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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 ENDOWMENT FUND

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

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?

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 1998

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SUPPORT THE SERVICES & ACTIVITIES OF LUTHERAN SENIOR SERVICES & FUND CLINICAL PASTORAL EDUCATION SEE BELOW FOR SUMMARY OF LSS CONSOLIDATED OPERATIONS

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

PAUL J OGIER CFO

Type or print name and title

2019-11-06

Date

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

Phone no (314) 925-4300

ST LOUIS, MO 63101

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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:

SUPPORT THE SERVICES AND ACTIVITIES OF LUTHERAN SENIOR SERVICES IN ITS WORK OF CARING FOR THE AGED AND INFIRMED PERSONS AND FUND CLINICAL PASTORAL EDUCATION

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 \$ 3,445,302	including grants of \$ 3,445,302	(Revenue \$)
See Additional Data				

4b	(Code)	(Expenses \$ 247,584	including grants of \$ 247,584	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$ 177,974)
See Additional Data				

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

4e	Total program service expenses	3,692,886
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No

Do not check any boxes unless you are required to file the schedule(s) indicated.

Part IV Checklist of Required Schedules *(continued)*

- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

	Yes	No
23	Yes	
24a		

Part III Enter the number of members represented on Form W-2, line 14b, if any

1. Enter the number of members represented on Form W-2, line 14b, if any

2. Enter the number of members represented on Form W-2, line 14b, if any

3. Enter the number of members represented on Form W-2, line 14b, if any

4. Enter the number of members represented on Form W-2, line 14b, if any

5. Enter the number of members represented on Form W-2, line 14b, if any

6. Enter the number of members represented on Form W-2, line 14b, if any

7. Enter the number of members represented on Form W-2, line 14b, if any

8. Enter the number of members represented on Form W-2, line 14b, if any

9. Enter the number of members represented on Form W-2, line 14b, if any

10. Enter the number of members represented on Form W-2, line 14b, if any

11. Enter the number of members represented on Form W-2, line 14b, if any

12. Enter the number of members represented on Form W-2, line 14b, if any

13. Enter the number of members represented on Form W-2, line 14b, if any

14. Enter the number of members represented on Form W-2, line 14b, if any

15. Enter the number of members represented on Form W-2, line 14b, if any

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

Section C. Disclosure

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

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

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

□

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	0	4,026,978	372,883

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	325,431			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,956,959			
	g	Noncash contributions included in lines 1a - 1f \$	1,182,543				
	h	Total. Add lines 1a-1f	5,282,390				
Program Service Revenue			Business Code				
	2a	RESALE SHOP SALES	900099	177,974	177,974		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	177,974				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,332,478		1,332,478	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real		(ii) Personal			
		Gross rents					
		b Less rental expenses					
		c Rental income or (loss)					
	d		Net rental income or (loss)				
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory					
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d		Net gain or (loss)	-191,031		-191,031	
	8a	Gross income from fundraising events (not including \$ 325,431 of contributions reported on line 1c) See Part IV, line 18		a	76,070		
		b Less direct expenses		b	118,860		
		c Net income or (loss) from fundraising events			-42,790		-42,790
	9a	Gross income from gaming activities See Part IV, line 19		a			
		b Less direct expenses		b			
		c Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		a			
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d		All other revenue					
e		Total. Add lines 11a-11d					
12		Total revenue. See Instructions	6,559,021	177,974	0	1,098,657	

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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.	3,692,886	3,692,886		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined in Section 4958(b)(1)) and persons described in				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		1,391,863	2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		55,035	4	55,561	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		25,787	9	27,048	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,242,607			
	b	Less: accumulated depreciation	10b	78,665	2,302,721	10c	1,163,942
	11	Investments—publicly traded securities		61,702,203	11	56,808,348	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		203,687	15	99,398	
16	Total assets. Add lines 1 through 15 (must equal line 34)		65,681,296	16	58,154,297		
Liabilities	17	Accounts payable and accrued expenses		105,279	17	103,776	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		13,724,297	25	13,480,291	
	26	Total liabilities. Add lines 17 through 25		13,829,576	26	13,584,067	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		40,059,512	27	32,196,807	
	28	Temporarily restricted net assets		4,596,541	28	5,098,818	
	29	Permanently restricted net assets		7,195,667	29	7,274,605	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		51,851,720	33	44,570,230		
34	Total liabilities and net assets/fund balances		65,681,296	34	58,154,297		

