

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
LUTHERAN SENIOR SERVICES
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1150 HANLEY INDUSTRIAL COURT
City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63144

D Employer identification number
43-0654862
E Telephone number
(314) 968-9313

F Name and address of principal officer
JOHN KOTOVSKY
1150 HANLEY INDUSTRIAL COURT
ST LOUIS, MO 63144

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 LSSLIVING ORG

K Form of organization
Corporation Trust Association Other

L Year of formation 1863

M State of legal domicile
MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FAITH BASED ORGANIZATION WHICH PROVIDES A NETWORK OF SUPPORTIVE SERVICES FOR OLDER ADULTS SEE BELOW FOR SUMMARY OF LSS CONSOLIDATED OPERATIONS

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, Beginning of Current Year, End of Year. Rows 8-22: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: 2019-11-06
PAUL OGIER 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 P00970069
Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749
Firm's address: 600 WASHINGTON AVENUE SUITE 1800 ST LOUIS, MO 63101 Phone no: (314) 925-4300

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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 \$ 144,076,898 including grants of \$ 29,636) (Revenue \$ 168,161,083)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 7,209,876)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$ -9,811,701)
See Additional Data

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

4e Total program service expenses **▶** 144,076,898

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	3,148		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: PAUL OGIER 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 (314) 968-9313

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			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	2,997,836		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	66,277		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		3,064,113		

Program Service Revenue			Business Code			
	2a LIFE PLAN COMMUNITIES REVENUE		623000	146,952,757	146,952,757	
b MANAGEMENT FEES		623000	15,918,957	15,918,957		
c HOME COMMUNITY BASED SERVICES REV		623000	7,210,926	7,210,926		
d AMORTIZATION OF ENTRANCE FEES		623000	4,302,216	4,302,216		
e DEVELOPMENT FEES		623000	986,103	986,103		
f All other program service revenue			-9,811,701	-9,811,701		
g Total. Add lines 2a-2f			165,559,258			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,073,804			2,073,804
	4 Income from investment of tax-exempt bond proceeds			652,155			652,155
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		568,316					
	b Less rental expenses	393,800					
	c Rental income or (loss)	174,516					
	d Net rental income or (loss)			174,516			174,516
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		151,731,794					
	b Less cost or other basis and sales expenses	151,939,982	135,047				
	c Gain or (loss)	-208,188	-135,047				
	d Net gain or (loss)			-343,235			-343,235
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	31,127					
b Less cost of goods sold	b	16,092					
c Net income or (loss) from sales of inventory			15,035			15,035	
Miscellaneous Revenue	Business Code						
11a BARBER AND BEAUTY	623000		614,411			614,411	
b LAUNDRY	623000		286,684			286,684	
c OTHER	623000		144,261			144,261	
d All other revenue			251,504			251,504	
e Total. Add lines 11a-11d			1,296,860				
12 Total revenue. See Instructions			172,492,506	165,559,258	0	3,869,135	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	29,636	29,636		
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.	3,693,326		3,693,326	
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.	77,181,554	72,174,329	5,007,225	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	943,747	943,747		
9 Other employee benefits.	10,120,265	9,266,658	853,607	
10 Payroll taxes.	5,808,366	5,204,769	603,597	
11 Fees for services (non-employees)				
a Management.	10,696,143		10,696,143	
b Legal.	186,303		186,303	
c Accounting.	157,629		157,629	
d Lobbying.	24,000		24,000	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	208,687		208,687	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,200,296	11,726,091	1,474,205	
12 Advertising and promotion.	263,387		263,387	
13 Office expenses.	6,696,662	5,735,145	961,517	
14 Information technology.	1,776,863	1,749,030	27,833	
15 Royalties.				
16 Occupancy.	5,961,683	4,044,713	1,916,970	
17 Travel.	660,952	591,041	69,911	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	81,598	60,713	20,885	
20 Interest.	10,364,349	7,031,708	3,332,641	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	21,488,089	14,578,626	6,909,463	
23 Insurance.	1,527,111	1,036,071	491,040	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIETARY	6,616,615	6,616,615		
b PHARMACY EXPENSES	1,959,206	1,959,206		
c BAD DEBT EXPENSE	724,395	724,395		
d ADMIN ADJ	437,200		437,200	
e All other expenses	740,489	604,405	136,084	
25 Total functional expenses. Add lines 1 through 24e.	181,548,551	144,076,898	37,471,653	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	178,074	1	2,580,834
	2 Savings and temporary cash investments	8,862,555	2	1,788,669
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,497,593	4	7,684,175
	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	5,905,464	7	1,469,413
	8 Inventories for sale or use	355,628	8	355,967
	9 Prepaid expenses and deferred charges	1,545,928	9	1,377,158
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 508,054,610		
	b Less accumulated depreciation	10b 191,726,574	327,567,254	10c 316,328,036
	11 Investments—publicly traded securities	163,120,228	11	164,303,581
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	426,469	13	460,404
	14 Intangible assets	4,109,291	14	4,470,485
	15 Other assets See Part IV, line 11	3,285,749	15	6,531,200
16 Total assets. Add lines 1 through 15 (must equal line 34)	523,854,233	16	507,349,922	
Liabilities	17 Accounts payable and accrued expenses	30,975,656	17	30,037,383
	18 Grants payable		18	
	19 Deferred revenue	14,420,455	19	15,812,324
	20 Tax-exempt bond liabilities	283,450,134	20	276,079,328
	21 Escrow or custodial account liability Complete Part IV of Schedule D	42,474	21	56,829
	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	165,118,090	25	174,850,135
	26 Total liabilities. Add lines 17 through 25	494,006,809	26	496,835,999
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,847,424	27	10,513,923
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	29,847,424	33	10,513,923	
34 Total liabilities and net assets/fund balances	523,854,233	34	507,349,922	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	172,492,506
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,548,551
3	Revenue less expenses Subtract line 2 from line 1	3	-9,056,045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,847,424
5	Net unrealized gains (losses) on investments	5	-10,426,087
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	148,631
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,513,923

