted, abused and needy These funds help to rehabilitate their basement into a teen-friendly space for use in our Women and Children's Program

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

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Lutheran Heritage Foundation 51474 Romeo Plank Road Macomb, MI 48042	38-3106702	501(c)(3)	12,500				To be used to provide "Food for the Body, Food for the Soul" to refugees and our Lutheran brothers and sisters in South Sudan through a partnership with the Evangelical Lutheran Church This program provides, refugee relief kits, translated Lutheran tracts and books and ministry through pastoral staff
Global Lutheran Outreach 6709 Ficus Drive Miramar, FL 33023	20-1993000	501(c)(3)	11,600				To be used for education, human care and spiritual care for the unreached and under-served in Chile These funds will be used to assist in remodeling a preschool in Valparaiso and launching a rehabilitation center in Santiago

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Concordia of Ohio 970 Sumner Parkway Copley, OH 44321	81-2448411	501(c)(3)	11,505				Donations of net fundraising revenues from the annual Sumner Fashion Show
Raleigh Dream Center 6325 Falls of Neuse Road Suite 35-409 Raleigh, NC 27615	47-2509570	501(c)(3)	11,500				Supports the "Adopt a Block" program which provides resources to under-privileged communities, especially those involved in substance abuse, physical abuse, experiencing homelessness, participating in gangs, or other circumstances that can be harmful to both an individual and to society

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

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Stepping Stone Mission Inc 748 Gary Road NW Atlanta, GA 30318	45-2047439	501(c)(3)	11,250				To provide support and ministry to homeless men, women and children using Luther's Small Catechism in Atlanta, Georgia by replenishing supplies of catechisms and bibles to use in training homeless men and weekly food purchases, toiletries and clothing for homeless men who are in training
Associated Lutheran Missions Inc PO Box 3190 McKeesport, PA 15134	25-1893762	501(c)(3)	10,500				Sonshine Community Missions To provide support to the Pittsburgh inner city Lutheran mission that provides a family retreat at Lutherlyn Camp

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Central American Lutheran Missions Society 325 North Kirkwood Rd Ste 200 Kirkwood, MO 63122	76-0605535	501(c)(3)	10,500				Funding to assist in equipping educators, community leaders and pastoral work to provide mission and discipleship in Belize, South America
Lutheran Agency of Missions to Burmese Inc (LAMB) PO Box 15833 Fort Wayne, IN 46825	35-2232604	501(c)(3)	10,360				Providing support for the Concordia Lutheran Center of Myanmar This center ministers to children in surrounding communities in Myanmar

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Congreso de Latinos Unidos Inc 216 West Somerset Street Philadelphia, PA 19133	23-2051143	501(c)(3)	10,000				Congreso de Latinos Unidos Inc 's mission is to enable individuals and families in predominantly Latino neighborhoods to achieve economic self-sufficiency and well being
Cru 100 Lake Hart Drive 1100 Orlando, FL 32832	45-3697029	501(c)(3)	10,000				StoryRunners exists to equip the world's 7,000 unreached people groups to produce and use oral Bible stories to launch communities of multiplying disciples

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DiscipleMakers 365 Science Park Rd State College, PA 16803	25-1411175	501(c)(3)	10,000				DiscipleMakers is a Christian campus ministry based in Pennsylvania Their goal is to raise up the next generation of leaders for the Church by training college students in Bible study, gospel-driven discipleship, and evangelism These funds are specifically designated for student assistance for the 2018 FOCUS conference
East Liberty Family Health Care Center 6023 Harvard Street Pittsburgh, PA 15206	25-1417228	501(c)(3)	10,000				Their mission is to witness to God's love, known in Jesus Christ, by empowering our patients through community centered, whole-person quality health care for all, which includes those who are uninsured, underinsured and underserved