Part XI Reconciliation of Net AssetsCheck 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	6,559,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,548,503
3	Revenue less expenses Subtract line 2 from line 1	3	1,010,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,851,720
5	Net unrealized gains (losses) on investments	5	-7,211,779
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	-1,080,229
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,570,230

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 43-1818832

Name: LUTHERAN SENIOR SERVICES ENDOWMENT FUND

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Form 990, Part III, Line 4a:

ABOVE AMOUNT CONTRIBUTED TO RELATED ORGANIZATIONS FOR BENEVOLENT CARE SERVING THOSE RESIDENTS WHO, THROUGH NO FAULT OF THEIR OWN, OUTLIVE THEIR FINANCIAL ABILITY TO PAY PROVIDING A GIFT THAT WILL BRING COMFORT AND HOPE TO THOSE IN NEED DURING A VULNERABLE TIME IN THEIR LIVES

Form 990, Part III, Line 4b:

ABOVE AMOUNT CONTRIBUTED TO LUTHERAN SENIOR SERVICES FOR CLINICAL AND PASTORAL EDUCATION PROGRAM THE PROGRAM OFFERS ACCREDITED COURSES FOR THOSE PURSUING CAREERS IN THE MINISTRY CPE SPECIALIZES IN PASTORAL CARE, COUNSELING, AND MINISTRY FOR OLDER ADULTS, FAMILIES, AND STAFF MEMBERS FROM THE LACLEDE GROVES SENIOR LIVING COMMUNITY, THE PROGRAM WELCOMES STUDENTS FROM AROUND THE WORLD THE PROGRAM IS UNIQUE AMONG CPE OFFERINGS ONE OF FEW CPE TRAINING PROGRAMS ADMINISTERED BY A SENIOR LIVING PROVIDER, HANDS-ON EXPERIENCE AT A SENIOR LIVING COMMUNITY, RATHER THAN IN THE HOSPITAL SETTING, AVAILABLE OVER AN EXPANSIVE GEOGRAPHIC REGION, BOTH NATIONAL AND INTERNATIONAL, AND ALL PROGRAMS ACCREDITED BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC (ACPE) THE RELATIONAL EXPERIENCE IN THIS CONTEXT TRANSLATES WELL FOR THOSE CONSIDERING CONGREGATIONAL MINISTRY AND EQUIPS THEM FOR SERVING AS CHAPLAINS IN OTHER CONTEXTS

Form 990, Part III, Line 4c:

SALES FROM VOLUNTEER STAFFED RESALE SHOP THAT BENEFIT THE LSS BENEVOLENT CARE PROGRAM WHICH HELPS AGING NEIGHBORS WHO CAN NO LONGER SUPPORT THEMSELVES PLACE TO FIND A FANTASTIC SELECTION OF USED FURNITURE, CLOTHING, ACCESSORIES AND MORE - ALL AT PRICES THAT CAN'T BE BEAT NEW ITEMS ARRIVE DAILY AND INVENTORY IS ALWAYS FULL OF UNIQUE AND ECLECTIC PIECES JUST WAITING TO BE DISCOVERED

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 2 00	X		X				0	0	0
JEFFREY L DUNN VICE CHAIRPERSON	0 20 2 00	X		X				0	0	0
SCOTT M HARTWIG SECRETARY	0 20 2 00	X		X				0	0	0
DR F MATTHEW KUHLMANN ASSISTANT SECRETARY	0 20 2 00	X		X				0	0	0
RICHARD J BAGY JR BOARD MEMBER	0 20 2 00	X						0	0	0
REV ROY CHRISTELL BOARD MEMBER	0 20 2 00	X						0	0	0
DIANE R DROLLINGER BOARD MEMBER	0 20 2 00	X						0	0	0
KARL A DUNAJCIK BOARD MEMBER (TERM ENDED 5/18)	0 20 2 00	X						0	0	0
JOHN A KOMLOS BOARD MEMBER	0 20 2 00	X						0	0	0
HARRY MUELLER BOARD MEMBER	0 20 2 00	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	1 00 40 00			X				0	382,611	26,828
PAUL J OGIER CFO AND TREASURER	1 00 40 00			X				0	347,140	26,525
MARK W SCHOEDEL CHIEF DEVELOPMENT OFFICER	1 00 40 00			X				0	313,797	13,748
DALE KREIENKAMP VP OF HUMAN RESOURCES	1 00 40 00			X				0	251,363	14,793