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 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?
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 43-0654862

Name: LUTHERAN SENIOR SERVICES

Form 990 (2018)

Form 990, Part III, Line 4a:

OPERATIONS FOR FIVE LIFE PLAN COMMUNITIES THAT OFFER A CONTINUUM OF CARE THAT INCLUDES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY CARE, AND SKILLED NURSING, THE MAJORITY OF WHICH ARE MEDICARE/MEDICAID CERTIFIED IN ADDITION, OPERATIONS OF ONE ASSISTED LIVING AND ONE SKILLED NURSING FACILITY NOT ASSOCIATED WITH A CCRC A TOTAL OF 3,275 UNITS ARE OFFERED WITH A SUSTAINED OCCUPANCY RATE EXCEEDING 92% MORE THAN 3,300 CLIENTS ARE SERVED ANNUALLY

Form 990, Part III, Line 4b:

A VARIETY OF HOME COMMUNITY BASED SERVICES FOR OLDER ADULTS WHO REMAIN IN THEIR OWN HOMES, INCLUDING MEDICARE CERTIFIED HOME HEALTH, PRIVATE DUTY HOME HEALTH SERVICES, HOSPICE SERVICES AND THREE PROGRAMS IN PARTNERSHIP WITH THE UNITED WAY OUTREACH SOCIAL SERVICES, THE GOOD NEIGHBOR PROGRAM, AND VOLUNTEER MONEY MANAGEMENT

Form 990, Part III, Line 4c:

A BENEVOLENT CARE FUND EXISTS TO PROVIDE FINANCIAL ASSISTANCE TO RESIDENTS OR CLIENTS WHO OUTLIVE THEIR ABILITY TO PAY TOTAL BENEVOLENT CARE ASSISTANCE PROVIDED WAS \$9,811,701, OF WHICH, \$9,811,701 IS OFFSETTING PROGRAM SERVICE REVENUE THERE WAS ADDITIONAL BENEVOLENT CARE ASSISTANCE PROVIDED BY OTHER ENTITIES WITHIN THE LUTHERAN SENIOR SERVICES AFFILIATED GROUP BRINGING THE TOTAL TO APPROXIMATELY \$11,842,000