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

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Faith Forward Ministries 338 Main Street Latrobe, PA 15650	47-1834509	501(c)(3)	10,000				Angel Arms Infant Recovery Home provides a short-term safe atmosphere for infants suffering from Neonatal Abstinence Syndrome AAIRH provides support services for families and communities to educate, recognize, and provide managed care for infants exposed to drugs
Faith Lutheran Church 4 Elm St Exeter, NH 03833	22-2716461	501(c)(3)	10,000				Faith Lutheran Church partners with the Community Coalition Against Human Trafficking to unite and equip their community to help end modern day slavery while providing individual care through direct services programs

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Hands of Mercy 9525 Courtyard Cove Fort Wayne, IN 46825	26-1876383	501(c)(3)	10,000				To provide labor and material costs for a six room rental building in the furtherance of supporting Christian education and to sustain outreach to people with disabilities in Yambio, South Sudan Improvements include building a brick security wall, solar power assets and rain collection items
Hosanna Faith Comes By Hearing 2421 Aztec Rd NE Albuquerque, NM 87107	85-0223225	501(c)(3)	10,000				Funds support the Military BibleStick, a technological device that contains the Word of God and is available for those service men and women who are deployed in some of the most dangerous areas of the world It contains the entire Audio Drama New Testament and selected Psalms chosen specifically for "warriors "

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Immanuel Lutheran School 1801 Russell Road Alexandria, VA 22301	54-0621354	501(c)(3)	10,000				Scholarships for low-income children
Knoch Knights Legacies Foundation 328 Knoch Road Saxonburg, PA 16056	25-1681049	501(c)(3)	10,000				Used for creative educational grants to enhance and enrich the student experience in South Butler County School District

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

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Lutheran Church Charities 3020 Milwaukee Ave Northbrook, IL 60062	36-2212704	501(c)(3)	10,000				The Lutheran Church Charities K-9 Comfort Dog Ministry is a national human-care ministry embracing the unique, calming nature and skills of purebred Golden Retrievers The LCC K-9 Comfort Dogs are a bridge for compassionate ministry, opening doors for conversation about faith and creating opportunities to share the mercy, compassion, presence and proclamation of Jesus Christ
Mission Opportunities Short Term 655 Phoenix Drive Ann Arbor, MI 48108	38-2873880	501(c)(3)	10,000				Mission Opportunities Short Term (MOST Ministries) is a Christian non-profit organization that connects, trains, and sends short-term mission teams throughout the world, in response to requests from missionaries and church bodies

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Pittsburgh Area Lutheran Ministry 535 North Neville Street Pittsburgh, PA 15213	65-1234532	501(c)(3)	10,000				PALM was established to assist the member congregations in their various ministries and foster, encourage and expedite those activities too large or too comprehensive for one congregation, such as missions, publications, chaplaincies, etc
Salvation Army 313 West Cunningham Street PO Box 389 Butler, PA 16003	13-5562351	501(c)(3)	10,000				The Salvation Army, an international movement, is an evangelical part of the universal Christian Church Its message is based on the Bible Its ministry is motivated by the love of God Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination These funds are designated for the Salvation Army in Butler County

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

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Southwinds Inc 2101 Greentree Rd Ste 201 A Pittsburgh, PA 15220	25-1460522	501(c)(3)	10,000				Southwinds, Inc is a nonprofit human service organization that provides quality residential supports and life-skills training to adults with developmental and intellectual disabilities throughout Allegheny County
The Clarksburg Mission 312 N 4th Street Clarksburg, WV 26301	23-7177860	501(c)(3)	10,000				The Clarksburg Mission is faith-based primary facility located in Harrison County that houses the homeless and feeds those in need These needs are met regardless of geographic boundaries

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

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The Moyer Foundation 1617 JFK Blvd 935 Philadelphia, PA 19103	91-2065051	501(c)(3)	10,000				Designated for Camp Erin Pittsburgh needs Camp Erin is the largest national bereavement program for youth grieving the death of a significant person in their lives
Ursuline Support Services 2717 Murray Ave Pittsburgh, PA 15217	25-1401610	501(c)(3)	10,000				To provide support for protective services for seniors by enabling them independence through life's many transitions Ursuline provides the support and care that one would expect from family through guardianships, protective services and independent support services