(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	1 00 40 00			X				0	134,455	5,116
GARY ANDERSON CHIEF OPERATING OFFICER	1 00 40 00			X				0	252,157	34,260
MIKE RASO EXECUTIVE DIRECTOR	1 00 40 00			X				0	128,081	8,925
LISA NORWINE CHIEF ADVANCEMENT OFFICER	1 00 40 00			X				0	205,090	37,482
JOSH KING VP OF INFORMATION TECHNOLOGY	1 00 40 00			X				0	134,561	21,117
JOHN TURONGIAN EXECUTIVE DIRECTOR	1 00 40 00			X				0	146,989	9,870
AL KOEPKE EXECUTIVE DIRECTOR OF DEVELOPMENT	1 00 40 00			X				0	64,490	6,099

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	1 00 40 00			X				0	126,540	21,415
VALERIE COOPER VP OF OPERATIONS AND EXECUTIVE DIRECTOR	1 00 40 00			X				0	159,784	23,586
COLLEEN BOTTENS VP OF SUPPORT SERVICES AND EXECUTIVE DIRECTOR	1 00 40 00			X				0	149,388	18,136
BECKY ZIMMER EXEC DIR OF PLANNED GIVING	1 00 40 00			X				0	105,741	6,770
TODD YOUNG NETWORK DIRECTOR	1 00 40 00					X		0	127,192	15,355
BEN CAFFEY DIRECTOR OF SALES - CLINICAL SERVICES	1 00 40 00					X		0	140,263	9,436
RACHEL LITTLE DIRECTOR OF CLINICAL COMPLIANCE	1 00 40 00					X		0	138,737	4,409
DAVID LUETHY DIRECTOR OF PROCUREMENT	1 00 40 00					X		0	134,324	6,267
DAVE PIEHL LEAD PROGRAMMING SPECIALIST	1 00 40 00					X		0	123,629	6,923

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 ENDOWMENT FUND

Employer identification number

43-1818832

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

4

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		
See Additional Data Table						
Total	4				3,692,886	0

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

- 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.

	Yes	No
1		No

- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509

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? If "Yes" to a, b, or c, provide detail in Part VI		
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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
PAGE 4, SECTION A, LINE 1	THE ORGANIZATION SPECIFICALLY NAMES LUTHERAN SENIOR SERVICES (LSS) IN ITS OPERATING DOCUMENTS. THE ORGANIZATION EXISTS TO PROVIDE SUPPORT FOR LSS AND RELATED ENTITIES, WHICH IT HAS DONE SINCE INCEPTION, WHICH GIVES IT A HISTORIC AND CONTINUING RELATIONSHIP WITH THE OTHER SUPPORTED ORGANIZATIONS LISTED ON PAGE 1 OF SCHEDULE A.

Additional Data

Software ID:
Software Version:
EIN: 43-1818832
Name: LUTHERAN SENIOR SERVICES ENDOWMENT FUND

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) LUTHERAN SENIOR SERVICES	430654862	10	Yes		2,997,543	0
(A) MERIDIAN VILLAGE ASSOCIATION	371415588	10		No	334,823	0
(B) LUTHERAN RETIREMENT CENTER ASSOCIATION	371199021	10		No	184,491	0
(C) THE COLE COUNTY LUTHERAN HOME ASSOCIATION	431147326	10		No	176,029	0

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 ENDOWMENT FUND	Employer identification number 43-1818832
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	57,278,201	48,685,346	48,994,359	38,938,897	36,397,316
b Contributions	3,101,688	5,911,024	1,861,647	4,199,276	3,459,724
c Net investment earnings, gains, and losses	-5,968,908	4,592,844	3,803,433	7,033,530	-165,386
d Grants or scholarships	1,985,384	1,806,325	2,240,379	1,177,344	752,757
e Other expenditures for facilities and programs	105,113	104,688	73,749		
f Administrative expenses			3,659,965		
g End of year balance	52,320,484	57,278,201	48,685,346	48,994,359	38,938,897

2

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

a

Board designated or quasi-endowment

86 070 %

b

Permanent endowment

13 900 %

c

Temporarily restricted endowment

0 030 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		750,000		750,000
b Buildings	384,349			384,349
c Leasehold improvements				
d Equipment		108,258	78,665	29,593
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,163,942

Schedule D (Form 990) 2018

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	
CHARITABLE GIFT ANNUITIES PAYABLE	11,712,501
SECURITY DEPOSITS	1,000
DUE TO LUTHERAN SENIOR SERVICES	1,766,790
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	13,480,291

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: 43-1818832
Name: LUTHERAN SENIOR SERVICES ENDOWMENT FUND