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

(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			
KATHLEEN T MUELLER CHAIRPERSON	0 20	X		X				0	0	0
JEFFREY L DUNN VICE CHAIRPERSON	0 20	X		X				0	0	0
SCOTT M HARTWIG SECRETARY	0 20	X		X				0	0	0
DR F MATTHEW KUHLMANN ASSISTANT SECRETARY	0 20	X		X				0	0	0
RICHARD J BAGY JR BOARD MEMBER	0 20	X						0	0	0
REV ROY CHRISTELL BOARD MEMBER	0 20	X						0	0	0
DIANE R DROLLINGER BOARD MEMBER	0 20	X						0	0	0
KARL A DUNAJCIC BOARD MEMBER (TERM ENDED 5/18)	0 20	X						0	0	0
JOHN A KOMLOS BOARD MEMBER	0 20	X						0	0	0
HARRY MUELLER BOARD MEMBER	0 20	X						0	0	0

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

(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			
GARY OLSON BOARD MEMBER	0 20 2 00	X						0	0	0
REV DR SCOTT K SEIDLER BOARD MEMBER (TERM ENDED 3/18)	0 20 2 00	X						0	0	0
LISA J SOMBART BOARD MEMBER	0 20 2 00	X						0	0	0
SHERRI C STRAND BOARD MEMBER	0 20 2 00	X						0	0	0
PAUL N TICE BOARD MEMBER	0 20 2 00	X						0	0	0
DAN BROWN BOARD MEMBER	0 20 2 00	X						0	0	0
JOHN KOTOVSKY PRESIDENT AND CEO	26 00 15 00			X				382,611	0	26,828
PAUL J OGIER CFO AND TREASURER	26 00 15 00			X				347,140	0	26,525
MARK W SCHOEDEL CHIEF DEVELOPMENT OFFICER	26 00 15 00			X				313,797	0	13,748
DALE KREIENKAMP VP OF HUMAN RESOURCES	26 00 15 00			X				251,363	0	14,793

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

(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			
CARLA BAUM NETWORK EXECUTIVE	26 00 15 00			X				134,455	0	5,116
GARY ANDERSON CHIEF OPERATING OFFICER	26 00 15 00			X				252,157	0	34,260
MIKE RASO EXECUTIVE DIRECTOR	26 00 15 00			X				128,081	0	8,925
LISA NORWINE CHIEF ADVANCEMENT OFFICER	26 00 15 00			X				205,090	0	37,482
JOSH KING VP OF INFORMATION TECHNOLOGY	26 00 15 00			X				134,561	0	21,117
JOHN TURONGIAN EXECUTIVE DIRECTOR	26 00 15 00			X				146,989	0	9,870
AL KOEPKE EXECUTIVE DIRECTOR OF DEVELOPMENT	26 00 15 00			X				64,490	0	6,099
DREW REDMAN EXECUTIVE DIRECTOR	26 00 15 00			X				124,106	0	8,980
RITA VICARY VP OF MARKETING COMMUNICATIONS	26 00 15 00			X				184,019	0	20,586
CHAD SNEED VP OF FINANCIAL REPORTING & BUDGET	26 00 15 00			X				152,521	0	26,257

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

(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			
BRIAN REINHOLD VP OF RISK MGMT & CORP SAFETY	26 00 15 00			X				126,540	0	21,415
VALERIE COOPER VP OF OPERATIONS AND EXECUTIVE DIRECTOR	26 00 15 00			X				159,784	0	23,586
COLLEEN BOTTENS VP OF SUPPORT SERVICES AND EXECUTIVE DIRECTOR	26 00 15 00			X				149,388	0	18,136
BECKY ZIMMER EXEC DIR OF PLANNED GIVING	26 00 15 00			X				105,741	0	6,770
TODD YOUNG NETWORK DIRECTOR	26 00 15 00					X		127,192	0	15,355
BEN CAFFEY DIRECTOR OF SALES - CLINICAL SERVICES	26 00 15 00					X		140,263	0	9,436
RACHEL LITTLE DIRECTOR OF CLINICAL COMPLIANCE	26 00 15 00					X		138,737	0	4,409
DAVID LUETHY DIRECTOR OF PROCUREMENT	26 00 15 00					X		134,324	0	6,267
DAVE PIEHL LEAD PROGRAMMING SPECIALIST	26 00 15 00					X		123,629	0	6,923