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

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Veterans Place of Washington Boulevard 945 Washington Blvd Pittsburgh, PA 15206	25-1787030	501(c)(3)	10,000				To support the Transitional Housing Program, which provides a supportive and sober living environment for up to 48 Veterans at a campus on Washington Boulevard near Pittsburgh's Highland Park
Mission Experience Haiti 11245 Tamarron Court Parker, CO 80138	82-1981171	501(c)(3)	9,000				It is the mission of Mission Experience to share the love of God in Jesus Christ with the people of the world and to care for orphans In Haiti, where Voodoo is the most widely practiced religion, our mission is to share God's love with this nation and its' orphans These funds support expanding this mission project and providing food, clothing, education, job training and shelter to an additional 50 children in the town of Croix de Bouquet

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Lutheran Ministries Media 5 Martin Luther Drive Fort Wayne, IN 46825	31-1023460	501(c)(3)	7,500				Provide funding for upgraded video equipment for the hearing impaired for weekly worship programs for shut-ins
Pittsburgh Lutheran Deaf Ministry 535 North Neville Street Pittsburgh, PA 15213	25-1041254	501(c)(3)	7,000				Their mission is to reach the Deaf with the saving Word, the Gospel of Jesus Christ, through positive aesthetic changes conducive for Deaf Culture learning These funds will be used to create a Smart Technology Classroom for enhanced educational instruction and video feed with other LCMS Deaf ministries across the United States

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

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Resurrection Lutheran Church 1612 Meadow Edge Lane Spring, TX 77388	74-6150642	501(c)(3)	7,000				For assistance in hurricane preparation and well-building in Northern Belize Also assistance in Hopewell, TX for bathroom remodels, repair and replacement
Westmoreland County Food Bank 100 Devonshire Dr Delmont, PA 15626	25-1422682	501(c)(3)	5,350				To provide support of this local food pantry serving residents of Westmoreland County, Pennsylvania

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 Keith Frndak-See Schedule O President/Chairman	(i)	0	0	0	0	0	0	0
	(ii)	526,692	76,650	0	67,300	6,678	677,320	0
2 Brian Hortert-See Schedule O Board Member	(i)	0	0	0	0	0	0	0
	(ii)	256,561	11,050	19,544	39,750	12,939	339,844	0
3 Kim Young-See Schedule O Treasurer/CFO	(i)	0	0	0	0	0	0	0
	(ii)	210,387	4,350	17,386	37,290	11,748	281,161	0
4 Paul Brand-See Schedule O Secretary	(i)	0	0	0	0	0	0	0
	(ii)	227,921	1,650	17,594	32,002	0	279,167	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
Schedule J, Part I, Line 3	The Executive Committee of Concordia Lutheran Ministries (Parent) (EIN 20-5138278) approves the compensation of the Chief Executive Officer (CEO) annually through his employer Concordia Lutheran Health and Human Care (CLHHC) (EIN 25-0969458) Compensation includes base compensation, bonuses, and other fringe benefits such as health insurance The committee uses data from state and national associations for organizations of similar size to compare compensation Executive Committee decisions for CEO compensation are communicated to the Chief Financial Officer Compensation for key employees is determined by the CEO Data from state and national associations is used for comparison purposes
Schedule J, Part I, Line 4	Affiliates, Concordia Lutheran Health and Human Care (CLHHC) (EIN 25-0969458) and Concordia Community Support Services (CCSS) (EIN 47-3508524) participates in a non-qualified 457 deferred compensation plan for certain highly compensated employees of the Organization The Concordia Lutheran Ministries (EIN 20-5138278) Board of Directors, and CEO approve all participants who are enrolled in the plan In the calendar year 2017 the following participants were enrolled in the plan and contributions, which will fully vest in five years from the contribution date, were made on their behalf in 2017 Keith Frndak, CEO ($49,750), Brian Hortert, COO ($22,200), Kim Young, CFO/Treasurer ($22,000), Paul Brand, Secretary ($16,032), Tammy Young, CFO, CCSS ($9,055)
Schedule J, Part II	All board members of Concordia Lutheran Ministries Foundation serve on a purely volunteer basis Any compensation to a board member by a related organization, reported on Part VII and Schedule J, is for his/her service as an employee of that organization and not for his/her service as a board member