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FUND'S PRIMARY PURPOSE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE SERVICES AND ACTIVITIES OF LUTHERAN SENIOR SERVICES IN ITS WORK OF CARING FOR THE AGED AND INFIRMED PERSONS THROUGH THE BENEVOLENT CARE PROGRAM IT ALSO FUNDS CLINICAL PASTORAL EDUCATION

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

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ 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 ENDOWMENT FUND		Employer identification number 43-1818832

Part I Fundraising Activities

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

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

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

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

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	401,501			401,501
	2 Less Contributions	325,431			325,431
	3 Gross income (line 1 minus line 2)	76,070			76,070
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	73,480			73,480
	8 Entertainment	200			200
	9 Other direct expenses	45,042			45,042
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				118,722
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-42,652

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference

Explanation

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ 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 ENDOWMENT FUND

Employer identification number
43-1818832

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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)					
(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	EACH MONTH LUTHERAN SENIOR SERVICES ENDOWMENT FUND REVIEWS THE MONTHLY BENEVOLENT CARE EXPENSES OF ITS RECIPIENT ORGANIZATIONS TO ENSURE PROPER USE OF THE FUNDS

Additional Data

Software ID:
Software Version:
EIN: 43-1818832
Name: LUTHERAN SENIOR SERVICES ENDOWMENT FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SENIOR SERVICES 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144	43-0654862	501(C)(3)	2,997,543				SUPPORTING VARIOUS PROGRAMS OF LUTHERAN SENIOR SERVICES INCLUDING, CHRIST CARE FUND, CLINICAL AND PASTORAL EDUCATION, AND BENEVOLENT ASSISTANCE
MERIDIAN VILLAGE ASSOCIATION 101 EVERGREEN LANE GLEN CARBON, IL 62034	37-1415588	501(C)(3)	334,823				BENEVOLENT CARE ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN RETIREMENT CENTER ASSOCIATION 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144	37-1199021	501(C)(3)	184,491				BENEVOLENT CARE ASSISTANCE
COLE COUNTY LUTHERAN HOME ASSOCIATION 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144	43-1147326	501(C)(3)	176,029				BENEVOLENT CARE ASSISTANCE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES ENDOWMENT FUND

Employer identification number

43-1818832

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

Yes No

1b

2

4a

4b

4c

No

Yes

No

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

See Additional Data Table

Schedule J (Form 990) 2018

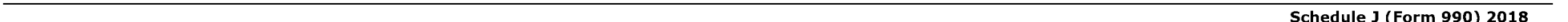
Part III **Supplemental Information**

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 3	THE PARENT ORGANIZATION, LUTHERAN SENIOR SERVICES, USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

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

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 \$11,842,000 IN BENEVOLENT CARE, HAD OVER 84,000 VOLUNTEER HOURS, AND EMPLOYED 17 CHAPLAINS



Additional Data

Software ID:
Software Version:
EIN: 43-1818832
Name: LUTHERAN SENIOR SERVICES ENDOWMENT FUND

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN KOTOVSKY PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	261,753	21,668	99,190	11,308	15,520	409,439	0
PAUL J OGIER CFO AND TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	280,531	48,131	18,478	11,000	15,525	373,665	0
MARK W SCHOEDEL CHIEF DEVELOPMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	174,341	117,143	22,313	8,064	5,684	327,545	0
DALE KREIENKAMP VP OF HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	125,537	0	125,826	14,545	248	266,156	0
GARY ANDERSON CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	222,569	18,114	11,474	28,585	5,675	286,417	0
LISA NORWINE CHIEF ADVANCEMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	174,055	14,578	16,457	27,861	9,621	242,572	0
JOSH KING VP OF INFORMATION TECHNOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	134,473	0	88	11,411	9,706	155,678	0
JOHN TURONGIAN EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	126,765	0	20,224	5,972	3,898	156,859	0
RITA VICARY VP OF MARKETING COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	121,787	43,523	18,709	17,033	3,553	204,605	0
CHAD SNEED VP OF FINANCIAL REPORTING & BUDGET	(i)	0	0	0	0	0	0	0
	(ii)	139,591	0	12,930	16,368	9,889	178,778	0
VALERIE COOPER VP OF OPERATIONS AND EXECUTIVE DIREC	(i)	0	0	0	0	0	0	0
	(ii)	146,285	0	13,499	16,645	6,941	183,370	0
COLLEEN BOTTENS VP OF SUPPORT SERVICES AND EXECUTIVE	(i)	0	0	0	0	0	0	0
	(ii)	138,233	8,610	2,545	11,141	6,995	167,524	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Employer identification number
43-1818832