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

Part I 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 _____
 - 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,989,444	1,927,513	2,183,527	1,636,708	3,064,113	10,801,305
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	132,378,822	140,357,100	154,439,385	156,030,233	165,559,258	748,764,798
3 Gross receipts from activities that are not an unrelated trade or business under section 513				27,057	31,127	58,184
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	134,368,266	142,284,613	156,622,912	157,693,998	168,654,498	759,624,287
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				344,111	330,344	674,455
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						0
c Add lines 7a and 7b				344,111	330,344	674,455
8 Public support. (Subtract line 7c from line 6.)						758,949,832

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	134,368,266	142,284,613	156,622,912	157,693,998	168,654,498	759,624,287
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,112,741	3,287,793	3,566,475	2,790,612	3,294,275	17,051,896
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,112,741	3,287,793	3,566,475	2,790,612	3,294,275	17,051,896
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.)	2,626,987	2,474,944	2,807,153	2,521,286	1,296,860	11,727,230
13 Total support. (Add lines 9, 10c, 11, and 12.)	141,107,994	148,047,350	162,996,540	163,005,896	173,245,633	788,403,413
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	96.260 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	96.320 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	2.160 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	2.230 %

19a 33 1/3% support tests—2018. 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—2017. 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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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		
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		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 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		
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		
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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	<input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 III, LINE 12, EXPLANATION OF OTHER INCOME	MEAL INCOME - 2014 AMOUNT \$ 534,556 2015 AMOUNT \$ 577,123 2016 AMOUNT \$ 580,094 2017 AMOUNT \$ 650,430 TRANSPORTATION - 2014 AMOUNT \$ 90,651 2015 AMOUNT \$ 91,858 2016 AMOUNT \$ 97,758 2017 AMOUNT \$ 69,165 2018 AMOUNT \$ 100,550 TELEPHONE - 2014 AMOUNT \$ 12,547 2015 AMOUNT \$ 10,688 2016 AMOUNT \$ 9,000 2017 AMOUNT \$ 8,509 2018 AMOUNT \$ 7,369 MISCELLANEOUS - 2014 AMOUNT \$ 148,485 2015 AMOUNT \$ 126,698 2016 AMOUNT \$ 554,815 2017 AMOUNT \$ 253,590 2018 AMOUNT \$ 35,707 GIFT SHOP - 2014 AMOUNT \$ 21,461 2015 AMOUNT \$ 20,949 2016 AMOUNT \$ 28,208 MAINTENANCE - 2014 AMOUNT \$ 13,299 2015 AMOUNT \$ 20,383 2016 AMOUNT \$ 30,951 2017 AMOUNT \$ 49,696 2018 AMOUNT \$ 64,140 LAUNDRY - 2014 AMOUNT \$ 745,869 2015 AMOUNT \$ 821,062 2016 AMOUNT \$ 708,055 2017 AMOUNT \$ 725,086 2018 AMOUNT \$ 286,684 HOUSEKEEPING - 2014 AMOUNT \$ 17,728 2015 AMOUNT \$ 11,339 2016 AMOUNT \$ 6,941 2017 AMOUNT \$ 10,931 2018 AMOUNT \$ 3,401 GUEST ROOM - 2014 AMOUNT \$ 65,516 2015 AMOUNT \$ 78,678 2016 AMOUNT \$ 68,260 2017 AMOUNT \$ 81,187 2018 AMOUNT \$ 79,848 GARAGE FEES - 2014 AMOUNT \$ 61,950 2015 AMOUNT \$ 55,955 2016 AMOUNT \$ 51,244 2017 AMOUNT \$ 52,095 2018 AMOUNT \$ 98,586 DEVELOPMENT FEES - 2014 AMOUNT \$ 241,597 CHAPEL - 2014 AMOUNT \$ 23,584 2015 AMOUNT \$ 24,289 2016 AMOUNT \$ 23,779 2017 AMOUNT \$ 19,955 2018 AMOUNT \$ 305 BARBER AND BEAUTY - 2014 AMOUNT \$ 625,076 2015 AMOUNT \$ 609,712 2016 AMOUNT \$ 619,386 2017 AMOUNT \$ 573,425 2018 AMOUNT \$ 614,411 ACTIVITIES - 2014 AMOUNT \$ 24,668 2015 AMOUNT \$ 26,210 2016 AMOUNT \$ 28,662 2017 AMOUNT \$ 27,217 2018 AMOUNT \$ 5,859