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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III	In addition to supporting related organizations and supporting outside organizations throu gh the Angel Tear Program, planned giving seminars are offered, free of charge, throughout the year to those in the community wishing to learn more about estate planning Concordia Lutheran Ministries Foundation (CLMF) also provides Christmas gifts and program supplies to the Unity Lutheran Church After-school Program Unity After-school Program is an outrea ch ministry in Homewood/McKees Rocks, PA In addition to the fifty plus Christmas gifts do nated for the children, financial assistance was provided to the program for preparing aft er-school dinners for the children and one paid chaplaincy staff deaconess volunteers at U nity one-day a week to help/assist with the after-school ministry CLMF also pays the mont hly service charge for Unity's security system and paid the ministry's van repairs in FY20 18 Additionally, sponsorships are provided to local organizations for their fund raising events Donations in the amount of $4,406,243 were distributed from CLMF to affiliated fac ilities and service lines during the year ending June 30, 2018, in support of providing qu ality care for those served by Concordia Lutheran Ministries (EIN 20-5138278) subsidiaries This included over $3 5 million donated to Concordia Lutheran Ministries of Pittsburgh (EIN 27-0209886) for the purchase of the Villa Saint Joseph location, fundraising events fo r Camp Erin, a bereavement camp for children through Good Samaritan Hospice of Pittsburgh (EIN 25-1818793), and $225,856 in subsidies released from the Good Samaritan Endowment Fun d to provide care for those who can no longer afford it at our Concordia Lutheran Health a nd Human Care facilities (EIN 25-0969458)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	Concordia Lutheran Ministries (EIN 20-5138278) is the sole member of Concordia Lutheran Ministries Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	The sole member, Concordia Lutheran Ministries (EIN 20-5138278), assigns the board of directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	The sole member, Concordia Lutheran Ministries (EIN 20-5138278), has certain reserve power s over the organization's board of directors' decisions and actions

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Concordia Lutheran Ministries (EIN 20-5138278) board of directors maintains reserve po wers on the binding decisions made by the board of directors of Concordia Lutheran Ministr ies Foundation Due to these reserve powers, it has been decided to present the Form 990 o f this organization to the board of directors of Concordia Lutheran Ministries for review prior to submission Additionally, any independent board member of this organization was o ffered an opportunity to review the Form 990 prior to submission as well

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The corporate compliance officer attends at least one board meeting per year to educate th e board members on the compliance policies, including the conflict of interest policy Boa rd members are required to disclose any potential conflicts of interest prior to discussio n on a topic where a conflict may exist The board will determine if the conflict exists a nd act accordingly, which may include the conflicted board member recusing himself/herself from discussion and any votes related to the matter

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Concordia Lutheran Ministries Foundation has no employees The processes listed in Line 15 are performed by affiliate organizations for those persons listed on Part VII and on Sche dule J