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	3	63,852	FAIR MARKET VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .	X	10	1,118,691	SALES PRICE / FMV
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

16

30a

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

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	UPON RECEIPT OF NON-CASH CONTRIBUTIONS, TYPICALLY CONSISTING OF RESIDENTIAL REAL ESTATE, IT IS THE ORGANIZATION'S POLICY TO HIRE A REAL ESTATE AGENT TO ASSIST IN ITS DISPOSITION THE NUMBER OF FORMS 8283 RECEIVED BY THE ORGANIZATION INCLUDES 8283S RECEIVED BY OTHER COMMUNITIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

LUTHERAN SENIOR SERVICES ENDOWMENT FUND

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

43-1818832

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I LINE 1 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 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 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 3	THE ORGANIZATION DELEGATES MANAGEMENT DUTIES INCLUDING SUPERVISING PERSONNEL, OPERATIONS, AND BUDGETING TO LUTHERAN SENIOR SERVICES, THE PARENT COMPANY

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/SH E THINKS MIGHT CAUSE A CONFLICT BETWEEN HIS/HER PERSONAL INTERESTS AND HIS/HER FIDUCIARY D UTY FINANCIAL INTERESTS, INSIDE INFORMATION, CONFLICTING INTEREST OTHER THAN FINANCIAL, G IFTS AND FAVORS THE FOLLOWING LSS EMPLOYEES ARE REQUIRED TO SIGN A "CONFLICT OF INTEREST FORM" ANNUALLY PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER/TREASURER, VIC E PRESIDENT OF CONSTRUCTION AND IT, VICE PRESIDENT OF HUMAN RESOURCES, ALL DIRECTORS, ADMI NISTRATORS 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 15	THE FILING ORGANIZATION DID NOT COMPENSATE ANY OFFICERS, DIRECTORS OR KEY EMPLOYEES. THE COMPENSATION PROCESS USED BY THE PARENT ORGANIZATION, LUTHERAN SENIOR SERVICES, IS AS FOLLOWS: 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	VALUATION ADJUSTMENT TO GIFT ANNUITIES -1,080,229

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 THE PRIOR YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V LINE 2	THE ORGANIZATION'S PAYROLL IS PROCESSED WITH LUTHERAN SENIOR SERVICES, THE PARENT COMPANY FORMS W-3 AND W-2 WERE NOT ISSUED BY LUTHERAN SENIOR SERVICES ENDOWMENT FUND AS OF DECEMBER 31, 2018 THE ORGANIZATION DID PAY THE SALARIES, EMPLOYMENT TAXES, AND EMPLOYEE BENEFITS FOR THE ORGANIZATION'S EMPLOYEES LUTHERAN SENIOR SERVICES ENDOWMENT FUND HAD 11 FULL TIME EMPLOYEES DEDICATED TO ITS OPERATIONS ON DECEMBER 31, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 5, PART V, LINE 7D	THE FORM 8282'S WERE ISSUED BY LUTHERAN SENIOR SERVICES, THE PARENT ORGANIZATION, FOR ADMINISTRATIVE CONVENIENCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE B	THE FMV OF THE RESIDENTIAL HOMES CONTRIBUTED TO THE ORGANIZATION LISTED ON SCHEDULE B PART II EXCEEDS THE TOTAL CONTRIBUTION LISTED ON SCHEDULE B PART I THE FMV OF THE RESIDENTIAL HOMES IS THE APPRAISED VALUE AT THE TIME OF DONATION THE CONTRIBUTION LISTED ON PART I IS THE APPRAISED VALUE LESS A CHARITABLE GIFT ANNUITY, RESIDENT'S ENTRANCE FEE AND/OR A REDUCTION OF RESIDENT'S MONTHLY RENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE M, LINE 29	THE FORM 8283'S WERE ISSUED BY LUTHERAN SENIOR SERVICES, THE PARENT ORGANIZATION, FOR ADMINISTRATIVE CONVENIENCE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Employer identification number
43-1818832

Part I

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

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

Part II

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

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



Additional Data

Software ID:

Software Version:

EIN: 43-1818832

Name: LUTHERAN SENIOR SERVICES ENDOWMENT FUND

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 43-0654862	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1660879	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1874215	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1736720	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 20-1889216	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 02-0667342	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 02-0568032	LOW INCOME HOUSING FOR THE ELDERLY	IL	501(C)(3)	LINE 10	N/A		No
101 EVERGREEN LANE GLEN CARBON, IL 62034 37-1415588	SENIOR LIVING	IL	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 45-4000626	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 27-3777863	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1199021	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No