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LUTHERAN SENIOR SERVICES	Employer identification number 43-0654862
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		30,425
j Total Add lines 1c through 1i			30,425
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION UTILIZES THE SERVICES OF A LOBBYIST TO KEEP THE ORGANIZATION ABREAST OF LEGISLATIVE ACTS PERTAINING TO THE ORGANIZATION'S INDUSTRY AND OCCASIONALLY HAVE EMPLOYEES ATTEND HEARINGS TO SPEAK ABOUT INDUSTRY ISSUES ALSO, THE ORGANIZATION PAYS MEMBERSHIP DUES TO MISSOURI HEALTH CARE ASSOCIATION, OF WHICH, A PORTION IS RELATED TO LOBBYING

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		23,540,017		23,540,017
b Buildings		408,123,573	153,593,372	254,530,201
c Leasehold improvements		20,226,039	11,237,760	8,988,279
d Equipment		42,936,370	26,895,442	16,040,928
e Other		13,228,611		13,228,611
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				316,328,036

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	
REFUNDABLE ADMISSION FEES	156,299,963
RESIDENT DEPOSITS	6,501,996
INTEREST RATE SWAP AGREEMENT	6,368
INTERCOMPANY PAYABLE	12,041,808
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	174,850,135

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:

Software Version:

EIN: 43-0654862

Name: LUTHERAN SENIOR SERVICES

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	RESIDENT FUNDS ARE HELD BY THE ORGANIZATION FOR THE BENEFIT OF THE RESIDENT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

LUTHERAN SENIOR SERVICES

Employer identification number

43-0654862

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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)							
(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 ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIP	11	27,780			
(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
PART I, LINE 2	TO QUALIFY FOR THIS ASSISTANCE, AN EMPLOYEE MUST BE RECOMMENDED BY THEIR SUPERVISOR THIS IS FORWARDED THROUGH THE CARE CENTER ADMINISTRATOR FOR APPROVAL OF THE AMOUNT OF ASSISTANCE

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	JOHN R. KOTOVSKY HAS A HOUSING ALLOWANCE RELATED TO HIS PASTORAL DUTIES THAT IS INCLUDED IN HIS OTHER REPORTABLE COMPENSATION.

Return Reference	Explanation
PART I, LINE 4B	DEPOSITS MADE INTO ACCOUNTS BY ORGANIZATION GARY ANDERSON - SEC 457(F) PLAN - \$20,000 LISA NORWINE - SEC 457(F) PLAN - \$20,000 RITA VICARY - SEC 457(F) PLAN - \$10,000 CHAD SNEED - SEC 457(F) PLAN - \$10,000 JOSH KING - SEC 457(F) PLAN - \$10,000 BRIAN REINHOLD - SEC 457(F) PLAN - \$10,000 VALERIE COOPER - SEC 457(F) PLAN - \$10,000 COLLEEN BOTTENS - SEC 457(F) PLAN - \$10,000 JOHN KOTOVSKY - SEC 457(B) PLAN - \$21,668 PAUL OGIER - SEC 457(B) PLAN - \$48,131 GARY ANDERSON - SEC 457(B) PLAN - \$18,114 LISA NORWINE - SEC 457(B) PLAN - \$14,578 MARK SCHOEDEL - SEC 457(B) PLAN - \$117,143 DALE KREIENKAMP - SEC 457(B) PLAN - \$14,545 RITA VICARY - SEC 457(B) PLAN - \$10,023 PAYMENTS RECEIVED FROM PLAN DALE KREIENKAMP - SEC 457(F) PLAN - \$125,735 PAUL OGIER - SEC 457(B) PLAN - \$13,526 DALE KREIENKAMP - SEC 457(B) PLAN - \$125,826 MARK SCHOEDEL - SEC 457(B) PLAN - \$21,441