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 18	Concordia Lutheran Ministries Foundation Form 990 is available at guidestar org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	Concordia Lutheran Ministries publishes an annual report that summarizes the financial operations of the organization and its affiliates which is mailed to all of its constituents and is available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	All board members of Concordia Lutheran Ministries Foundation serve on a purely volunteer basis Any compensation to a board member by a related organization, reported on Part VII and Schedule J, is for his/her service as an employee of that organization and not for his /her service as a board member Employment compensation for board members is as follows K eith Frndak, CEO, Concordia Lutheran Ministries and its affiliates, Kim Young, CFO, Concor dia Lutheran Ministries and its affiliates, Brian Hortert, COO, Concordia Lutheran Ministr ies and its affiliates, Michael Falbo, Director of Finance, Concordia Lutheran Ministries of Pittsburgh, Connor Hagey, Director of Retirement Services, Concordia Lutheran Health an d Human Care, Tammy Young, CFO, Concordia Community Support Services and community based a ffiliates, Paul Brand, Executive VP, Concordia Lutheran Ministries and its affiliates, Tim Temple, Senior Accountant, Concordia Lutheran Ministries and its affiliates

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	($583,082)-Assets released from restriction $133,514-Temporarily restricted donations ($ 58,553)-Reconcile present value of gift annuities ($3)-Rounding

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries Foundation

Employer identification number
20-5138266

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Providence Pharmacy Services 615 North Pike Road Cabot, PA 16023 22-3885810	To provide institutional pharmacy and consulting services	PA	Concordia Providence LLC 20-5138278	Related	0	0		No			No	0 %

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	(i) No
(1) Concordia Medical Equipment 615 North Pike Road Cabot, PA 16023 20-4386767	Rental/sales of medical equipment and supplies	PA	Concordia Lutheran Ministries 20-5138278	C	0	0	0 %		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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
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	Yes	
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	Yes	
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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 20-5138266
Name: Concordia Lutheran Ministries Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
134 Marwood Road Cabot, PA 16023 20-5138278	To manage, oversee, and carry out the purpose of the affiliated 501(c)(3) organizations	PA	501(c)(3)	509(a)(3)	N/A		No
134 Marwood Road Cabot, PA 16023 25-0969458	To provide skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278		No
613 North Pike Road Cabot, PA 16023 42-1704067	To provide home health care services	PA	501(c)(3)	509(a)(2)	Concordia Community Support Services 47-3508524		No
1300 Bower Hill Road Pittsburgh, PA 15243 27-0209886	To provide skilled nursing, personal care, independent living services, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278		No
970 Sumner Parkway Copley, OH 44321 61-1682165	To provide healthcare and retirement services in Ohio	OH	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278		No
3746 Cedar Ridge Road Allison Park, PA 15101 25-0974311	To provide skilled nursing, personal care, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Health and Human Care 25-0969458		No
116 Browns Hill Road Suite 100 Valencia, PA 16059 25-1818793	To provide inpatient and outpatient hospice services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Health and Human Care 25-0969458		No
613 North Pike Road Suite A Cabot, PA 16023 25-1881783	To provide free monitoring services to homebound clients to ensure that they are up and well	PA	501(c)(3)	509(a)(1)	Concordia Community Support Services 47-3508524		No
613 North Pike Road Cabot, PA 16023 46-3845269	Home Health Services	OH		509(a)(2)	Concordia Community Support Services 47-3508524		No
4363 Northern Pike Monroeville, PA 15146 25-1475192	To provide skilled nursing, personal care, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries of Pittsburgh 25-1818793		No
4363 Northern Pike Monroeville, PA 15146 25-1875508	Home health services	PA	501(c)(3)	509(a)(2)	Concordia Tele-Caregivers 25-1881783		No
613 North Pike Road Suite B Cabot, PA 16023 47-3508524	Provide oversight, management, and strategic planning	PA	501(c)(3)	509(a)(3)	Concordia Lutheran Ministries 20-5138278		No
134 Marwood Road Cabot, PA 16023 47-3951584	Provide primary physician services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278		No
613 North Pike Road Suite B Cabot, PA 16023 81-2448411	In-home and in-patient end of life care	PA	501(c)(3)	509(a)(2)	Concordia Community Support Services 47-3508524		No
4100 E Fletcher Avenue Tampa, FL 33613 37-1869372	Provide skilled nursing, personal care, independent living, and rehabilitative services	FL	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries EIN 20-5138278		No