Return Reference	Explanation
SCHEDULE J PART II	LUTHERAN SENIOR SERVICES IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 18 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S (WHICH ARE FILED BY 15 OF THE 18 LSS ENTITIES), SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS RELATED ONLY TO THAT PARTICULAR ENTITY HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE ORGANIZATION TO HELP MAKE THIS INFORMATION MORE MEANINGFUL, THE FOLLOWING PARAGRAPH PROVIDES A SUMMARY OF THE OVERALL OPERATIONS OF LSS LUTHERAN SENIOR SERVICES IS A NOT FOR PROFIT ORGANIZATION OWNED BY 104 LUTHERAN CHURCHES AND WAS INITIALLY FOUNDED IN 1858 LUTHERAN SENIOR SERVICES OPERATES 10 SENIOR LIVING COMMUNITIES SERVING OVER 3,000 OLDER ADULTS, NINE AFFORDABLE HOUSING COMMUNITIES SERVING OVER 570 OLDER ADULTS AND A VARIETY OF IN HOME SERVICES PROGRAMS SERVING OVER 5,000 OLDER ADULTS IN 2018, LSS HAD TOTAL ASSETS OF \$791,476,347, PROVIDED APPROXIMATELY \$11,841,000 IN BENEVOLENT CARE, HAD OVER 84,000 VOLUNTEER HOURS, AND EMPLOYED 17 CHAPLAINS



Schedule J (Form 990) 2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI	43-1178966	60635HK40	10-14-2010	38,277,316	CAP IMPROVEMENTS TO LSS, HEISINGER LUTHERAN HOME, LRCA AND MVIII		X		X		X
B	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI	43-1178966	60635HM55	09-29-2011	47,187,481	CAPITAL IMPROVEMENTS TO LUTHERAN SENIOR SERVICES		X		X		X
C	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014A	43-1178966	60635HS26	06-04-2014	84,146,040	REFUNDING OF 2004 BONDS AND CAPITAL IMPROVEMENTS		X		X		X
D	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014B	43-1178966		06-04-2014	50,000,000	REFUNDING OF 2008 BONDS		X		X		X

Part II Proceeds

		A		B		C		D		
1	Amount of bonds retired		1,035,000		3,660,000		3,415,000			
2	Amount of bonds legally defeased									
3	Total proceeds of issue		38,434,289		47,452,221		84,658,512		50,000,000	
4	Gross proceeds in reserve funds		3,777,233		871,285		3,866,287			
5	Capitalized interest from proceeds		915,404				1,293,330			
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds		631,973		751,862		284,416			
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds		2,054,508		5,541,743		745,123			
10	Capital expenditures from proceeds		31,055,171		40,287,331		54,739,476			
11	Other spent proceeds						23,729,880		50,000,000	
12	Other unspent proceeds									
13	Year of substantial completion		2011		2013		2016		2015	
			Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?			X		X	X			X
16	Has the final allocation of proceeds been made?		X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOU DATE THE REBATE COMPUTATION WAS PERFORMED 10/14/2015
	ISSUER NAME HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOU DATE THE REBATE COMPUTATION WAS PERFORMED 09/29/2013

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART I, LINE (B), COLUMN (F)	THE CAPITAL IMPROVEMENTS BENEFITTED LUTHERAN SENIOR SERVICES, HEISINGER LUTHERAN HOME, LUTHERAN RETIREMENT CENTER ASSOCIATION, AND MERIDIAN VILLAGE ASSOCIATION II AS SUCH, A PORTION OF THE BOND DEBT LIABILITY HAS BEEN ALLOCATED TO THOSE ENTITIES ON THEIR RESPECTIVE FORMS 990, PART X, PAGE 11, LINE 20 THE PARENT ORGANIZATION HAS ELECTED TO FILE ALL APPLICABLE SCHEDULE K REPORTING ON ITS RETURN SO THERE IS NO SCHEDULE K REPORTING ON ANY RETURN EXCEPT THE PARENT ENTITY

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN (A)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$156,973

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN (B)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$264,740

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN (C)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$512,472

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 2, PART II, LINE 3, COLUMN (C)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$66,237

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 2, PART II, LINE 3, COLUMN D	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$437,446

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (A) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$3,842,665 THIS AMOUNT IS REDUCED BY \$65,432, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (B) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$3,617,317 THIS AMOUNT IS REDUCED BY \$96,032, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT AND \$2,650,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (C) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$5,669,296 THIS AMOUNT IS REDUCED BY \$86,958, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT, \$1,541,208, WHICH REPRESENTS FUNDS NOT FROM DEBT PROCEEDS SINCE IT WAS A REFUNDING ISSUE

Return Reference	Explanation
SCHEDULE K, ENTITY 2, PAGE 1, PART II, LINE 4, COLUMN (C) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$3,409,829 THIS AMOUNT IS REDUCED BY \$2,550,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION

Additional Data

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOU DATE THE REBATE COMPUTATION WAS PERFORMED 10/14/2015 ISSUER NAME HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOU DATE THE REBATE COMPUTATION WAS PERFORMED 09/29/2013
SCHEDULE K, ENTITY 1, PAGE 1, PART I, LINE (B), COLUMN (F)	THE CAPITAL IMPROVEMENTS BENEFITTED LUTHERAN SENIOR SERVICES, HEISINGER LUTHERAN HOME, LUTHERAN RETIREMENT CENTER ASSOCIATION, AND MERIDIAN VILLAGE ASSOCIATION III AS SUCH, A PORTION OF THE BOND DEBT LIABILITY HAS BEEN ALLOCATED TO THOSE ENTITIES ON THEIR RESPECTIVE FORMS 990, PART X, PAGE 11, LINE 20 THE PARENT ORGANIZATION HAS ELECTED TO FILE ALL APPLICABLE SCHEDULE K REPORTING ON ITS RETURN SO THERE IS NO SCHEDULE K REPORTING ON ANY RETURN EXCEPT THE PARENT ENTITY
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN (A)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$156,973
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN (B)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$264,740
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN (C)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$512,472
SCHEDULE K, PAGE 1, ENTITY 2, PART II, LINE 3, COLUMN (C)	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$66,237
SCHEDULE K, PAGE 1, ENTITY 2, PART II, LINE 3, COLUMN D	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/18 OF \$437,446
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (A) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$3,842,665 THIS AMOUNT IS REDUCED BY \$65,432, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (B) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$3,617,317 THIS AMOUNT IS REDUCED BY \$96,032, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT AND \$2,650,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (C) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$5,669,296 THIS AMOUNT IS REDUCED BY \$86,958, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT, \$1,541,208, WHICH REPRESENTS FUNDS NOT FROM DEBT PROCEEDS SINCE IT WAS A REFUNDING ISSUE
SCHEDULE K, ENTITY 2, PAGE 1, PART II, LINE 4, COLUMN (C) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/18 EQUALS \$3,409,829 THIS AMOUNT IS REDUCED BY \$2,550,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014C	43-1178966		02-02-2015	28,755,000	REFUNDING OF SERIES 2005A BONDS		X		X		X
B	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014D	43-1178966		02-01-2016	12,390,000	REFUNDING OF SERIES 2005B BONDS		X		X		X
C	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2016A	43-1178966	60635HU56	01-29-2016	58,320,378	ACQUISITION OF MASON POINTE AND OTHER LSS CAPITAL PROJECTS		X		X		X
D	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SER 2016B&C	43-1178966	60635HZ85	11-04-2016	123,622,927	REFUNDING OF SERIES 2006, 2007A, 2007B, AND 2007C BONDS AND CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,500,000		1,950,000		1,870,000		5,680,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	28,755,000		12,390,000		58,386,615		124,060,373	
4	Gross proceeds in reserve funds					3,409,829		782,691	
5	Capitalized interest from proceeds					952,321		1,941,885	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	336,434		177,485		851,018		1,561,698	
8	Credit enhancement from proceeds					1,895			
9	Working capital expenditures from proceeds							286,004	
10	Capital expenditures from proceeds					50,625,563		36,000,000	
11	Other spent proceeds	28,418,566		12,212,515		2,545,989		83,336,653	
12	Other unspent proceeds								
13	Year of substantial completion	2015		2016		2017		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number

43-0654862

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I CONTINUATION	LUTHERAN SENIOR SERVICES IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 18 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S (WHICH ARE FILED BY 15 OF THE 18 LSS ENTITIES), SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS RELATED ONLY TO THAT PARTICULAR ENTITY HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE ORGANIZATION TO HELP MAKE THIS INFORMATION MORE MEANINGFUL, THE FOLLOWING PARAGRAPH PROVIDES A SUMMARY OF THE OVERALL OPERATIONS OF LSS LUTHERAN SENIOR SERVICES IS A NOT FOR PROFIT ORGANIZATION OWNED BY 104 LUTHERAN CHURCHES AND WAS INITIALLY FOUNDED IN 1858 LUTHERAN SENIOR SERVICES OPERATES TEN SENIOR LIVING COMMUNITIES SERVING OVER 3,000 OLDER ADULTS, EIGHT AFFORDABLE HOUSING COMMUNITIES SERVING OVER 570 OLDER ADULTS AND A VARIETY OF IN HOME SERVICES PROGRAMS SERVING OVER 5,000 OLDER ADULTS IN 2018, LSS HAD TOTAL OPERATING INCOME OF APPROXIMATELY \$227,000,000, PROVIDED APPROXIMATELY \$11,842,000 IN BENEVOLENT CARE, HAD OVER 84,000 VOLUNTEER HOURS, AND EMPLOYED 17 CHAPLAINS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET PERIODIC PENSION COST -457,829 CHANGE IN VALUE OF INTEREST RATE SWAP 607,135 OTHER C HANGES IN PLAN ASSETS AND BENEFIT OBLIGATIONS -675

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number

43-0654862

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MACKENZIE PLACE LIHTC GP LLC 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 27-2136187	DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES	MO	29	555	LUTHERAN SENIOR SERVICES
(2) DUNN ROAD MANOR LIHTC GP LLC 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 47-4889447	DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES	MO	27	644	LUTHERAN SENIOR SERVICES

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

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PROVIDENT GROUP INC 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 30-0134496	DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES	MO	LUTHERAN SENIOR SERVICES	C	147,600		100 000 %	Yes	

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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
(1) LUTHERAN SENIOR SERVICES ENDOWMENT FUND	C	2,997,543	G/L DETAIL

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART IV	MACKENZIE PLACE HTC TENANT GP, LLC DISSOLVED IN 2018 IT HAS BEEN REMOVED FROM SCHEDULE R

Return Reference	Explanation
SCHEDULE R, PART II	HEISINGER HOPE FOUNDATION NO LONGER EXISTS AS OF 2018 IT HAS BEEN REMOVED FROM SCHEDULE R

Schedule Form 2016

Additional Data

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

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

(a) 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
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1818832	SENIOR LIVING	MO	501(C)(3)	LINE 12A, I	LUTHERAN SENIOR SERVICES	Yes	
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1660879	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1874215	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1736720	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 20-1889216	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 02-0667342	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 02-0568032	SENIOR LIVING	IL	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1415588	SENIOR LIVING	IL	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1147326	SENIOR LIVING	MO	501(C)(3)	LINE 10	LUTHERAN SENIOR SERVICES	Yes	
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1199021	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-0818454	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1371314	SENIOR LIVING	MO	501(C)(3)	LINE 7	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 45-4000626	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 27-3777863	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No